



SECTION: Student Management and Welfare

APPROVAL DATE:

SUBSECTION: Student Health

May 2, 1011

POLICY NAME: Diabetes Management

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1. DEFINITIONS

- 1.1 Type 1 Diabetes – develops when the body’s immune system destroys the insulin producing cells of the pancreas. Insulin is an essential body requirement and without it, carbohydrates (starch and sugars) in food cannot be converted into the energy (glucose) required to sustain life.
- 1.2 Type 2 Diabetes – most common form of diabetes. It usually develops in adulthood, although recently increasing numbers of children in high-risk populations are being diagnosed. It develops when the pancreas does not produce enough insulin or the insulin produced is not used effectively.

2. MANAGEMENT OF DIABETES IN A SCHOOL SETTING

The role of the school is to provide support for students as they move from dependence to independence of management and to encourage the development of a supportive environment for making such transitions.

Hypoglycemia (low blood sugar) and hyperglycemia (high blood sugar) result from difficulties in managing blood sugar. Both conditions are known to affect students’ learning, behavior and participation in activities.

Hyperglycemia is not necessarily an emergency condition. Students with diabetes sometimes experience high blood glucose. The earliest and most obvious symptoms of high blood glucose are increased thirst and urination. These symptoms, if noticed should be communicated to the parents to assist them in long-term treatment.

EMERGENCY IN DIABETES

HYPOGLYCEMIA (LOW BLOOD GLUCOSE)

<i>When in doubt, TREAT!</i>		
Causes	Symptoms	Treatment
<p>Low blood glucose usually develops as a result of one or more of the following:</p> <ul style="list-style-type: none"> • Insufficient food due to delayed or missed meal and/or partially eaten meal or snack; • More exercise or activity than usual without a corresponding increase in food; and/or • Too much insulin 	<p>The student may say he/she feels 'low', may look unwell or act in a strange manner.</p> <p>Signs of low blood sugar include:</p> <ul style="list-style-type: none"> • Cold, clammy, sweaty skin • Paleness, quietness • Fatigue, dizziness • Shakiness, lack of co-ordination • Hunger, irritability • Tearfulness • A staggering gait • Eventually fainting and unconsciousness <p>In addition, the student may complain of:</p> <ul style="list-style-type: none"> • Nervousness • Blurred vision • Abdominal pain and nausea 	<p>At the first sign of a low blood sugar allow the student to check his/her blood sugar level using his/her meter.</p> <p>If it is not possible to check blood sugar OR if in doubt TREAT! (give sugar immediately)</p> <p>If the parents have not provided you with more specific instructions which can be readily complied with, give:</p> <ul style="list-style-type: none"> • 175 ml (6 oz) juice or pop (not diet); or • 6 lifesavers; or • 4 glucose tablets or as directed by parent • 3 tsp/15 ml or 3 packets of sugar; or • 3 tsp/15 ml of honey <p>(Canadian Diabetes Association)</p>

HIGH BLOOD SUGAR – HYPERGLYCEMIA

Children with diabetes sometimes experience high blood sugar. Hyperglycemia is NOT an emergency situation, unless student is vomiting, and it may require accommodations in the classroom.

Causes	Symptoms	Treatment
<p>May develop as a result of one or more of the following:</p> <ul style="list-style-type: none"> • Too much food • Less than the usual amount of activity (indoor recess) • Growth spurts • Stress • Not enough insulin • Illness 	<p>The earliest and most obvious symptoms are increased thirst and urination.</p> <p>Other: dry mouth, blurred vision, drowsiness</p>	<p>Allow the student to check his/her blood sugar since symptoms of high blood sugar can be confused with symptoms of low blood sugar. A blood sugar of >14 is usually considered too high, but refer to students individual plan for individual parameters.</p> <ul style="list-style-type: none"> • Allow the student to drink water at his/her desk • Allow the student to have open bathroom privileges • Do not use exercise to lower blood sugars as this can potentially make the blood sugar go higher.

		<p>EMERGENCY situation if student is VOMITTING</p> <ul style="list-style-type: none"> • Phone parents/ guardians immediately • If parents/guardians are not available CALL 911 • Inform EMS the student has diabetes
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In terms of academic performance, physical activity and attendance at school, the teachers' expectations of student should be the same as if he or she did not have diabetes, unless otherwise directed by the parents/guardians and stated on the Request and Consent for the Administration of Diabetes Interventions (Appendix A).

3. IDENTIFICATION OF STUDENTS WITH DIABETES

- 3.1 At the time of registration of a new student, the principal will request the parent and/or guardian to provide information on the student's diagnosis and diabetes management/control.
- 3.2 At the commencement of each school year or semester, the principal will provide parents and/or guardians with an opportunity to provide additional or updated information on the student's diabetic condition/treatment.
- 3.3 In September of each school year, the parent and/or guardian of a student with diabetes will be required to complete the Request and Consent for the Administration of Diabetes Interventions (Appendix A).
- 3.4 A student who has been diagnosed with diabetes should wear a medic alert bracelet or necklace.

4. RESPONSIBILITIES OF SCHOOL STAFF

- 4.1 Principal
 - 4.1.1 Annually provide training for all faculty and staff, who will interact with students with diabetes.
 - 4.1.2 Ensure an individual Student Management Plan (Appendix B) for each student with diabetes is completed by the parent/guardian and posted in the staff room or other appropriate location. The plan will include:
 - 4.1.2.1 The information displayed on the communication poster.
 - 4.1.2.2 Information provided to faculty and staff who are in direct contact with the student.
 - 4.1.2.3 A readily accessible emergency procedure for the student.
 - 4.1.2.4 Location of fast acting glucose, if not with the student.
 - 4.1.2.5 Emergency contact information for the parents/guardians.
 - 4.1.3 Ensure there is an emergency package of fast acting sugar readily accessible to take in the event of an emergency (i.e. school evacuation, etc.).
 - 4.1.4 Ensure relevant information is available and provided to any supply staff as required (i.e. include information in the supply teacher folder).
- 4.2 Blood Sugar Testing
 - 4.2.1 Provide a safe and appropriate location for testing.
 - 4.2.2 Where requested on the student Diabetes Student Management Plan, read the meter (i.e. reading is below 4.0), record reading in the student's diabetes logbook and provide the fast acting sugar.
 - 4.2.3 Arrange for the safe disposal of lancets, test strips, etc. (i.e. a container for sharps is provided by the school OR the student transports sharps home for disposal).

- 4.2.4 Where appropriate for clean-up, follow school policy regarding Universal Blood and Body Fluids Precautions.
 - 4.2.5 Ensure a young student (i.e. JK, SK, Grade 1) or newly diagnosed student will have a trained supervisor who knows his/her signs and symptoms of low blood sugar and provide appropriate intervention (i.e. when classroom teacher is unavailable or when an occasional teacher is in the room), consider having two or more staff who can also provide the supervision when the classroom teacher is unavailable (i.e. noon hour supervisor, first aid provider, educational assistant, school administration, etc.).
- 4.3 Fast Acting Sugar
- 4.3.1 To provide safe and appropriate location(s) for storage of fast acting sugar.
 - 4.3.2 To notify parents/guardians when supplies of fast acting sugar are becoming depleted.
 - 4.3.3 To carry additional supplies when activities take place off school site.
 - 4.3.4 Support the child in being able to take fast acting sugar anywhere and anytime.
- 4.4 Insulin Injections
- 4.4.1 To provide a safe and appropriate location.
 - 4.4.2 To provide supervision of insulin administration with mutual agreement with parents/guardians.
 - 4.4.3 School staff DO NOT provide insulin syringe injections or push the button on the insulin pump (bolus).
- 4.5 Glucagon Injections
- 4.5.1 At a minimum, 2 staff will be trained to administer glucagon, with the training to be arranged by the parents/guardians.
 - 4.5.2 Provide a safe storage location for a readily accessible supply of glucagon.
5. RESPONSIBILITIES OF PARENTS/GUARDIANS
- 5.1 It is the responsibility of the parent/guardian of a student who has diabetes to ensure that the information in the student's file is kept up to date and:
 - 5.1.1 To ensure and provide the school principal with complete information regarding the student's diabetes upon registration or as required.
 - 5.1.2 To provide training to supervisor the student during insulin administration.
 - 5.1.3 To ensure and provide the principal and classroom teacher with clear direction regarding the necessity of fast acting glucose.
 - 5.1.4 To provide the school with a supply of fast acting glucose and replace as necessary.
 - 5.1.5 To provide the school with a supply of glucagon and arrange for training.
6. ASSOCIATED DOCUMENTS
- 6.1 Request and Consent for the Administration of Diabetes Interventions (Appendix A)
 - 6.2 Student Management Plan (Appendix B)
 - 6.3 Diabetes Management Checklist for Principals and Teachers (Appendix C)
 - 6.4 Bill 5 – An Act to Establish a Bill of Rights for Pupils with Diabetes
 - 6.5 Canadian Diabetes Association – Standards of Care