



# Health Management Plan

## Diabetes

September 2016

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## 1.0 Health Management Plan - Diabetes

The *Health Management Plan for Diabetes* is a guideline to be used by school and community personnel to support the safety of children with diabetes in our schools.

### 1.1 Purpose

To provide school personnel in the Grand Erie District School Board with information and guidelines regarding the requirements of care for students with diabetes;

To provide information about the management of risks associated with diabetes for all involved parties.

### 1.2 Diabetes Mellitus – What is it?

Diabetes mellitus is a disease resulting from a lack of insulin action. Insulin is a hormone produced by the pancreas. Without insulin, carbohydrates (starch and sugars) in the food we eat cannot be converted into stored energy (called blood glucose or “blood sugar”<sup>1</sup>) required to sustain life. Instead, unused glucose accumulates in the blood and spills out into the urine.

The majority of people with diabetes develop the problem in adulthood. They can still produce some insulin and may be able to control their diabetes by diet alone or with oral medication.

Children and adolescents with diabetes are different; they are unable to make any insulin and must take insulin injections each day.

At this time, no one knows why children and adolescents develop diabetes. It is known, however, that this disease is not the result of poor eating habits nor is it infectious.

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<sup>1</sup>The terms ‘blood glucose’ and ‘blood sugar’ are interchangeable

### 1.3 Philosophy of Diabetes Management

The ultimate goal of diabetes management within the school setting is to have the child feel safe and supported with their diabetes care and to be encouraged towards independence in age-appropriate steps. This independence includes the specific management of diet, activity, medication (insulin) and blood sugar testing, as required. Independence of care also includes the development of self-advocacy skills and a circle of support among persons who understand the disease and can provide assistance as needed.

Children are diagnosed with diabetes at various stages of their lives. Some will be very young, and others older and more mature, some will have special needs. The goal for all of these children is to become as independent as possible, as soon as possible in managing their diabetes. **Safety of children must also be a consideration as insulin is a dangerous medication if missed or too much is injected.** The school role is to provide **support** as the child moves from dependence to independence and to create a supportive environment in which this transition can occur. Nevertheless, the ultimate responsibility for diabetes management rests with the family and the child.

It is important that the school develop emergency procedures for teachers who have a child with diabetes in their class. Sample forms are contained as appendices in this document.

#### 1.4 General Information

“Managing diabetes is a full time job for the family and student with diabetes. Teachers and school personnel are in a very special position, and their understanding of the unique needs of the student with diabetes is important.”

*Jim Whitson, Chair – Ontario Division, Education Task Force, Canadian Diabetes Association*

School-aged children with Type 1 diabetes spend 30 to 35 hours a week in the school setting. This represents more than half of their waking weekday hours. School personnel can support a student with diabetes by learning about the disease and by having frequent, open communication with parents and the child. This will help to reduce apprehension and anxiety in the child and parent, provide a positive attitude toward the child’s participation in school activities and contribute to the student’s well-being.

#### 1.5 Cognitive Effects of High or Low Blood Glucose (Sugar) Levels

Hypoglycemia (low blood sugar) and hyperglycemia (high blood sugar) may affect mood and behaviour and a student’s ability to learn and to participate in school activities as well as lead to emergency situations, if left untreated.

When the blood glucose is in proper balance, the teacher’s expectations of students should be the same as if he or she did not have diabetes.

#### 1.6 Legal Considerations

The focus of this document is preventative in nature. In partnership with parents/guardians, the student and school staff, this Diabetes Management Plan outlines roles, responsibilities and the legal context within which specific action(s) shall be taken to protect the health and welfare of students with diabetes in our schools.

**Duty of care** is a legal principle that:

- identifies the obligation of individuals and organizations to take reasonable measures to care for and to protect those for whom they are responsible; and
- identifies an appropriate level or standard of care.
- The concept of duty of care is absolutely fundamental to caring for children in schools (e.g., provision of First Aid). If clients (students, employees) are vulnerable, cannot protect, defend or assert themselves, either permanently or temporarily (as can occur in an accident, first aid situation, and diabetic coma), the duty becomes more intense and the standard, higher. Failure to take reasonable precautions could result in liability if a student suffers severe hypoglycemia while under a teacher’s care and supervision.

**In common law**, the level of care teachers must provide students is based upon what is deemed the special relationship that exists between teachers and students. This relationship is akin to the relationship between parents and their children.

## 1.7 Emergency VS Non-Emergency Situations - Directions to School Personnel

*It is important to distinguish between non-emergency and emergency situations.*

### Non-Emergency Situations

In non-emergency situations, including routine care, students with diabetes, or their parents, or the nurse will administer the insulin injections.

### Emergency Situations (life threatening)

In emergency, life-threatening situations, where a student suffering from low blood sugar is unresponsive or unconscious and is unable to self-administer the appropriate treatment, the response of school staff shall be a 911 call for Emergency Medical Services.

The use of glycogen injections (Glucagon) in these situations **will not** be administered by school staff.

## 1.8 Information Required for Emergency Personnel:

- student's name
  - date of birth
  - emergency contact information
  - medical history – available in completed SO102 – Request for School Assistance in Health Care (<http://bit.ly/2bEmUMz>)
- observations about what the student was doing prior to the event
- medications, and any treatment prior to EMS arrival.

## 2.0 Definitions: Three Main Types of Diabetes

### 2.1 Type 1 Diabetes

Usually affects children and adolescents and is the focus of this document. In Type 1 Diabetes, the pancreas is unable to produce insulin and injections of insulin are essential.

Every child diagnosed with Type 1 Diabetes must have an up-to-date Student Support Plan for School – Diabetes (Appendix C)

### 2.2 Type 2 Diabetes

Comprises 90% of diabetes in Canada. It usually develops in adulthood, although recently increasing numbers of children in high-risk populations are being diagnosed. In Type 2 diabetes the pancreas may produce some insulin, but the body is unable to use the insulin that is produced effectively. Type 2 diabetes may be controlled with diet and exercise or with oral medication. Children with Type 2 diabetes often need insulin.

### 2.3 Gestational Diabetes

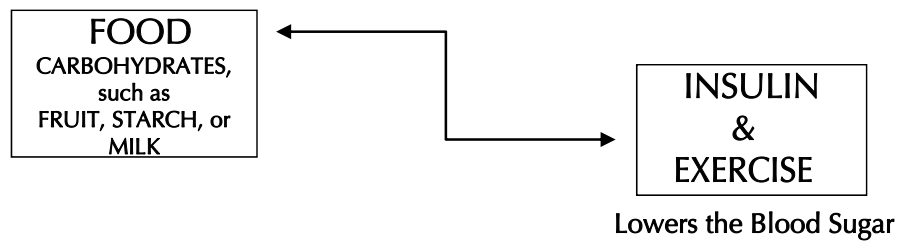
Gestational diabetes occurs only during pregnancy.

## 2.4 Type 1 Diabetes – The Balancing Act

The treatment of diabetes is a balancing act.

Food on the one side increases the amount of glucose in the blood. Exercise and insulin on the other side lower the blood glucose level by allowing the glucose to be used for energy.

**Raises the Blood Sugar**



The goal of the balancing act is to keep the blood glucose levels in a healthy range.

The doctor determines the target range for each individual child. The parents should inform the school staff of the child's optimal levels if the child is not independent with diabetes management. Most students will be aware of their blood sugar targets.

**When in doubt, treat!**

## 3.0 Issues of Concern

### 3.1 Adjustment Period after Diagnosis

When a child has recently been diagnosed with diabetes, the parents often feel shocked and scared. Diabetes can be a serious health condition and the first year after diagnosis may be difficult while the family and student adjusts to life with diabetes.

School personnel can help by:

- Learning as much as possible about diabetes at <http://www.diabetes.ca>
- Communicating openly with parents
- Providing special considerations as suggested in the Canadian Diabetes Association publications, "Kids with Diabetes in School" and "Kids with Diabetes in Your Care"
- Helping other students in the class understand diabetes. This information may be provided by the parent, the Canadian Diabetes Association, or the student himself or herself.
- Contacting the Diabetes Education Centre, with parent permission, at 519-751-5544, ext 4267

### 3.2 Independence Versus Protection

Parents and school personnel need to protect the child's health while encouraging him or her to develop independent diabetes management skills.

Even very young children can share the work of managing diabetes. How much a student can do depends on his or her age, how long he or she has had diabetes and any disabilities or special needs.

### 3.3 Hypoglycemia (Low Blood Glucose) – an Emergency

Hypoglycemia is an emergency situation caused by LOW blood sugar. The situation can develop within minutes of the child appearing healthy and normal.

| Causes   | Symptoms  | Immediate Treatment   |
|--|---|---|
| Caused by one or more of the following: <ul style="list-style-type: none"> <li>• insufficient food due to delayed or missed meal</li> <li>• more exercise or activity than usual without a corresponding increase in food; and/or</li> <li>• too much insulin</li> </ul> | <ul style="list-style-type: none"> <li>• cold, clammy or sweaty skin</li> <li>• pallor (paleness)</li> <li>• shakiness, tremor, lack of coordination (eg. deterioration in writing or printing skills)</li> <li>• irritability, hostility, poor behaviour, tearfulness</li> <li>• a staggering gait</li> <li>• confusion</li> <li>• loss of consciousness and possible seizure if not treated early</li> </ul> The child may also complain of: <ul style="list-style-type: none"> <li>• nervousness</li> <li>• excessive hunger</li> <li>• headache</li> <li>• blurred vision and dizziness</li> <li>• abdominal pain and nausea</li> </ul> | It is imperative at the first sign of hypoglycemia you <b>give sugar immediately.</b><br><br>If the parents have not provided you with more specific instructions which can be readily complied with, give: <ul style="list-style-type: none"> <li>• 6 oz./175 ml of fruit juice OR regular pop; or</li> <li>• 2-3 teaspoons/10 ml or 3-4 packets of sugar; or</li> <li>• 4 Dex 4 glucose tablets; or</li> <li>• 2-3 teaspoons/10 ml honey</li> </ul> |

**NOTE - If the child's level of consciousness is impaired enough that he or she is not able to eat or drink, call 911 immediately.**

Retest blood sugar in 15 minutes and if still below 4.0 mmol/L, repeat the treatment. When the child's condition improves, he or she should be given solid food. This will usually be in the form of the child's next regular meal or snack.

Until the child is fully recovered he or she should not be left unsupervised. Once the recovery is complete the child can resume regular class work. If, child does not feel well enough to return to class, contact parents.

**Parents should be notified of all incidents of hypoglycemia.** Repeated low blood glucose levels are undesirable and unnecessary and should be drawn to the parent's attention so that they can make adjustments in insulin doses or food provided and discuss the problem with their doctor.

If unsure whether the child is hypoglycemic, **always give sugar!** A temporary excess of sugar will not harm the child but hypoglycemia is potentially serious.

**NOTE: DO NOT give food or drink if the child is unconscious.**

**Roll the child on his/her side and seek medical assistance immediately.**

*Kids With Diabetes In Your Care – Canadian Diabetes Association*



- a) **Mild to moderate hypoglycemia** is common in the school setting. School personnel need to know the causes, symptoms and treatment of hypoglycemia. Symptoms of mild to moderate hypoglycemia can be misinterpreted by school personnel. The nature of the emergency is often misunderstood, placing a student at serious risk.
- b) **Severe Hypoglycemia** will occur in 3-8/100 students with diabetes per year and occur most commonly at night. Severe hypoglycemia is rare in the school setting. However, given the current treatments for diabetes, hypoglycemia may occur during daytime hours.

In severe hypoglycemia, the student may be unconscious or conscious. There may be seizures. If the student is unconscious, having a seizure or unable to swallow, **DO NOT** give food or drink.

- Roll the student on his/her side
- Call 911 or emergency medical services
- Inform parents or guardians

### 3.4 Glucagon (Glycogen)

Glycogen is an emergency drug that is used to treat hypoglycemia. It should only be used under the direction of a physician. Glycogen is a naturally occurring substance produced by the pancreas and it enables a person to produce his or her own blood glucose to correct a hypoglycemic state.

School staff should be educated about the potential for hypoglycemia in a student with diabetes; however, **school staff will not be giving glycogen injections**. In an emergency situation, where a student is severely hypoglycemic, a glycogen injection may be done by trained EMS paramedics. It is important to note that hypoglycemia presenting in a school setting would not normally be an immediate life-threatening condition – that is, ambulances with advanced care paramedics can respond immediately. Paramedics will make the proper assessment and provide treatment, as required. For specific guidelines for sports, field trips and other co-instructional activities, please see Section 5.2.

### 3.5 Hyperglycemia – High Blood Glucose

Hyperglycemia is not an emergency condition requiring immediate treatment. However, prevention of hyperglycemia is key to delaying or avoiding serious complications. The parents and the child's physician need to be aware of persistent hyperglycemia.

Children with diabetes sometimes experience high blood glucose. The earliest and most obvious symptoms of high blood glucose are increased thirst and urination. If noticed, these should be communicated to the parents to assist them in the long-term treatment. They are not emergencies that require immediate treatment.

## **Causes**

High blood glucose often develop as a result of one or more of the following:

- too much food;
- less than the usual amount of activity;
- not enough insulin; and/or
- illness.
- Many times, however, there does not seem to be an obvious explanation.

*Kids With Diabetes In Your Care – Canadian Diabetes Association*

In the classroom, the behaviour of students with hyperglycemia may be taken for misbehavior (i.e. frequent requests to go to the bathroom or requests for frequent drinks).

### **3.6 Interference with School Activities**

When blood sugar levels are outside the target range (i.e. hypoglycemia or hyperglycemia) the student's learning, behaviour and participation may be affected.

Hyperglycemia and hypoglycemia may also affect the students' behaviour. However, having diabetes is not an excuse for inappropriate behaviour.

### **3.7 Sick Days**

Children with diabetes are no more susceptible to infection or to illness than their classmates. They do not need to be in a special "health class" at school. Their attendance record should be normal.

When children with diabetes become ill with the usual fevers and other childhood sicknesses the blood glucose balance is likely to be upset. Careful monitoring with blood glucose and urine testing, a fluid diet and extra insulin may be required. Such illness management is the responsibility of the parents.

When children with diabetes become ill at school, the parents should be notified immediately so that they can take appropriate action.

Vomiting and inability to retain food and fluids are serious situations since food is required to balance the insulin.

**If the child vomits, contact the parents immediately.**

**If unable to reach the parents, contact 911.**

*Kids With Diabetes In Your Care – Canadian Diabetes Association*

## 4.0 Blood Glucose Self-Monitoring: Testing Blood Sugar

### 4.1 Why do It?

Monitoring of Blood Glucose is a tool one uses for achieving the target blood sugar levels.

Blood sugar levels will change with eating, physical activity, stress, or illness. Sometimes the blood sugar fluctuates for no apparent reason.

Knowing blood sugar levels will:

- Help the student understand the balance of food, insulin and exercise
- Help the parents and doctor adjust insulin and food
- Help avoid the consequences of hypoglycemia and hyperglycemia.
- Monitoring will give early warning without waiting for the onset of symptoms.
- This is safe to do in classroom as it is part of the child's daily tasks, however some children prefer privacy. Family and school should work together to decide the best plan. A child with low sugar should not have to move from their desk to test their blood sugar and receive treatment.

### 4.2 Equipment for Blood Glucose Monitoring

- A small meter, which runs on batteries (There are various meters on the market)
- Test strips
- Lancet device
- Lancets
- Log book

### 4.3 Procedure for Blood Glucose Monitoring

- 1 The student washes hands with warm water and soap and dries hands well
- 2 Inserts a lancet in the lancet device. Lancet may be used several times.
- 3 Places a test strip in the meter
- 4 Pokes the side of the fingertip and obtains a drop of blood
- 5 Places the blood on the area indicated on the test strip
- 6 Waits for 5 to 45 seconds, depending upon the meter
- 7 Notes the reading and records in log book or automatically recorded in meter

Timing varies with the individual and is done according to the advice of the child's physician and parents. Usually the blood glucose is tested before meals, before bed and before/during/after exercise or if noticing symptoms of low sugar

### 4.4 Ketone Monitoring

This monitoring is not usually done daily as with blood glucose testing. However, in rare cases, some students with diabetes monitor their ketone levels according to guidelines prescribed by their healthcare professional. Teachers and other school personnel have no responsibilities in the actual procedure.

However, it is important for the staff member:

- a) To understand and accommodate the student who needs to monitor ketones.
- b) To call the parents immediately if any student with diabetes becomes ill, especially with vomiting (see 4.5, #5 below)

#### 4.5 What Staff Members Should Know About Ketones:

1. Hyperglycemia (see High Blood Glucose) may result in ketones in the blood and urine if insulin is missed, forgotten, if the insulin pump malfunctions or too low a dose has been given. An illness often causes a need for higher doses of insulin than usual.
2. In hyperglycemia, glucose stays in the blood and the body cannot use it for fuel. The body then breaks down fat for fuel. This process produces ketones as a by-product. If ketone levels continue to rise the child's blood becomes acidic.
3. Rising ketone levels can spiral into the potentially dangerous condition known as Diabetic ketoacidosis (DKA).
4. Left untreated DKA can kill.
5. DKA usually develops over several days, but frequent vomiting can cause the ketones to build up in just a few hours. DKA can develop within a day in adolescents who have not taken insulin for that day.
6. The flu and stomach viruses are common contributors to DKA.
7. Students on insulin pumps develop DKA more quickly than if they were using injected insulin because they have no long-acting insulin to tide them over.
8. High blood glucose plus ketones may mean that the student needs more insulin than their usual regimen calls for.
9. Each student should have individualized guidelines explaining how to handle sick days and what to do if ketones are on the rise.

##### **Example: Effects of Insulin Pump Breakdown**

Sam uses an insulin pump. His infusion set that attaches him to the pump came unstuck and he did not notice this. He had been without insulin for a few hours. When he checked his blood sugar at lunch his sugar was very high and he did not feel like eating his lunch. When he called his parent they asked him to check for ketones. He had moderate ketones so they had him give an injection of insulin and then put on a new infusion set.

## 5.0 Insulin Injections

Recent advances in medical devices allow people with diabetes to choose the way they administer their insulin:

- Conventional syringe and vial method
- Insulin pen
- Insulin pump

Most insulin injections are administered outside school hours – before breakfast and supper and at bedtime. However, the insulin regimen varies with the individual and ~~some~~ most students do require an insulin injection before lunch. Students using an insulin pump would give insulin each time they eat carbohydrate foods.

### 5.1 Student Responsibility for Diabetes Management

If a student is not taking responsibility for his or her diabetes care it may be due to other factors, such as language, cognitive ability, maturity level, behavioral issues and psychosocial barriers. This calls for communication between parents, teachers and possibly other professionals. Community Care Access Centre (CCAC) will arrange nursing support at school for teaching younger kids to test and do their insulin. (See Appendix L/M)

### 5.2 Sports and Co-Instructional Activities

Children with diabetes should be encouraged to participate in as many activities as they choose. They should not be excluded from school field trips. School sports and other co-instructional activities can promote self-esteem and a sense of well-being.

For children who wish to participate in vigorous physical activity, good planning is essential so that the blood glucose balance is maintained. The major risk of unplanned vigorous activity is low blood glucose. This can be prevented by eating additional food or a recommended insulin adjustment.

Parents should be notified of special days that involve extra activity so that they can ensure that the child has extra food to compensate.

It is advisable that both the parent and the child with diabetes carry some form of fast-acting sugar such as glucose tablets or juice boxes on outings or sports events.

It is critical for the child's teachers, especially Physical Education teachers and coaches and any other staff members working directly with the child, to be familiar with the symptoms, treatment and prevention of hypoglycemia.

## RESPONSIBILITY CHECKLISTS

Ensuring the safety of diabetic children in a school setting depends on the cooperation of the entire school community. To minimize risk of exposure, and to ensure rapid response to emergency, parents, students and school personnel must all understand and fulfill their responsibilities.

### 1 Responsibilities of the PARENTS/GUARDIANS of a Diabetic Child

- Inform the school of their child's diabetes and complete SO102 Request for School Assistance in Health Care.
- Provide a MedicAlert™ bracelet or necklace for their child.
- Provide the school with up-to-date emergency contact names and telephone numbers
- Meet with the school administration, appropriate school staff, and Pediatric Diabetes Educator or CCAC health professional to develop their child's Student Support Plan for School – Diabetes, and Student Support Plan for Transportation – Diabetes, and provide specific information related to their child's diabetic condition, including:
  - Special needs or concerns regarding the health and care of their child
  - Physician's instructions for administering medication
  - Typical signs and treatment of low blood glucose
  - Times for meals and snack times
  - When the school is to contact parents, e.g. after incidents of moderate or severe low blood glucose etc.
- Review school guidelines concerning causes, prevention, identification and treatment of hypoglycemia and include highlighted special signs or characteristics for their child.
- Inform school administration regarding changes in their child's health, lifestyle, diabetes procedures, management and emergency contact numbers on an on-going basis
- Provide and maintain a supply of fast-acting sugar, e.g. oral glucose, orange juice, etc. at the school
- Provide a safe container for blood glucose monitoring items and insulin injection items and medication labelled with your child's name for transport and storage requirements
- Provide school with an approved sharp storage container and are to dispose of it, when appropriate, at their local pharmacy.
- Provide support to school and teachers as requested
- Teach their child:
  - the importance of wearing a diabetes identification, Medic Alert, at all times
  - age appropriate understanding of the causes, identification, prevention and treatment of low blood glucose; (Younger children may not be able to recognize symptoms of low sugar usually by age 6 they become more able to do this.)
  - to recognize the first symptoms of low blood glucose, when possible.
  - to communicate clearly to adults/those in authority that he or she has diabetes and when feeling a reaction starting or a general feeling of unwellness, when possible
  - to be responsible for all treatment apparatus, including proper disposal
  - to eat only foods approved by parents
  - to take as much responsibility as possible for his or her own safety

## 2 Responsibilities of DIABETIC STUDENT

- Wears his/her Medic Alert™ identification at all times during the school day.
- Has age appropriate understanding of his/her diabetes.
- Recognizes symptoms of a low blood sugar reaction and can take age-appropriate action to treat the symptoms, where possible
- Takes responsibility for proper eating habits
- Carries meter and glucose with them at all times or has it within easy reach
- Has an age-appropriate understanding of how to administer the blood glucose monitoring system, blood testing, insulin injection, safe disposal of lancets and needles,
- Takes age-appropriate responsibility in providing self-administration of appropriate low blood glucose treatment.
- Promptly informs an adult that he/she has diabetes as soon as symptoms appear or when experiencing a general feeling of unwellness, when possible

## 3. Responsibilities of the SCHOOL PRINCIPAL

- Work as closely as possible with the parents of a diabetic child.
- Meet with parent/guardian and teacher (if possible) before school starts or as soon as possible after newly diagnosed
- Ensure that parents/guardians have completed and returned all necessary forms.
- Ensure that instruction from the child's physician is on file.
- Ensure all staff, supply teachers and volunteers have received instruction on recognizing and treating hypoglycemia.
- Ensure that the diabetic child's Student Support Plan – Diabetes is posted in required locations (staff room, health room, classroom, office, etc.)
- Provide the Board's Transportation Department with a list of students with diabetes riding the school bus and the completed Student Support Plan for Diabetes - Transportation.
- Remind parents/guardians in September, to identify their diabetic child to the principal, if they have not done so already.
- Develop an emergency protocol for each diabetic child.
- Conduct staff meeting to identify students with diabetes and outline the Board's/school's protocol for identification, prevention and treatment of low blood glucose (hypoglycemia).
- Inform changing administration of medical information.
- Provide in-service training for school staff to prepare those involved to respond effectively to hypoglycemia incidents and other emergency situations.
- Provide teachers with resources (human, video, print etc.) to assist their efforts in making the students in their class aware of what diabetes is.
  - Provide a safe, hygienic, private space or space for students to perform self-blood-glucose monitoring and insulin injections throughout the school day. If child prefers and if blood sugar is low child should test in the classroom as it is unsafe for them to walk to another location if blood sugar is low
- Provide for suitable supervision for students (where necessary)
- Provide storage space, either in the classroom or some other safe location for the student's approved sharp (injection device) storage container.
- Students and Staff must be informed and reminded to follow "HR102 – Working with Blood-Borne Infections, Precautions and Practices" where applicable.
- Awareness of ketone monitoring, if applicable for a specific student

- Provide a secure, accessible and appropriate place to store emergency food supplies (oral glucose, orange juice etc.), throughout the school (e.g. homeroom, gym, principal's office etc.)
- Provide opportunities for fast acting sources of sugar to be taken by diabetic students anywhere on school property, on buses or during school sanctioned activities.
- Ensure parents/guardians are notified when new supplies of fast acting sugar are required.
- Must endeavor to ensure that students eat all meals and snacks fully, where applicable, and on time. Be flexible with time requirements for eating – child with diabetes may need more time
- Provide for communication to parents, where requested, if child is unable to eat or when student does not finish meal.

#### **4 Responsibilities of the CLASSROOM TEACHER of a Diabetic Child**

- Meet with parent(s)/guardian(s), where possible, prior to start of school to gather information related to their child's diabetes:
  - special needs or concerns regarding the health and care of their child
  - typical signs and treatment of low blood glucose, for that child
  - protocol for meals and snack times, for that child
  - when school is to contact parents (e.g. after incidents of moderate or severe low blood glucose, when student does not finish meals/snacks etc.)
  - review school guidelines concerning: causes, prevention, identification and treatment of hypoglycemia.
- Participate in staff in-service meetings on the school's protocol for awareness, causes, prevention, identification and treatment of low blood glucose.
- Review completed SO102 Request for School Assistance in Health Care, Student Support Plan for School – Diabetes and Student Support Plan for Transportation - Diabetes with school principal
- Post the child's Student Support Plan for School – Diabetes (see Appendices C,D & E) in the classroom where parental approval is received. (Alternate place is in the supply teacher folder).
- Identify the diabetic child to all teachers, supply and on-call teachers, support staff, volunteers etc. that come into the classroom. Review the school's emergency protocol with the mentioned personnel.
- Ensure that the items for blood glucose monitoring, sharps disposal and insulin injections are located in a secure and safe place.
- Develop open lines of communication and encourage student to inform you when he/she feels the first symptoms of low blood sugar or a general feeling of 'unwellness'. Discuss with child how he/she is to signal you that he/she is experiencing a reaction.
- Where appropriate, discuss diabetes with the class, in age appropriate terms, with student/parent permission.
- Know the emergency contact procedures in 911 Diabetes Script Protocol (Appendix H) including who is responsible for contacting parents and/or emergency services).
- Know the location of the student's emergency treatment supplies, e.g. homeroom, office, health room etc. Consider asking parent to provide a bag that travels with child with meter and sugar in case low sugar occurs in the gym or library
- Know your role for responding to hypoglycemia episodes (e.g. providing fast- acting sugar for treatment of hypoglycemia)



- Permit the student with diabetes to take action to prevent or treat low blood glucose (allow flexibility in class routine and school rules as required)
- Child with diabetes must endeavor to eat all meals and snacks fully, where applicable, and on time. Be flexible with time requirements for eating – child with diabetes may need more time.
- Inform parents/guardians, where requested, if child is unable to eat or when student does not finish meal.
- Inform parents/guardians when the supply of fast acting sugar (oral glucose, orange juice etc.) is running low.
- Prepare for the diabetic child during special events such as school trips, parties, athletic activities etc. (specifically: have emergency glucose on hand, watch for signs of hypoglycemia).
- Review emergency plans with other teachers/volunteers before field trips.

#### **5 Responsibilities of PUBLIC HEALTH/SCHOOL NURSE**

- Consult with and provide information to parents, students and school personnel
- Participate in planning school procedures
- Local Public Health Units and school nurses, where they are available, should play a role in developing and delivering in-service
- Assist in developing emergency response plans

#### **6 Responsibilities of ALL SCHOOL STAFF**

- Attend diabetes information meeting convened by the principal.
- Be able to identify students with diabetes in the school – be familiar with names and faces.
- Be familiar with the school's Type 1 Diabetes Hypoglycemia Emergency Response Plan (Appendix B)
- Know the names of the school's first aid providers and location of the first aid station.

#### **7 Responsibilities of ALL STUDENTS**

- learn to recognize symptoms of hypoglycemia
- avoid sharing food, especially with diabetic children
- refrain from bullying or testing a child with diabetes (testing could refer to others waving the substance that the student reacts to in front of their face to see what happens)

#### **8 Responsibilities of ALL PARENTS**

- participate in parent information sessions
- encourage children to respect diabetic child and school

**TYPE 1 DIABETES – HYPOGLYCEMIA  
SCHOOL EMERGENCY RESPONSE PLAN**

**SIGNS AND SYMPTOMS of HYPOGLYCEMIA**

|          |           |                |                              |
|----------|-----------|----------------|------------------------------|
| Sweating | Trembling | Dizziness      | Mood changes                 |
| Hunger   | Headaches | Blurred Vision | Extreme tiredness / paleness |

**LOW BLOOD SUGAR IS READING UNDER 4  
WHEN IN DOUBT TREAT!!**

**WHAT TO DO**

1. **SELECT ONE TREATMENT** (see student’s treatment chart in their blood sugar testing kit), PROVIDED BY PARENT, FROM THE FOLLOWING:

**6 oz. (175 ml) of fruit juice/drink (junior juice box) OR**

**2-3 tsp (10-15 ml) of sugar (3-4 packets) OR**

**6 oz. (175 ml) of regular pop (not diet type) OR**

**2-3 tsp (10 – 15 ml) of honey OR**

**4 Dex 4 glucose tablets**

OTHER \_\_\_\_\_

2. **INFORM PARENTS** that treatment has been given and child has responded/not responded
3. **WAIT 10-15 MINUTES; IF BLOOD SUGAR IS NOT**

6-10 mmolL ages 0-6 years

4-10 mmolL ages 6-12 years

4-7 mmolL ages 13-18 years


REPEAT ABOVE TREATMENT

4. **DO NOT LEAVE THE STUDENT ALONE.**

**If the student is unconscious, having a seizure or unable to swallow:**

- ✓ **DO NOT** give food or drink
- ✓ **Roll** the student on his/her side
- ✓ **Call 9-1-1**

STUDENT SUPPORT PLAN –TEMPLATE (PAGE 1 OF 2)



**Grand Erie District School Board**  
 349 Erie Avenue, Brantford, Ontario N3T 5V3

**Student Support Plan - School**

|                  |               |                   |               |
|------------------|---------------|-------------------|---------------|
| <b>Name</b>      | <b>OEN</b>    | <b>Board Id #</b> | <b>Grade</b>  |
| <b>School</b>    | <b>Family</b> |                   | <b>Gender</b> |
| <b>Principal</b> |               |                   | <b>DOB</b>    |

---

|                            |                                    |
|----------------------------|------------------------------------|
| <b>Student Information</b> | <b>Parent/Guardian Information</b> |
| <b>Address</b>             | <b>Name &amp; Address</b>          |
| <b>Home Telephone</b>      | <b>Home Telephone</b>              |

---

**Date Of Development**

---

|                             |                            |
|-----------------------------|----------------------------|
| <b>Other Support Staff:</b> | <b>Agency Involvement:</b> |
|-----------------------------|----------------------------|

---

|  |                        |
|--|------------------------|
| <b>Primary Medical Concern:</b>                                  | Insert Student Picture |
| <b>Triggers:</b>   |                        |
| <b>Other Relevant Information (e.g. signs, precursors, etc.)</b> |                        |
|  |                        |

---

|                                |
|--------------------------------|
| <b>Immediate Communication</b> |
|                                |
| <b>Immediate Actions:</b>      |
|                                |

---

**SUMMARY OF INTERVENTION**

| Action To Be Taken | Taken By | Time Line |
|--------------------|----------|-----------|
|                    |          |           |
|                    |          |           |

STUDENT SUPPORT PLAN –TEMPLATE (PAGE 2 OF 2)



**Grand Erie District School Board**  
 349 Erie Avenue, Brantford, Ontario N3T 5V3


**SUMMARY OF INTERVENTION**

| Action To Be Taken | Taken By | Time Line |
|--------------------|----------|-----------|
|                    |          |           |
|                    |          |           |
|                    |          |           |
|                    |          |           |
|                    |          |           |
|                    |          |           |
|                    |          |           |
|                    |          |           |
|                    |          |           |
|                    |          |           |
|                    |          |           |
|                    |          |           |

Signing this form indicates we have read and agree to this Student Support Plan

|                       |                           |
|-----------------------|---------------------------|
| Date:                 | Date:                     |
| Principal's Signature | Parent/Guardian Signature |

STUDENT SUPPORT PLAN –FOR SCHOOL  
- DIABETES EXAMPLE (PAGE 1 OF 2)



**Grand Erie District School Board**  
349 Erie Avenue, Brantford, Ontario N3T 5V3

**Student Support Plan - School**

|                  |                       |               |                |                   |           |              |             |
|------------------|-----------------------|---------------|----------------|-------------------|-----------|--------------|-------------|
| <b>Name</b>      | Last Name, First Name | <b>OEN</b>    | 111222333      | <b>Board Id #</b> | 111222333 | <b>Grade</b> | G           |
| <b>School</b>    | School Name           | <b>Family</b> | Spec Ed Family | <b>Gender</b>     | M/F       | <b>DOB</b>   | dd-mmm-yyyy |
| <b>Principal</b> | Principal Name        |               |                |                   |           |              |             |

---

| Student Information   |                        | Parent/Guardian Information |   |
|-----------------------|------------------------|-----------------------------|---|
| <b>Address</b>        | Street Address<br>City | <b>Name&amp; Address</b>    | Parent/Guardian Name<br>Street Address<br>City, Postal Code |
| <b>Home Telephone</b> | 5195555555             | <b>Home Telephone</b>       | (519) 555-5555  |

**Date Of Development** 17-Nov-2015

---

|                             |                            |
|-----------------------------|----------------------------|
| <b>Other Support Staff:</b> | <b>Agency Involvement:</b> |
|-----------------------------|----------------------------|

**Primary Medical Concern:**  
Diabetes

---

**Triggers:**  
low/high blood sugar - diet

**Other Relevant Information (e.g. signs, precursors, etc.)**  
sweating, trembling, dizziness, mood changes, hunger, headaches, blurred vision, extreme tiredness/paleness

**Immediate Communication:**  
Assigned staff communicates with main office, to the attention of the Principal or Principal's designate that student is having Diabetes episode

**Immediate Actions:**  
Do not leave the student alone, do not allow the student to use stairs, ask student to check their blood sugar - depending on blood sugar reading give fast acting sugar immediately, wait 15 minutes and repeat blood sugar check

Insert Student Picture

**SUMMARY OF INTERVENTION**

| Action To Be Taken   | Taken By                           | Time Line   |
|--|------------------------------------|-------------|
| Remain calm  | All staff, all students            |             |
| Communication with Principal/ Principal's Designate                                    | Assigned staff                     | Immediately |
| If student is - unwell/vomiting notify parents, Call 911 (if unable to contact parents | Principal or Principal's Designate | Immediately |

STUDENT SUPPORT PLAN –FOR SCHOOL  
- DIABETES EXAMPLE (PAGE 2 OF 2)



Grand Erie District School Board  
349 Erie Avenue, Brantford, Ontario N3T 5V3


If student is - unresponsive, unconscious, having a seizure - roll student on their side, call 911, do not give food or drink      Assigned staff      Immediately

Signing this form indicates we have read and agree to this Student Support Plan

|                       |                           |
|-----------------------|---------------------------|
| Date:                 | Date:                     |
| Principal's Signature | Parent/Guardian Signature |

Diabetes  
Sample Only

STUDENT SUPPORT PLAN –FOR TRANSPORTATION  
- DIABETES EXAMPLE (PAGE 1 OF 1)



**Grand Erie District School Board**  
349 Erie Avenue, Brantford, Ontario N3T 5V3

**Student Support Plan - Transportation**

|                  |                       |               |                 |                   |           |               |             |
|------------------|-----------------------|---------------|-----------------|-------------------|-----------|---------------|-------------|
| <b>Name</b>      | Last Name, First Name | <b>OEN</b>    | 111222333       | <b>Board Id #</b> | 111222333 | <b>Grade</b>  | G           |
| <b>School</b>    | School Name           | <b>Family</b> | Spec Ed TC Name |                   |           | <b>Gender</b> | F/M         |
| <b>Principal</b> | Principal Name        |               |                 |                   |           | <b>DOB</b>    | dd-mmm-yyyy |

---

|                            |   |
|----------------------------|---|
| <b>Student Information</b> | <b>Parent/Guardian Information</b>                          |
| <b>Address</b>             | <b>Name &amp; Address</b>                                   |
| Street Address<br>City     | Parent/Guardian Name<br>Street Address<br>City, Postal Code |
| <b>Home Telephone</b>      | <b>Home Telephone</b>                                       |
| 519555555                  | (519) 555-5555  |

**Date Of Development** 11-Feb-2016

|                             |                            |
|-----------------------------|----------------------------|
| <b>Other Support Staff:</b> | <b>Agency Involvement:</b> |
|                             |                            |

**Primary Medical Concern:**  
All information entered in this field on the Student Support Plan School will appear here on the Student Support Plan Transportation.

**Triggers:**  
All information entered in this field on the Student Support Plan School will appear here on the Student Support Plan Transportation.

**Other Relevant Information (e.g. signs, precursors, etc.)**  
Enter all other relevant information.

**Immediate Communication:**  
Bus Driver contacts the Bus Line dispatch immediately to indicate the location of the incident and to request that emergency services be dispatched immediately.

**Immediate Actions:**  
In the event of a problem during his/her travel on a school bus the bus driver will stop the vehicle and ensure that it is completely immobilized. Driver will assess the situation. Bus Driver will be attentive to student while awaiting the emergency services.

**SUMMARY OF INTERVENTION**

| Action To Be Taken  | Taken By                                   | Time Line   |
|---|--|-------------|
| The student's parent or guardian must have completed and signed SO102 - Request for School Assistance in Health Care, which must be signed by a doctor and given to the school. | Parent                                     |             |
| Bus Driver, Dispatcher and School Principal will follow STSBHN Emergency Procedure guidelines.  | Bus Driver, Bus Operator, School Principal | Immediately |

Signing this form indicates we have read and agree to this Student Support Plan

|                              |                                  |
|------------------------------|----------------------------------|
| <b>Date:</b>                 | <b>Date:</b>                     |
|                              |                                  |
| <b>Principal's Signature</b> | <b>Parent/Guardian Signature</b> |
|                              |                                  |

LITE STUDENT SUPPORT & TRANSPORTATION PLANS (1 of 4)

1. Select *SSTP* (Student Support & Transportation Plans) from the tabs across the top of the screen. From the *SSTP* tab menu select Support Plan – School.



2. Select your *School*; enter the first couple of letters of the student’s last name and then select *Find*. Choose the student from the drop down list.

A search bar with a yellow background. It contains a dropdown menu for 'School' with the text '\*\* Select School \*\*', a text input field for 'Id #', another text input field for 'Last Name', and a 'Find' button on the right.

3. In the Plan Dates field select Create New Plan. A *Calendar* box adjacent to Date of Development will be accessible. Once a date is selected the *Create* button is accessible. That date will now appear in your Plan Dates box.



A new Support Plan should be created yearly, an existing plan can be modified during the school year by selecting the date of the plan.

A screenshot of a web form titled 'Student Support Plan - School'. The form has several sections: 'Name' (with sub-fields for School, Principal, OEN, Family, Board Id #, Grade, Gender, and DOB), 'Student Information' (with sub-fields for Address and Home Telephone), and 'Parent/Guardian Information' (with sub-fields for Name & Address and Home Telephone). At the bottom, there is a 'Plan Dates' dropdown menu showing '28-Jan-2016', a 'Date Of Development' text input field, and a 'Create' button.

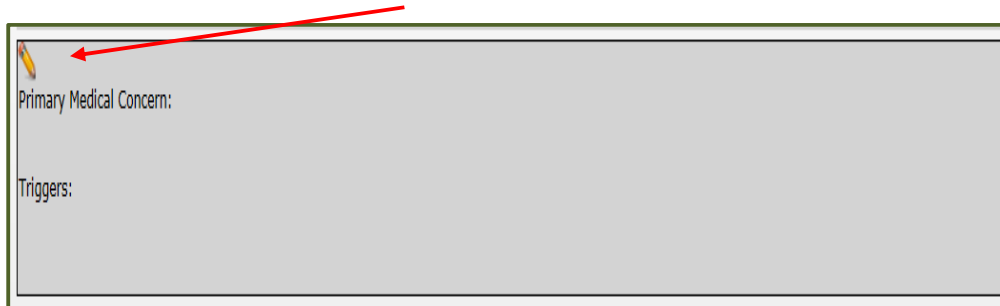
4. Enter the support staff that is available for the student and enter any agencies that are involved with the student, if applicab<sup>l</sup>~

A form with two sections: 'Other Support Staff:' and 'Agency Involvement:'. Each section has a text input field with a small dropdown arrow on the right side.



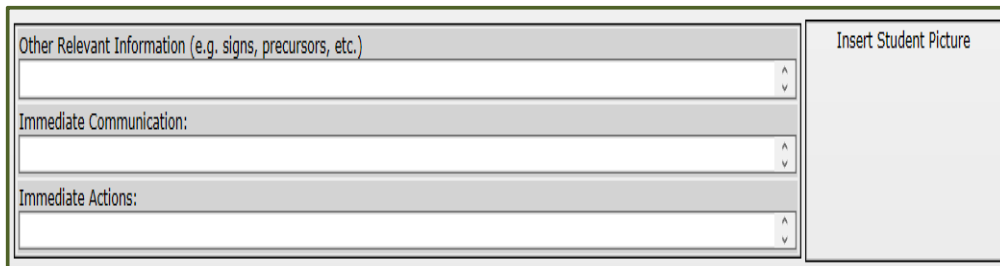
## LITE STUDENT SUPPORT & TRANSPORTATION PLANS (2 of 4)

- To record information in the *Primary Medical Concern* and *Triggers* field select the Pencil icon. All information entered in this field will also appear on the Student Support Plan – Transportation if transportation plan is also required. This eliminates the need to re-enter the same information on both forms. If during the school year the information entered in Primary Medical Concern and Triggers needs to be updated, entering the data on either the School or Transportation Support Plan automatically updates the other plan with the entered information.



A screenshot of a form section with a grey background. At the top left, there is a small pencil icon. A red arrow points from the top right towards this icon. Below the icon, the text "Primary Medical Concern:" is displayed. Further down, the text "Triggers:" is displayed. The rest of the area is a large, empty grey box for text entry.

- Record Other Relevant Information (e.g. signs, precursors, etc.), Immediate Communication and Immediate Actions.



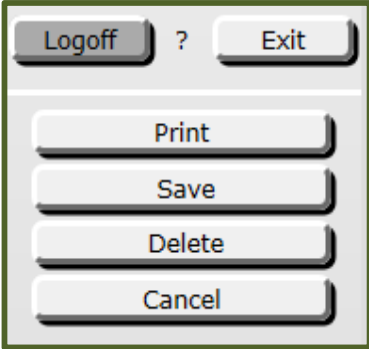
A screenshot of a form section with a grey background. It contains three stacked text input fields. The first field is labeled "Other Relevant Information (e.g. signs, precursors, etc.)". The second field is labeled "Immediate Communication:". The third field is labeled "Immediate Actions:". To the right of these fields is a separate box labeled "Insert Student Picture". Each input field has a small up/down arrow on its right side.

| SUMMARY OF INTERVENTION |          |           |
|-------------------------|----------|-----------|
| Action To Be Taken      | Taken By | Time Line |
|                         |          |           |
|                         |          |           |
|                         |          |           |
|                         |          |           |
|                         |          |           |

- Enter a summary of the actions that need to be taken, in sequence, during an episode. If additional lines to your SUMMARY OF INTERVENTION are required select the save button, and a new line will be inserted.

# LITE STUDENT SUPPORT & TRANSPORTATION PLANS (3 of 4)

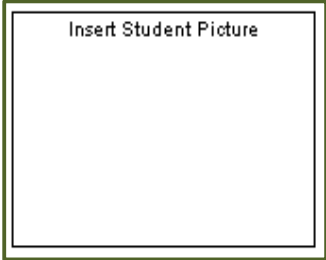
8. Select Save from the left navigation bar.



9. Print a copy of this form and have the parent/guardian sign.

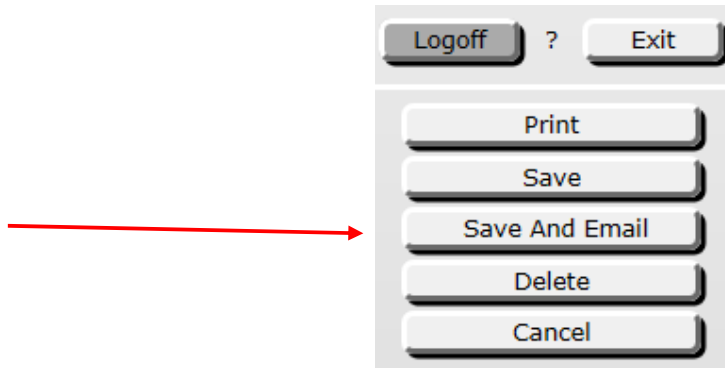
|   |                           |
|---|---------------------------|
| Signing this form indicates we have read and agree to this Student Support Plan |                           |
| Date:   | Date:                     |
| Principal's Signature   | Parent/Guardian Signature |

10. Once saved (as a PDF), an area is provided for insertion of the student's picture if required.



## LITE STUDENT SUPPORT & TRANSPORTATION PLANS (4 of 4)

11. Access and generation of the Student Support Plan – Transportation is the same as above with the exception that there is a Save and Email button. Select Save if the form is only partially completed; once completed select Save and Email. A copy of this form is automatically sent to the Transportation Department so that they may inform the Transportation Provider.



12. The Student Support Plans (Transportation and School) follow the student if they change schools and is therefore accessible to their new school within our Board.

**CONSENT - SO 102 REQUEST FOR  
SCHOOL ASSISTANCE IN HEALTH CARE**

Please refer to Procedure SO102 – Request for School Assistance in Health Care which shall be implemented to document physician directives and parental consent in regards to administration of prescribed medications.

<http://bit.ly/2bEmUMz>

File completed SO102 in the “CONSENT FORMS” (dark green) file in the Ontario Student Record (OSR).

9-1-1 Diabetes Script Protocol  
TO BE POSTED BY TELEPHONE

1. This is \_\_\_\_\_ School.  
Address is: \_\_\_\_\_  
Nearest Major Intersection is: \_\_\_\_\_  
Telephone Number is: \_\_\_\_\_
2. We have a student who is having a diabetic emergency. We have administered (sugar, juice, pop, etc). There has been no improvement in their condition. We need an ambulance IMMEDIATELY.
3. The closest entrance for the ambulance is on:  
\_\_\_\_\_ Ave. / Road / Street.
4. A staff member will be outside the school entrance to provide direction.
5. Do you need any more information?
6. How long will it take you to get here?
7. Call parent / guardian / emergency contact.

**IMPORTANT MEDICAL INFORMATION  
REQUIRED FOR ALL STUDENTS:**

For the safety of your child, it is imperative that we are aware of all students in the building that have serious medical conditions. We need to be able to let each teacher know if any of their students have conditions that could be life-threatening.

Please complete the following form so that we can ensure that our records are up to date.

Name of Student: \_\_\_\_\_

| <i>MEDICAL CONDITION</i>    | <i>This student HAS experienced an attack/reaction in the past</i> | <i>This student carries medication for this condition</i> | <i>Notes/Other: (type of medication, where stored)</i> |
|-----------------------------|--|---|--|
| Anaphylaxis (Sabrina's Law) | <input type="checkbox"/> Yes                                       | <input type="checkbox"/> Yes                              |  |
| Asthma (Ryan's Law)         | <input type="checkbox"/> Yes                                       | <input type="checkbox"/> Yes                              |  |
| Diabetes                    | <input type="checkbox"/> Yes                                       | <input type="checkbox"/> Yes                              |  |
| Epilepsy                    | <input type="checkbox"/> Yes                                       | <input type="checkbox"/> Yes                              |  |
| Heart Condition             | <input type="checkbox"/> Yes                                       | <input type="checkbox"/> Yes                              |  |
| Concussion                  | <input type="checkbox"/> Yes                                       | <input type="checkbox"/> Yes                              |  |
| Other:                      |  |   |  |

Any other medical notes should be included on the registration form (i.e. non-anaphylactic allergies) in the appropriate section. Please keep us informed of any changes in your child's critical medical conditions by contacting the school at (\_\_\_\_\_).

\_\_\_\_\_  
Signature of Parent/Guardian or Student 18+ years

\_\_\_\_\_  
Date

NOTICE: Authorization for the collection and maintenance of the personal information recorded on this form is the Education act, R.S.O. 1980, S.265(d) and S.266 and Municipal Freedom of Information and Protection of Privacy Act. Users of this information are supervisory officers, principals, and teachers at the school. Any questions regarding the collection of personal information should be directed to the principal of the school.

SAMPLE PROTOCOL LETTER TO PARENTS/GUARDIANS

School Letterhead

Date:

Dear Parents/Guardians:

RE: SCHOOL PROTOCOL FOR DIABETES TREATMENT

To be prepared for your child’s diabetic needs and in case of low blood glucose during the school day, please refer to the attached information and forms.

***Request and Consent – SO102 Request for School Assistance in Health Care***

Please read through this form and complete the appropriate sections. Return the form to your child’s school principal prior to your child’s start of school.

***Important Medical Information Required for All Students – Appendix I***

Please complete this form and return to the school as soon as possible.

***Student Support Plan for School/Transportation - Diabetes***

Every child must have an up-to-date Student Support Plan for Diabetes - School and Transportation. Please work with school staff members to complete both forms.

The Student Support Plan for School – Diabetes will be placed in the teacher’s day book and supply teacher book. The Form will also be posted in the staff room, health room and other appropriate locations throughout the school.

***Parent/Guardian Responsibilities – Appendix A- Section 1***

Please review your responsibilities outlined in Appendix A. If you have any questions, please contact the school principal.

***Student Responsibilities – Appendix A. – Section 2***

Please review the contents with your child.

**\*\*Please call the school to arrange a meeting with myself, and a Pediatric Diabetes Educator that you currently work with and your child’s classroom teacher prior to your child beginning school. Working together, we endeavor to provide the safest possible learning environment for your child.**

Sincerely

---



\_\_\_\_\_, School Principal

## STEPS TO IDENTIFYING DIABETIC STUDENT IN THE STUDENT INFORMATION SYSTEM

### Setting the Critical Medical Condition Symbol In Power School

1. Start Page
2. Select Student
3. Select Either Registration Form OR Emergency Contact / Medical

|   |     |
|---|-----|
| <b>Anaphylactic Shock Condition Alert</b>   | ( ) |
| <b>Critical Medical Condition Alert</b>   | ( ) |
| <b>Student has suffered a concussion and is on a Return to Learn/Return to Physical Activity plan</b> | ( ) |
| <b>Critical Medical Notes</b>   |     |
| <b>Other Medical Notes</b>  |     |

4. Check "Critical Medical Condition Alert"
5. Check "Student has suffered a concussion...", if applicable.
6. Enter student's medical / health information in the "Critical Medical Notes" field (Note: information **must** be in this field to generate the alert symbol).
7. Click Submit.
8. A Critical Medical Alert symbol  will appear next to student's name.
9. A Concussion Alert symbol  will appear next to the student's name if this field was indicated as applicable.

Entering information in the "Other Medical Notes" field for non-life-threatening conditions will not generate the Critical Medical Condition Alert.

For more information, refer to Section 6.09 of the Power School OnSIS Instruction Manual:  
<http://geportal.granderie.ca/linksandresources/powerschoolmanual/Pages/default.aspx>





## APPLICATION FOR SCHOOL HEALTH SUPPORT SERVICES

### A. STUDENT INFORMATION *(please print)*

|  |   |
|--|---|
| Surname:   | First Name:   |
| Date of Birth (dd/mm/yy):  | Gender: <input type="checkbox"/> M <input type="checkbox"/> F         |
| Address:   | City: <span style="float: right;">Postal Code:</span>                 |
| Health Card Number (HCN):  | VC:   |
| <b>Mandatory: HCN is required by HNHB CCAC in accordance with the Long-Term Care Act, 1994 to determine student's eligibility for CCAC</b> |   |
| Parent/Guardian: <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Yes <input type="checkbox"/> No                          | Living with: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Name:  | Relationship:   |
| Home Phone #: ( )  | Work #: ( ) <span style="float: right;">Cell #: ( )</span>            |
| Parent/Guardian: <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Yes <input type="checkbox"/> No                          | Living with: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Name:  | Relationship:   |
| Home Phone #: ( )  | Work #: ( ) <span style="float: right;">Cell #: ( )</span>            |
| Family Physician:  | Phone: ( )  |
| Other Medical / Professional Personnel:  |   |
| Medical Diagnosis:   |   |
| Language Spoken in Home <i>(if other than English)</i> :   |   |

### B. SCHOOL INFORMATION

|  |  |
|--|--|
| <input type="checkbox"/> Public <input type="checkbox"/> Separate <input type="checkbox"/> Private <input type="checkbox"/> Home | Specify Board:   |
| School:  | City:  |
| Resource Teacher:  | Phone: ( ) <span style="float: right;">Fax: ( )</span> |

### C. SERVICES REQUESTED

|  |   |
|--|---|
| <input type="checkbox"/> Nursing   | <input type="checkbox"/> Safety / Accessibility |
| <input type="checkbox"/> Occupational Therapy**  | <input type="checkbox"/> Equipment              |
| <input type="checkbox"/> Physiotherapy**   | <input type="checkbox"/> Re – referral          |
| <input type="checkbox"/> Nutrition   |   |
| <input type="checkbox"/> Speech Therapy**  |   |
| For 'Private and Home School' only: <input type="checkbox"/> Personal support <input type="checkbox"/> Equipment |   |

**\*\*Mandatory – Supporting documentation must accompany referral**

### D. RELEASE OF INFORMATION & CONSENT TO ASSESSMENT

I do hereby give consent to the school to release/share information including Third Party records, relevant to the care and status of my child to the Community Care Access Centre (CCAC) as deemed necessary for assessment of School Health Support Services. I consent to the following:

- HNHB CCAC will enter the referral information into its database;
- HNHB CCAC will share referral information with their contracted Service Providers;
- HNHB CCAC will exchange and share information with school / school will exchange and share information with HNHB CCAC.

Parent/Guardian or Student (16 years+): \_\_\_\_\_

Date: \_\_\_\_\_  
(dd/mm/yy)

Print Name: \_\_\_\_\_

Principal/Designate Signature: \_\_\_\_\_

*As a CCAC client, or as a guardian acting on behalf of a client, you have the right to refuse to provide personal information for the purposes explained above. Refusal to provide this information may impact on CCAC's ability to provide services. No information is released for any other purpose without your consent, unless required by law.*

**Fax to:** HNHB CCAC Intake (1-866-655-6402) / (905) 639-8704, or  
**Mail to:** HNHB CCAC Intake ♦ 440 Elizabeth Street, 4th Floor ♦ Burlington, ON, L7R 2M1



### REQUEST FOR SCHOOL HEALTH SUPPORT SERVICES

Student Surname: \_\_\_\_\_  
 Given Name: \_\_\_\_\_  
 Sex:  M  F Date of Birth: \_\_\_\_\_ (DD/MM/YY)  
 Health Card: \_\_\_\_\_ VC: \_\_\_\_\_

#### FAMILY INFORMATION

Parent/Guardian Name(s): \_\_\_\_\_  
 Cell/Business Tel.: Mother: \_\_\_\_\_ Father: \_\_\_\_\_  
 Permission to contact Mother at work:  Y  N Permission to contact Father at work:  Y  N  
**Parents informed consent received:**  Y  N Date: \_\_\_\_\_ (DD/MM/YY)  
 Mailing Address (911/Box#): \_\_\_\_\_  
 City: \_\_\_\_\_ Code: \_\_\_\_\_ Tel.: \_\_\_\_\_  
 CAS/Homeshare/Other Contact: \_\_\_\_\_  
 Referral Initiated by: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Tel.: \_\_\_\_\_ Date: \_\_\_\_\_ (DD/MM/YY)  
 Family Physician: \_\_\_\_\_ Specialist: \_\_\_\_\_  
 Known Diagnosis: \_\_\_\_\_

#### SCHOOL INFORMATION

School: \_\_\_\_\_ Tel.: \_\_\_\_\_  
 Attendance: AM  PM  Full Day  Alternate Days  Grade: \_\_\_\_\_  
 Principal: \_\_\_\_\_ Teacher: \_\_\_\_\_  
 Resource Person: \_\_\_\_\_  
 Which school personnel will be responsible for follow-up of recommendations provided by the therapist?:  
 Name: \_\_\_\_\_ Telephone: \_\_\_\_\_ Best time to call: \_\_\_\_\_

#### REFERRAL INFORMATION

Assessment requested:  OT\*  PT\*  Speech\*  Nursing  Nutrition  
*\*all referrals must be accompanied by an appropriate screening tool*  
 List or attach any specialized testing (e.g. Psychology, Psychometry, Speech, Agency/Treatment Centre, etc.):  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 What interventions have been implemented to accommodate this student's strengths and needs?  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Preschool Speech Agency: \_\_\_\_\_ Date Preschool SLP Spoke with Board SLP: \_\_\_\_\_  
 Authorized by: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_  
PRESCHOOL SLP/BOARD SLP OR SCHOOL PRINCIPAL/DESIGNATE

S