



# Medical Plan Diabetes Manual

November 2020

## Table of Contents

Policy SO30 – Management of Potentially Life-Threatening Health Conditions, Including	
Administration of Medication, in Schools.....	3
Evidence-Based Resources .....	3
Diabetes Mellitus – What is It? .....	3
Hyperglycemia .....	3
Hypoglycemia .....	4
Glucagon (Glycogen) Nasal Spray and Injections.....	4
Insulin Injections.....	4
Diabetes Management – Independence vs. Protection .....	4
Liability .....	5
Privacy and Confidentiality .....	5
Avoidance .....	5
Steps to Prevention .....	5
Blood Glucose Self-Monitoring: Testing Blood Sugar .....	6
Roles and Responsibilities .....	6
Responsibilities of PARENTS/GUARDIANS .....	6
Responsibilities of STUDENTS with Diabetes .....	7
Responsibilities of SCHOOL STAFF .....	7
Responsibilities of the SCHOOL PRINCIPAL .....	7
Responsibilities of the SCHOOL BOARD .....	8
Board Expectations for Providing Supports to Students with Diabetes in Order to Facilitate and	
Support Daily Routines and Management Activities at School.....	8
Diabetes Management Training for School Staff .....	9
Emergency Response .....	9
Reporting .....	9

## Appendices

APPENDIX A – School Diabetes Emergency Response Plan .....	10
APPENDIX B – Diabetes Verification Form Template .....	11
APPENDIX C – Diabetes Medical Plan– Template.....	14
APPENDIX D – Administration of Medication Verification Form .....	19
APPENDIX E – Administration of Medication Form .....	20
APPENDIX F – 9-1-1 Diabetes Script Protocol.....	21
APPENDIX G – Sample Protocol Letter to Parents/Guardians .....	22
APPENDIX H – Steps to Identify a Diabetic Student in the Student Information Systems.....	23
APPENDIX I – Application for School Health Support Services .....	24

## **Policy SO30 – Management of Potentially Life-Threatening Health Conditions, Including Administration of Medication, in Schools**

In Grand Erie, Policy SO30- Management of Potentially Life-Threatening Health Conditions, Including Administration of Medication, in Schools provides direction to staff of how to support students with the management of anaphylaxis, asthma, diabetes and/or seizure disorder at school. The policy is accompanied by Medical Plans for each prevalent medical condition.

### **Evidence-Based Resources**

Evidence-based resources that provide information on various aspects of these prevalent medical conditions, including triggers or causative agents and signs and symptoms characteristic of medical incidents and medical emergencies can be found at the following links:

<http://www.edu.gov.on.ca/eng/healthyschools/medicalconditions.html>

<http://www.edugains.ca/newsite/SafeHealthySchools/medical-conditions/Prevalent-Medical-Conditions.html>

### **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.

### **Hyperglycemia**

High blood sugar (or hyperglycemia) occurs when a student’s blood sugar is higher than the target range. It is usually caused by:

- extra food, without extra insulin
- not enough insulin
- decreased activity

Blood sugar also rises because of illness, stress, or excitement. Usually, it is caused by a combination of factors. Students are not usually in immediate danger from high blood sugar unless they are vomiting, breathing heavily or lethargic. They may have difficulty concentrating in class.

Symptoms of hyperglycemia are rapid, shallow breathing, vomiting and fruity breath.

Contact parents immediately if a student is unwell, has severe abdominal pain, nausea, vomiting or symptoms of severe high blood sugar. If the student is well, follow instructions for high blood sugar in their care plan. Allow unlimited trips to the washroom and encourage them to drink plenty of water.

## Hypoglycemia

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 (e.g. 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> .  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>

## Glucagon – Nasal Spray

In late 2019, the Federal Government approved the sale of glucagon dry nasal spray (Baqsimi™) in pharmacies in Canada. Baqsimi™ may be used by school staff to treat severe hypoglycemia in a student that is incapacitated. Baqsimi™ may be provided to the school by a parent / guardian, however, they must adhere to the conditions articulated in SO30 – Management of Potentially Life-Threatening Health Conditions, Including Administration of Medication.

**There is an expectation that the parent(s)/guardian(s) provide all appropriate staff with training on the use of this dry nasal spray.**

For your convenience, you may also refer to the following video produced by the product's distributor. <https://www.baqsimi.com/how-to-use-baqsimi>

## Glucagon - (Glycogen) Injections

Glycogen is an emergency drug that is used to treat hypoglycemia. It should only be used under the direction of a medical professional.

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.

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

## Insulin Injections

School staff do not administer insulin injections. Most insulin injections are administered outside school hours – before breakfast and supper and at bedtime. However, the insulin regimen varies with the individual and most students do require an insulin injection before lunch. Students using an insulin pump would give insulin each time they eat carbohydrate foods.

## Diabetes Management – Independence vs. Protection

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.

## Liability

In 2001, the Ontario government passed the Good Samaritan Act to protect individuals from liability with respect to voluntary emergency medical or first-aid services. Subsections 2(1) and (2) of this act state the following with regard to individuals:

- 2.(1) Despite the rules of common law, a person described in subsection (2) who voluntarily and without reasonable expectation of compensation or reward provides the services described in that subsections is not liable for damages that result from the person's negligence in acting or failing to act while providing the services, unless it is established that the damages were caused by the gross negligence of the person.
- (2) Subsection (1) applies to,
  - (b)...an individual...who provides emergency first aid assistance to a person who is ill, injured or unconscious as a result of an accident or other emergency, if the individual provides the assistance at the immediate scene of the accident or emergency.

## Privacy and Confidentiality

Parent/guardian consent will be obtained prior to the sharing of student health information with school staff or other students. Parents and school staff will be informed of the measures to protect the confidentiality of students' medical records and information.

## Avoidance

Grand Erie's goal is to provide a safe environment for children with diabetes, **but it is not possible to reduce the risk to zero.**

School procedures are designed to be flexible enough to allow schools and classrooms to adapt to the needs of individual children and the circumstances which trigger reactions, as well as the organizational and physical environment in different schools.

All recommendations should be considered in the context of the child's age and developmental and cognitive maturity. As children mature, they should be expected to take increasing personal responsibility for the management of their prevalent medical condition.

## Steps to Prevention

The school principal/designate shall take steps to protect students with diabetes by enlisting the support of School Health Support Services if appropriate and with parent/guardian consent.

See page 24 Appendix I for a link to the Application for School Services.

The principal may also;

- With parent/guardian consent, inform the students, parents/guardians and school community about the nature of diabetes
- Provide a comprehensive awareness workshop for students in the class of the student who is diabetic;
- Communicate general information about diabetes to student/staff and parents/guardians on a yearly basis;
- Share the schools Diabetes Emergency Response Plan with all persons who may be in regular contact with students at risk;
- If possible, ensure that the student at risk has their medication with them, or it is stored in an easily accessible location
- Ensure that the student has their medication with them for fire drills, lock downs, hold and secures, shelter in place and bomb threats, or there is one readily available
- Document the strategies which are adopted by the school to protect the student with diabetes in the Medical Plan

## Blood Glucose Self-Monitoring: Testing Blood Sugar

The 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.

## Roles and Responsibilities

A whole school approach is needed to support students with diabetes, where parents/guardians, students and school personnel must all understand and fulfill their responsibilities.

### Responsibilities of PARENTS/GUARDIANS

Parents/guardians are expected to be active participants in supporting the management of their child's medical condition while the child is at school. Parents/guardians should:

- Educate their child about their medical condition with support from their child's health care professional, as needed
- Guide and encourage their child to reach their full potential for self-management and self-advocacy
- Inform the school of their child's medical condition
- Complete Administration of Medication Verification Form and return it to school

- Provide the school with up-to-date emergency contact names and telephone numbers
- Provide the school with instructions and consent for administering medication
- Provide the school with sufficient quantities of medication and supplies in their original, clearly labelled containers, as directed by a health care professional and as outlined in the Medical Plan, and track the expiration dates if they are supplied
- Co-create and review with school staff at least annually, or when there is a change in the medical condition, the Medical Plan
- Communicate changes to the Medical Plan, such as changes to the status of their child's medical condition or changes to their child's ability to manage the medical condition to the principal or designate
- Confirm annually to the principal or designate that their child's medical status is unchanged
- Initiate and participate in regular meetings to review their child's Medical Plan
- Seek medical advice from a medical doctor, nurse practitioner, or pharmacist where appropriate.

### **Responsibilities of STUDENTS with Diabetes**

Students are expected to actively support the development and implementation of their Medical Plan, depending on their cognitive, emotional, social and physical stage of development and their capacity for self-management. Students should:

- Take responsibility for advocating for their personal safety and well-being
- Participate in the development of their Medical Plan
- Participate in meetings to review their Medical Plan
- Carry out daily or routine self-management of their medical condition to their full potential as described in their Medical Plan (e.g. carry their medication and medical supplies, including controlled substances, follow school board policies on disposal of medication and medical supplies)
- Set goals on an ongoing basis for self-management of their medical condition, in conjunction with their parents/guardians and health care professionals
- Communicate with their parents/guardians and school staff if they are facing challenges related to their medical condition at school
- Wear medical alert identification that they and/or their parents/guardians deem appropriate
- If possible, inform school staff and/or their peers if a medical incident or a medical emergency occurs
- Take as much responsibility as possible for avoiding causative agents.

### **Responsibilities of SCHOOL STAFF**

School staff will follow their school board's policies and provisions in their collective agreements

related to supporting students with prevalent medical conditions in schools. School staff should:

- Display a photo/poster in the classroom, with parental approval
- Review the contents of the Medical Plan for any student with whom they have direct contact
- Participate annually in training at school on prevalent medical conditions, or as required
- Share information on a student's signs and symptoms with other students if the parents/guardians give consent and the principal authorizes to do so as outlined in the Medical Plan
- Follow school board strategies that reduce the risk of student exposure to triggers or causative agents in classrooms, common school areas, and extracurricular activities, in accordance with the student's Medical Plan

- Support a student's daily or routine management, and respond to medical incidents and medical emergencies that occur during school as outlined in board policies and procedures
- Support inclusion by ensuring students with prevalent medical conditions are able to perform daily or routine management activities in a school location (i.e. classroom) as outlined in their Medical Plan while also maintaining confidentiality and dignity of the student
- Enable students with prevalent medical conditions to participate in school to their full potential, as outlined in their Medical Plan.

### **Responsibilities of the SCHOOL PRINCIPAL**

The school principal will assume all responsibilities of school staff and should:

- Clearly communicate to parents/guardians and appropriate staff the process for parents/guardians to notify the school of their child's medical condition, as well as the expectation for parents/guardians to co-create, review and update the Medical Plan with the principal or designate
- Co-create, review and update the Medical Plan with parent/guardian at a minimum at the following times
  - during the time of registration for new student
  - each year before the end of June for existing students
  - when a child is diagnosed and/or returns to school following a diagnosis
- Ensure that a Diabetes Verification Form has been completed in LITE
- Ensure that a Diabetes Medical Plan has been completed in LITE
- Ensure that parent/guardian has completed Administration of Medication Verification Form
- Ensure that an Administration of Medication Form is completed in LITE
- Maintain a file with the Medical Plan and supporting documentation for each student with a prevalent medical condition
- Provide relevant information from the student's Medical Plan to school staff and others who are identified in the Medical Plan (e.g. food service providers, transportation providers, volunteers and occasional staff who will be in direct contact with the student), including any revisions that are made to the plan
- Communicate with parents/guardians in medical emergencies, as outlined in the Medical Plan
- Encourage the identification of staff who can support the daily routine management of needs of students in the school with prevalent medical conditions, while honouring the provisions outlined within collective agreements

### **Responsibilities of the SCHOOL BOARD**

School boards are expected to communicate, on an annual basis, their policies on supporting students with prevalent medical conditions to parents, school board staff and others in the school community who are in direct contact with students (e.g. food service providers, transportation providers, volunteers). School boards will:

- Make policies and Medical Plan templates available on the public website
- Provide training and resources on prevalent medical conditions on an annual basis
- Develop strategies that reduce risk of student exposure to triggers or causative agents in classrooms and common areas
- Develop expectations for schools to support the safe storage and disposal of medication and medical supplies, and communicate these expectations to schools and support schools in the implementation of the expectations (e.g. provide schools with appropriate supplies to support safe disposal of medication and medical supplies)
- Develop expectations for schools to include a process and appropriate resources to support students with prevalent medical conditions in the event of a school emergency (e.g. bomb threat, evacuation, fire, "hold and secure", "lockdown")
- Communicate expectations that students are allowed to carry their medication and supplies to support the management of their medical condition, including controlled substances, as outlined in the Medical Plan



- Consider PPM161 – Support Children and Students with Prevalent Medical Conditions (Anaphylaxis, Asthma, Diabetes, and/or Epilepsy) in Schools and Policy SO30 – Management of Potentially Life-Threatening Health Conditions, Including Administration of Medication, in Schools when entering into contracts with transportation, food service and other providers.

## **Board Expectations for Providing Supports to Students with Diabetes in Order to Facilitate and Support Daily Routines and Management Activities at School**

Facilitating and supporting daily or routine management involves, but is not limited to, supporting inclusion by allowing students with prevalent medical conditions, including diabetes, to perform daily or routine management activities in a school location (e.g. within a classroom, gymnasium, library, school yard, on a school bus, at a field trip location), as outlined in the Medical Plan

## **Diabetes Management Training for School Staff**

All school staff will complete annual online health and safety training in diabetes management. Training will be completed with the first term or first semester of the current school year.

## **Emergency Response**

Even when precautions are taken, a diabetic student may experience hypoglycemia (low blood sugar) while at school. It is essential that the school develop a response protocol, and that all staff are aware of how to implement it. A Medical Plan will be developed for each diabetic child, in conjunction with the child's parent/guardian (and medical professional, if appropriate) and kept in a readily accessible location.

All staff will be made aware of the School Diabetes Emergency Response Plan (Appendix A).

## **Reporting**

Subject to relevant privacy legislation, Grand Erie will collect the following data:

- The number of students with prevalent medical conditions in schools
- The number of occurrences of medical incidents and medical emergencies
- The circumstances surrounding the occurrences of medical incidents and emergencies

Grand Erie will report to the Minister of Education, upon the implementation of PPM161 and upon request thereafter, the activities employed to achieve the expectations outlined in PPM161.

## APPENDIX A – School Diabetes 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 mmol/L ages 0-6 years

4-10 mmol/L ages 6-12 years

4-7 mmol/L 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

## APPENDIX B – Diabetes Verification Form Template

(Page 1 of 3)



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

DIABETIC PLAN OF CARE ALERT			
Student First Name		Student Last Name	
Student DOB		Student Gender	
TYPE 1 DIABETES SUPPORTS			
Names of trained individuals who will provide support with diabetes-related tasks: (e.g., designated staff or community care allies.)			
DAILY / ROUTINE TYPE 1 DIABETES MANAGEMENT			
Student is able to manage their diabetes care independently <b>and</b> does not require any special care from the school.		Yes	No
BLOOD GLUCOSE MONITORING			
ROUTINE		ACTION	
<input type="radio"/> Student requires trained individual to check BG / read meter.		Target Blood Glucose Range <span style="border: 1px solid black; display: inline-block; width: 150px; height: 20px; vertical-align: middle;"></span>	
<input type="radio"/> Student needs supervision to check BG / read meter.		Time(s) to check BG: <span style="border: 1px solid black; display: inline-block; width: 100px; height: 20px; vertical-align: middle;"></span>	
<input type="radio"/> Student can independently check BG / read meter.		<span style="border: 1px solid black; display: inline-block; width: 100px; height: 20px; vertical-align: middle;"></span>	
<input type="radio"/> Student has continuous glucose monitor (CGM).		Contact Parent(s) / Guardian(s) if BG is:	
NUTRITION BREAKS			
ROUTINE		ACTION	
<input type="radio"/> Student requires supervision during mealtimes to ensure completion.		Recommended time(s) for meals/snacks: <span style="border: 1px solid black; display: inline-block; width: 80px; height: 20px; vertical-align: middle;"></span> <span style="border: 1px solid black; display: inline-block; width: 80px; height: 20px; vertical-align: middle;"></span> <span style="border: 1px solid black; display: inline-block; width: 80px; height: 20px; vertical-align: middle;"></span>	
<input type="radio"/> Student can independently manage his/her food intake.		Special instructions for meal days/special events: <span style="border: 1px solid black; display: inline-block; width: 300px; height: 20px; vertical-align: middle;"></span>	
INSULIN			
ROUTINE		ACTION	
Student takes insulin at school	Yes	No	Location of Insulin <span style="border: 1px solid black; display: inline-block; width: 200px; height: 20px; vertical-align: middle;"></span>
Student takes insulin at school by:		Required times for insulin	
<input type="radio"/> Injection		<input type="radio"/> Before School: <span style="border: 1px solid black; display: inline-block; width: 80px; height: 20px; vertical-align: middle;"></span>	
<input type="radio"/> Pump		<input type="radio"/> Morning Break: <span style="border: 1px solid black; display: inline-block; width: 80px; height: 20px; vertical-align: middle;"></span>	
Insulin is given by:		<input type="radio"/> Lunch Break: <span style="border: 1px solid black; display: inline-block; width: 80px; height: 20px; vertical-align: middle;"></span>	
<input type="radio"/> Student		<input type="radio"/> Afternoon Break: <span style="border: 1px solid black; display: inline-block; width: 80px; height: 20px; vertical-align: middle;"></span>	
<input type="radio"/> Student with Supervision		<input type="radio"/> Other (specify): <span style="border: 1px solid black; display: inline-block; width: 80px; height: 20px; vertical-align: middle;"></span>	
<input type="radio"/> Parent(s) / Guardian(s)			
<input type="radio"/> Trained Individual			

## APPENDIX B – Diabetes Verification Form Template

(Page 2 of 3)



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

DIABETIC PLAN OF CARE ALERT			
Student First Name		Student Last Name	
* All students with Type 1 Diabetes use insulin. Some students will require insulin during the school day, typically before meal / nutrition breaks.		Special Instructions for meal days / special events	
ACTIVITY PLAN			
ROUTINE		ACTION	
Physical activity lowers blood glucose. BG is often checked before activity. Carbohydrates may need to be eaten before / after physical activity. A source of fast-acting sugar must always be within student's reach.		Please indicate what this student must do prior to physical activity to help prevent low blood sugar:  1. Before Activity <input style="width: 150px;" type="text"/> 2. During Activity <input style="width: 150px;" type="text"/> 3. After Activity <input style="width: 150px;" type="text"/>  For special events, notify parent(s) / guardian(s) in advance so that appropriate adjustments or arrangements can be made. (e.g., extracurricular, Terry Fox Run, etc.)	
DIABETES MANAGEMENT KIT			
ROUTINE		ACTION	
Parents must provide, maintain and refresh supplies. School must ensure this kit is accessible all times (e.g., field trips, fire drills, lockdowns, etc.) and advise parents when supplies are low.		Kits will be available in different locations but will include: <input type="radio"/> Blood Glucose meter, BG test strips and lancets <input type="radio"/> Insulin and insulin pen and supplies <input type="radio"/> Source of fast-acting sugar (e.g., juice, candy, glucose tabs) <input type="radio"/> Carbohydrate containing snacks <input type="radio"/> Other (please list) Location(s) of kits: <input style="width: 200px;" type="text"/>	
EMERGENCY PROCEDURES HYPOGLYCEMIA - LOW BLOOD SUGAR (4 mmol/L or less) DO NOT LEAVE STUDENT UNATTENDED			
Usual symptoms of Hypoglycemia for my child are:			
<input type="radio"/> Shaky	<input type="radio"/> Irritable / Grouchy	<input type="radio"/> Dizzy	<input type="radio"/> Trembling
<input type="radio"/> Blurred Vision	<input type="radio"/> Headache	<input type="radio"/> Hungry	<input type="radio"/> Weak / Fatigue
<input type="radio"/> Pale	<input type="radio"/> Confused	<input type="radio"/> Other	
<b>Steps to take for MILD Hypoglycemia (student is responsive)</b> 1. Check blood glucose, give <input style="width: 40px;" type="text"/> grams of fast acting carbohydrate (e.g., 1/2 cup of juice, 15 skittles, etc.) 2. Recheck blood glucose in 15 minutes. 3. If still below 4 mmol/L repeat steps 1 and 2 until BG is above 4 mmol/L. Give a starchy snack if next meal /snack is more than one (1) hour away. 4. Other – specify			
<b>Steps to take for SEVERE Hypoglycemia (student is unresponsive)</b> 1. Place the student on their side in the recovery position. 2. Call 9-1-1. Do NOT give food or drink (choking hazard). Supervise student until emergency medical personnel arrives. 3. Contact parent(s) / guardian(s) or emergency contact.			

## APPENDIX B – Diabetes Verification Form Template

(Page 3 of 3)



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

DIABETIC PLAN OF CARE ALERT			
Student First Name		Student Last Name	
HYPERGLYCEMIA - HIGH BLOOD SUGAR			
Usual symptoms of Hyperglycemia for my child are:			
<input type="radio"/> Extreme Thirst	<input type="radio"/> Frequent Urination	<input type="radio"/> Headache	<input type="radio"/> Hungry
<input type="radio"/> Abdominal Pain	<input type="radio"/> Irritability	<input type="radio"/> Other	
<b>Steps to take for <u>MILD</u> Hyperglycemia</b> <ol style="list-style-type: none"> <li>1. Allow student free use of the bathroom.</li> <li>2. Encourage student to drink water only.</li> <li>3. Inform the parent(s) / guardian(s) if BG is above <span style="border: 1px solid black; padding: 0 5px;">###</span></li> <li>4. Other – specify</li> </ol>			
<b>Symptoms of Severe Hyperglycemia (Notify parent(s) / guardian(s) immediately)</b>			
<input type="radio"/> Rapid, Shallow Breathing	<input type="radio"/> Vomiting	<input type="radio"/> Fruity Breath	<input type="radio"/> Other
<b>Steps to take for <u>SEVERE</u> Hyperglycemia</b> <ol style="list-style-type: none"> <li>1. If possible, confirm hyperglycemia by testing blood glucose.</li> <li>2. Contact parent(s) / guardian(s) or emergency contact.</li> </ol>			
<b>Other individuals to be Contacted Regarding Plan of Care</b>			
<input type="radio"/> Before School Program		<input type="radio"/> Student Transportation (STSBHN)	
<input type="radio"/> After School Program		<input type="radio"/> Other	
This plan remains in effect for the school year without change and will be reviewed on or before:			
<p>It is the parent(s) / guardian(s) / 18+ student responsibility to notify the principal if there is a need to change the Plan of Care during the school year.</p> <p>I acknowledge that the information contained on this form may be shared with Grand Erie District School Board staff, volunteers, transportation providers in order to provide appropriate supports for my child. Depending on the nature / severity of the medical condition, I acknowledge that my child's information and photograph maybe made accessible to staff, volunteers and transportation providers in the form of a notice and / or poster. In the event of an emergency, I give permission for Grand Erie DSB to administer and EpiPen or other emergency measures deemed appropriate.</p>			
<b>Parent / Guardian / +18 Student</b> <small>(Print Name Please)</small>	<b>Signature</b>	<b>Date</b>	
<b>+16 Student</b> <small>(Print Name Please)</small>	<b>Signature</b>	<b>Date</b>	
<b>School Principal</b> <small>(Print Name Please)</small>	<b>Signature</b>	<b>Date</b>	
Personal information contained on this form is collected under the authority of the Education Act, in accordance with the Municipal Freedom of Information and Protection of Privacy Act and will be used for the purposes of the education of students.			



## APPENDIX C – Diabetes Medical Plan Template

(Page 1 of 5)

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

Student Name		Student OEN		Board ID #		Grade	
School			Family		DOB		Gender
Additional Contact Information							
Teachers							
Created by:			Date:		Last Edit by:		Date:
<b>EMERGENCY CONTACTS</b>							
Print Name		Relationship to Student		Daytime Phone #		Alternate Phone #	
<b>PREVALENT MEDICAL CONDITIONS</b>							
POC Type					Plan Date		Status
<input type="radio"/> Anaphylaxis <input type="radio"/> Asthma <input type="radio"/> Diabetic <input type="radio"/> Epilepsy <input type="radio"/> Heart Condition <input type="radio"/> Other <input type="radio"/> Administration of Medication <input type="radio"/> Personal							e.g., draft, etc.



## APPENDIX C – Diabetes Medical Plan Template

(Page 2 of 5)

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

Student Name	Student OEN	Board ID #	Grade
School	Family	DOB	Gender
Additional Contact Information			
Teachers			
Created by:	Date:	Last Edit by:	Date:
<b>TYPE 1 DIABETES SUPPORTS</b>			
Names of trained individuals who will provide support with diabetes-related tasks: (e.g., designated staff or community care allies).			
Method of home-school communication:			
Any other medical conditions or allergy/ies?			
<b>DAILY/ROUTINE TYPE 1 DIABETES MANAGEMENT</b>			
Student is able to manage their diabetes care independently and does not require any special care from the school.			
<input type="radio"/> Yes <input type="radio"/> No			
<b>BLOOD GLUCOSE MONITORING</b>			
<b>ROUTINE</b>	<b>ACTION</b>		
<input type="radio"/> Student requires trained individual to check BG/read meter. <input type="radio"/> Student needs supervision to check BG/read meter <input type="radio"/> Student can independently check BG / read meter <input type="radio"/> Student has continuous glucose monitor (CGM)	Target Blood Glucose Range <input style="width: 150px;" type="text"/>		
	Time(s) to check BG: <input style="width: 150px;" type="text"/>		
	Contact Parent(s) / Guardian(s) if BG is: <input style="width: 150px;" type="text"/>		
	Parent(s) / Guardian(s) Responsibilities <input style="width: 150px;" type="text"/> School Responsibilities <input style="width: 150px;" type="text"/> Student Responsibilities <input style="width: 150px;" type="text"/>		
<b>NUTRITION BREAKS</b>			
<b>ROUTINE</b>	<b>ACTION</b>		
<input type="radio"/> Student requires supervision during mealtimes to ensure completion. <input type="radio"/> Student can independently manage his/her food intake.	Recommended time(s) for meals / snacks: <input style="width: 150px;" type="text"/>		
	<input style="width: 100px;" type="text"/> <input style="width: 100px;" type="text"/>		
	Parent(s) / Guardian(s) Responsibilities <input style="width: 150px;" type="text"/>		
	School Responsibilities <input style="width: 150px;" type="text"/> Student Responsibilities <input style="width: 150px;" type="text"/>		



## APPENDIX C – Diabetes Medical Plan Template

(Page 3 of 5)

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

Student First Name	Student Last Name
<b>INSULIN</b>	
<b>ROUTINE</b>	<b>ACTION</b>
<p><b>Student takes insulin at school</b></p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><b>Student takes insulin at school by:</b></p> <p><input type="radio"/> Injection</p> <p><input type="radio"/> Pump</p> <p><b>Insulin is given by</b></p> <p><input type="radio"/> Student</p> <p><input type="radio"/> Student with Supervision</p> <p><input type="radio"/> Parent(s) / Guardian(s)</p> <p><input type="radio"/> Trained Individual</p> <p><small>* All students with Type 1 diabetes use insulin. Some students will require insulin during the school day, typically before meal / nutrition breaks.</small></p>	<p><b>Location of Insulin:</b></p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <p><b>Required times for insulin:</b></p> <p><input type="radio"/> Before School</p> <p><input type="radio"/> Morning Break</p> <p><input type="radio"/> Lunch Break</p> <p><input type="radio"/> Afternoon Breaks</p> <p><input type="radio"/> Other (Specify):</p> <p>Parent(s) / Guardian(s) Responsibilities <div style="border: 1px solid black; width: 150px; height: 20px; display: inline-block;"></div></p> <p>School Responsibilities <div style="border: 1px solid black; width: 150px; height: 20px; display: inline-block;"></div></p> <p>Student Responsibilities <div style="border: 1px solid black; width: 150px; height: 20px; display: inline-block;"></div></p>
<b>ACTIVITY PLAN</b>	
<b>ROUTINE</b>	<b>ACTION</b>
<p>Physical activity lowers blood glucose. BG is often checked before activity. Carbohydrates may need to be eaten before/after physical activity. A source of fast-acting sugar must always be within student's reach.</p>	<p>Please indicate what this student must do prior to physical activity to help prevent low blood sugar.</p> <p>1. Before activity <div style="border: 1px solid black; width: 150px; height: 20px; display: inline-block;"></div></p> <p>2. During activity <div style="border: 1px solid black; width: 150px; height: 20px; display: inline-block;"></div></p> <p>3. After activity <div style="border: 1px solid black; width: 150px; height: 20px; display: inline-block;"></div></p> <p>Parent(s) / Guardian(s) Responsibilities <div style="border: 1px solid black; width: 150px; height: 20px; display: inline-block;"></div></p> <p>School Responsibilities <div style="border: 1px solid black; width: 150px; height: 20px; display: inline-block;"></div></p> <p>Student Responsibilities <div style="border: 1px solid black; width: 150px; height: 20px; display: inline-block;"></div></p> <p>For special events, notify parent(s) / guardians(s) in advance so that appropriate adjustments or arrangements can be made. (e.g. extracurricular, Terry Fox Run, etc.).</p>
<b>DIABETES MANAGEMENT KIT</b>	
<b>ROUTINE</b>	<b>ACTION</b>
<p>Parents must provide, maintain and refresh supplies. School must ensure this kit is accessible all times (e.g., field trips, fire drills, lockdowns, etc.) and advise parents when supplies are low.</p>	<p>Kits will be available in different locations but will include:</p> <ul style="list-style-type: none"> <li>Blood Glucose meter, BG test strips and lancets</li> <li>Insulin and insulin pen and supplies</li> <li>Source of fast-acting sugar (e.g., juice, candy, glucose tabs)</li> <li>Carbohydrate containing snacks</li> <li>Other (please list)</li> </ul> <p>Location(s) of kits: <div style="border: 1px solid black; width: 150px; height: 20px; display: inline-block;"></div></p>





## APPENDIX C – Diabetes Medical Plan Template (Page 4 of 5)

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

Student First Name	Student Last Name
<b>SPECIAL NEEDS</b>	
<b>ROUTINE</b>	<b>ACTION</b>
A student with special considerations may require more assistance than outlined in this plan.	Comments: <div style="border: 1px solid black; width: 150px; height: 20px; display: inline-block;"></div>
<b>EMERGENCY PROCEDURES</b>	
<b>HYPOGLYCEMIA – LOW blood glucose</b> <b>(4 mmol/L or less)</b>  <b>DO NOT LEAVE STUDENT UNATTENDED</b>	
Usual symptoms of Hypoglycemia for my child are:	
<input type="radio"/> Shaky	<input type="radio"/> Irritable / Grouchy
<input type="radio"/> Blurred Vision	<input type="radio"/> Headache
<input type="radio"/> Pale	<input type="radio"/> Confused
<input type="radio"/> Dizzy	<input type="radio"/> Trembling
<input type="radio"/> Hungry	<input type="radio"/> Weak / Fatigue
<input type="radio"/> Other	
<b>Steps to take for MILD Hypoglycemia (student is responsive)</b> 1. Check blood glucose, give ### grams of fast acting carbohydrate (e.g., 1/2cup of juice, 15 skittles, etc.) 2. Recheck blood glucose in 15 minutes. 3. If still below 4 mmol/L repeat steps 1 and 2 until BG is above 4 mmol/L. Give a starchy snack if next meal /snack is more than one (1) hour away. 4. Other – specify	
<b>Steps to take for SEVERE Hypoglycemia (student is unresponsive)</b> 1. Place the student on their side in the recovery position. 2. Call 9-1-1. Do NOT give food or drink (choking hazard). Supervise student until emergency medical personnel arrives. 3. Contact parent(s) / guardian(s) or emergency contact.	
<b>HYPERGLYCEMIA – HIGH BLOOD GLUCOSE</b>  <b>(14 mmol/L OR ABOVE)</b>	
Usual symptoms of Hyperglycemia for my child are:	
<input type="radio"/> Extreme Thirst	<input type="radio"/> Frequent Urination
<input type="radio"/> Abdominal Pain	<input type="radio"/> Irritability
<input type="radio"/> Headache	<input type="radio"/> Hungry
<input type="radio"/> Other	
<b>Steps to take for MILD Hyperglycemia</b> 1. Allow student free use of the bathroom. 2. Encourage student to drink water only. 3. Inform the parent(s) / guardian(s) if BG is above ### 4. Other – specify	
Symptoms of Severe Hyperglycemia (Notify parent(s) / guardian(s) immediately)	
<input type="radio"/> Rapid, Shallow Breathing	<input type="radio"/> Vomiting
<input type="radio"/> Fruity Breath	<input type="radio"/> Other
<b>Steps to take for SEVERE Hyperglycemia</b> 1. If possible, confirm hyperglycemia by testing blood glucose. 2. Contact parent(s) / guardian(s) or emergency contact.	



## APPENDIX C – Diabetes Medical Plan Template

(Page 5 of 5)

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

Student First Name		Student Last Name	
<b>AUTHORIZATION / PLAN REVIEW</b>			
<b>STAFF MEMBERS WITH WHOM THIS PLAN OF CARE IS TO BE SHARED</b>		<b>OTHER INDIVIDUALS WITH WHOM THIS PLAN OF CARE IS TO BE SHARED</b>	
Name (print please)	Position /Relation to Student	Name (print please)	Position/Relation to Student
<b>Other individuals to be Contacted Regarding Plan of Care</b>			
Before School Program	<input type="radio"/> Yes <input type="radio"/> No	Student Transportation	<input type="radio"/> Yes <input type="radio"/> No
After School Program	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Other	
<b>This plan remains in effect for the school year without change and will be reviewed on or before:</b>			
It is the parent(s) /guardian(s) 18+ student responsibility to notify the principal if there is a need to change the Plan of Care during the school year.			
I acknowledge that the information contained on this form may be shared with Grand Erie District School Board staff, volunteers, transportation providers in order to provide appropriate supports for my child/me. Depending on the nature / severity of the medical condition, I acknowledge that my child's information and photograph may be made accessible to staff, volunteers and transportation providers in the form of a notice and / or poster. In the event of an emergency, I give permission for Grand Erie DSB to administer an EpiPen or other emergency measures deemed appropriate.			
<b>Parent/Guardian/+18 Student</b> (Print Name Please)	<b>Signature</b>	<b>Date</b>	
<b>+16 Student</b> (Print Name Please)	<b>Signature</b>	<b>Date</b>	
<b>School Principal</b> (Print Name Please)	<b>Signature</b>	<b>Date</b>	
Personal information contained on this form is collected under the authority of the Education Act, in accordance with the Municipal Freedom of Information and Protection of Privacy Act and will be used for the purposes of the education of students.			

## APPENDIX D – Administration of Medication Verification Form

(Page 1 of 1)



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

Administration of Medication - Open				
Student First Name	Student Last Name	DOB	Gender	
School	Grade	Teachers		
MEDICATION INFORMATION: TO BE FILLED IN BY PARENT/GUARDIAN				
Name of Dispensing Pharmacy			Phone	
Pharmacy Address				
Name of Physician				
Physician Address			Phone	
MEDICATION INFORMATION: TO BE FILLED IN BY PARENT/GUARDIAN				
Reason for Medication				
Medication Prescribed	Dosage	Time of Administration	Possible Side Effects (If any)	Duration of Continuing Medication
Parent/Guardian/+18 Student <small>(Print Name Please)</small>		Signature		Date



## APPENDIX E – Administration of Medication Form

(Page 1 of 1)

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

Student Name		Student OEN		Board ID #		Grade	
School			Family		DOB		Gender
Created by:		Date:		Last Edit by:		Date:	
MEDICATION INFORMATION: TO BE FILLED IN BY PARENT/GUARDIAN							
Name of Dispensing Pharmacy					Phone		
Pharmacy Address							
Name of Physician							
Physician Address					Phone		
MEDICATION INFORMATION: TO BE FILLED IN BY PARENT/GUARDIAN							
Reason for Medication							
Medication Prescribed	Dosage	Time of Administration	Possible Side Effects (If any)			Duration of Continuing Medication	
Parent/Guardian/+18 Student (Print Name Please)		Signature			Date		

## APPENDIX F – 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.

## APPENDIX G – Sample Protocol Letter to Parents/Guardians

### On 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.

#### ***Administration of Medication Form***

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.

#### ***Medical Plan for School/Transportation - Diabetes***

Every child must have an up-to-date Medical Plan. Please work with school staff members to complete the form.

The Medical Plan 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***

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

#### ***Student Responsibilities***

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,

\_\_\_\_\_  
(Signature)



\_\_\_\_\_, School Principal.  
(Print Name)

## APPENDIX H – Steps to Identify a Diabetic Student in the Student Information Systems

### 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>

## APPENDIX I – Application for School Services

### 1. Application for School Health Support Services (SHSS)

[School Health Support Services - Nursing](#)

### 2. Application for School Based Rehabilitation Services (SBRS)

[School Based Rehabilitation Plans - Occupational and Physical Therapy](#)

[School Based Rehabilitation Services - Speech Therapy](#)