



Medical Plan Diabetes Manual

April 2020

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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”¹) 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"> insufficient food due to delayed or missed meal more exercise or activity than usual without a corresponding increase in food; and/or too much insulin | <ul style="list-style-type: none"> cold, clammy or sweaty skin pallor (paleness) shakiness, tremor, lack of coordination (e.g. deterioration in writing or printing skills) irritability, hostility, poor behaviour, tearfulness a staggering gait confusion loss of consciousness and possible seizure if not treated early <p>The child may also complain of:</p> <ul style="list-style-type: none"> nervousness excessive hunger headache blurred vision and dizziness abdominal pain and nausea | <p>It is imperative at the first sign of hypoglycemia you give sugar immediately.</p> <p>If the parents have not provided you with more specific instructions which can be readily complied with, give:</p> <ul style="list-style-type: none"> 6 oz./175 ml of fruit juice OR regular pop; or 2-3 teaspoons/10 ml or 3-4 packets of sugar; or 4 Dex 4 glucose tablets; or 2-3 teaspoons/10 ml honey |

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.

Application for School Health Support Services

<https://staff.granderie.ca/index.php/programs/special-educa/new-school-health-support-services-lhin>

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

Last Name, First Name
Diabetic Plan of Care Alert

| Diabetic Plan of Care Alert - Draft | |
|---|---|
| Student Name | |
| DOB | |
| 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 | |
| Yes <input type="checkbox"/> No <input type="checkbox"/> Student is able to manage their diabetes care independently and does not require any special care from the school. | |
| BLOOD GLUCOSE MONITORING | |
| ROUTINE <input type="checkbox"/> Student requires trained individual to check BG/ read meter. <input type="checkbox"/> Student needs supervision to check BG/ read meter. <input type="checkbox"/> Student can independently check BG/ read meter. <input type="checkbox"/> Student has continuous glucose monitor (CGM) | ACTION Target Blood Glucose Range: Time(s) to check BG: Contact Parent(s)/Guardian(s) if BG is: |
| NUTRITION BREAKS | |
| ROUTINE <input type="checkbox"/> Student requires supervision during meal times to ensure completion. <input type="checkbox"/> Student can independently manage his/her food intake. | ACTION Recommended time(s) for meals/snacks: Special instructions for meal days/ special events: |
| INSULIN | |
| ROUTINE Yes <input type="checkbox"/> No <input type="checkbox"/> Student takes insulin at school. Student takes insulin at school by: <input type="checkbox"/> Injection <input type="checkbox"/> Pump Insulin is given by: <input type="checkbox"/> Student <input type="checkbox"/> Student with supervision <input type="checkbox"/> Parent(s)/Guardian(s) <input type="checkbox"/> Trained Individual | ACTION Location of insulin: Required times for insulin: <input type="checkbox"/> Before School: <input type="checkbox"/> Morning Break: <input type="checkbox"/> Lunch Break: <input type="checkbox"/> Afternoon Break: <input type="checkbox"/> Other (Specify): |

APPENDIX B: Diabetes Verification Form Template (Page 2 of 3)



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

Last Name, First Name
Diabetic Plan of Care Alert

| | | | | | | | | | | | | | | | |
|---|--|---|---------------------------------------|--------------------------------|--|--------------------------------|------------------------------------|---|-----------------------------------|---------------------------------|---------------------------------------|-------------------------------|-----------------------------------|---|--|
| <p>* All students with Type 1 diabetes use insulin. Some students will require insulin during the school day, typically before meal/nutrition breaks.</p> | | <p>Special instructions for meal days/ special events:</p> <div style="border: 1px solid black; height: 30px; width: 100%;"></div> | | | | | | | | | | | | | |
| ACTIVITY PLAN | | | | | | | | | | | | | | | |
| <p style="text-align: center;">ROUTINE</p> <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 students' reach.</p> | | <p style="text-align: center;">ACTION</p> <p>Please indicate what this student must do prior to physical activity to help prevent low blood sugar:</p> <ol style="list-style-type: none"> 1. Before activity: <div style="border: 1px solid black; width: 100px; height: 20px; display: inline-block;"></div> 2. During activity: <div style="border: 1px solid black; width: 150px; height: 20px; display: inline-block;"></div> 3. After activity: <div style="border: 1px solid black; width: 150px; height: 20px; display: inline-block;"></div> <p>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)</p> | | | | | | | | | | | | | |
| DIABETES MANAGEMENT KIT | | | | | | | | | | | | | | | |
| <p style="text-align: center;">ROUTINE</p> <p>Parents must provide, maintain, and refresh supplies. School must ensure this kit is accessible all times. (e.g. field trips, fire drills, lockdowns) and advise parents when supplies are low.</p> | | <p style="text-align: center;">ACTION</p> <p>Kits will be available in different locations but will include:</p> <div style="display: flex; flex-wrap: wrap; padding-left: 0;"> <div style="width: 50%;"><input type="checkbox"/> Blood Glucose meter, BG test strips, and lancets</div> <div style="width: 50%;"><input type="checkbox"/> Insulin and insulin pen and supplies</div> <div style="width: 50%;"><input type="checkbox"/> Source of fast-acting sugar (e.g. juice, candy, glucose tabs.)</div> <div style="width: 50%;"><input type="checkbox"/> Carbohydrate containing snacks</div> <div style="width: 50%;"><input type="checkbox"/> Other (Please List)</div> </div> <div style="border: 1px solid black; height: 20px; width: 150px; margin-top: 5px;"></div> <p>Location of Kit: <div style="border: 1px solid black; width: 100px; height: 20px; display: inline-block;"></div></p> | | | | | | | | | | | | | |
| EMERGENCY PROCEDURES | | | | | | | | | | | | | | | |
| HYPOGLYCEMIA - LOW BLOOD GLUCOSE (4 mmol/L or less) DO NOT LEAVE STUDENT UNATTENDED | | | | | | | | | | | | | | | |
| <p>Usual symptoms of Hypoglycemia for my child are:</p> <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Shaky</td> <td><input type="checkbox"/> Irritable/Grouchy</td> <td><input type="checkbox"/> Dizzy</td> <td><input type="checkbox"/> Trembling</td> </tr> <tr> <td><input type="checkbox"/> Blurred Vision</td> <td><input type="checkbox"/> Headache</td> <td><input type="checkbox"/> Hungry</td> <td><input type="checkbox"/> Weak/Fatigue</td> </tr> <tr> <td><input type="checkbox"/> Pale</td> <td><input type="checkbox"/> Confused</td> <td><input type="checkbox"/> Other <div style="border: 1px solid black; width: 80px; height: 20px; display: inline-block;"></div></td> <td></td> </tr> </table> | | | | <input type="checkbox"/> Shaky | <input type="checkbox"/> Irritable/Grouchy | <input type="checkbox"/> Dizzy | <input type="checkbox"/> Trembling | <input type="checkbox"/> Blurred Vision | <input type="checkbox"/> Headache | <input type="checkbox"/> Hungry | <input type="checkbox"/> Weak/Fatigue | <input type="checkbox"/> Pale | <input type="checkbox"/> Confused | <input type="checkbox"/> Other <div style="border: 1px solid black; width: 80px; height: 20px; display: inline-block;"></div> | |
| <input type="checkbox"/> Shaky | <input type="checkbox"/> Irritable/Grouchy | <input type="checkbox"/> Dizzy | <input type="checkbox"/> Trembling | | | | | | | | | | | | |
| <input type="checkbox"/> Blurred Vision | <input type="checkbox"/> Headache | <input type="checkbox"/> Hungry | <input type="checkbox"/> Weak/Fatigue | | | | | | | | | | | | |
| <input type="checkbox"/> Pale | <input type="checkbox"/> Confused | <input type="checkbox"/> Other <div style="border: 1px solid black; width: 80px; height: 20px; display: inline-block;"></div> | | | | | | | | | | | | | |
| <p>Steps to take for <u>Mild</u> Hypoglycemia (student is responsive)</p> <ol style="list-style-type: none"> 1. Check blood glucose, give <div style="border: 1px solid black; width: 80px; height: 20px; display: inline-block;"></div> grams of fast acting carbohydrate (e.g. 1/2 cup of juice, 15 skittles) 2. Re-check 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: <div style="border: 1px solid black; height: 20px; width: 100%;"></div> | | | | | | | | | | | | | | | |
| <p>Steps for <u>Severe</u> Hypoglycemia (student is unresponsive)</p> <ol style="list-style-type: none"> 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. | | | | | | | | | | | | | | | |

APPENDIX B: Diabetes Verification Form Template (Page 3 of 3)



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

Last Name, First Name
Diabetic Plan of Care Alert

| | |
|---|---|
| 3. Contact parent(s)/guardian(s) or emergency contact | |
| HYPERGLYCEMIA - HIGH BLOOD GLUCOSE (14 MMOL/L OR ABOVE) | |
| Usual symptoms of hyperglycemia for my child are: | |
| <input type="checkbox"/> Extreme Thirst | <input type="checkbox"/> Frequent Urination |
| <input type="checkbox"/> Abdominal Pain | <input type="checkbox"/> Irritability |
| <input type="checkbox"/> Headache | <input type="checkbox"/> Hungry |
| <input type="checkbox"/> Other: <input style="width: 80px;" type="text"/> | |
| Steps to take for <u>Mild</u> Hyperglycemia | |
| 1. Allow student free use of bathroom | |
| 2. Encourage student to drink water only <input style="width: 60px;" type="text"/> | |
| 3. Inform the parent/guardian if BG is above <input style="width: 60px;" type="text"/> | |
| 4. Other - Specify: <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div> | |
| Symptoms of Severe Hyperglycemia (Notify parent(s)/guardian(s) immediately) | |
| <input type="checkbox"/> Rapid, Shallow Breathing | <input type="checkbox"/> Vomiting |
| <input type="checkbox"/> Fruity Breath | <input type="checkbox"/> Other: <input style="width: 80px;" type="text"/> |
| Steps to take for <u>Severe</u> Hyperglycemia | |
| 1. If possible, confirm hyperglycemia by testing blood glucose | |
| 2. Call parent(s)/guardian(s) or emergency contact | |
| Other Individuals To Be Contacted Regarding Plan Of Care: | |
| Before-School Program Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> <input style="width: 150px;" type="text"/> | Transported by GEDSB <input style="width: 150px;" type="text"/> |
| After-School Program Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> <input style="width: 150px;" type="text"/> | Other: <input style="width: 150px;" type="text"/> |
| This plan remains in effect for the school year without change and will be reviewed on or before: . | |
| It is the parent(s)/guardian(s)/student 18+ 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 the 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 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 permissions for GEDSB to administer an EpiPen or other emergency measures deemed appropriate. | |
| Parent(s)/Guardian(s)/Student 18+: | <div style="display: flex; justify-content: space-between; border-bottom: 1px solid black; width: 100%; margin-bottom: 5px;"></div> <div style="display: flex; justify-content: space-between; width: 100%; margin-bottom: 5px;"> Signature Date </div> |
| Student Over 16: | <div style="display: flex; justify-content: space-between; border-bottom: 1px solid black; width: 100%; margin-bottom: 5px;"></div> <div style="display: flex; justify-content: space-between; width: 100%; margin-bottom: 5px;"> Signature Date </div> |
| Principal: | <div style="display: flex; justify-content: space-between; border-bottom: 1px solid black; width: 100%; margin-bottom: 5px;"></div> <div style="display: flex; justify-content: space-between; width: 100%; margin-bottom: 5px;"> Signature Date </div> |
| 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

Last Name, First Name

| Health Management Plan | | | |
|---|-----------------------------|--|---|
| Name School Additional Contact Information Teachers: | OEN Family | Board Id # DOB | Grade Gender |
| Created By: _____ on: _____ | | Last Edit by _____ on: _____ | |
| Emergency Contacts | | | |
| Name | Relationship | Daytime Phone | Alt. Phone |
| _____ | _____ | _____ | _____ |
| Prevalent Medical Conditions | | | <div style="border: 1px solid black; width: 100px; height: 100px; margin: 0 auto; display: flex; align-items: center; justify-content: center;"> Picture </div> |
| POC Type | Plan Date | Status | |
| <input type="checkbox"/> Anaphylaxis | | Draft | |
| <input type="checkbox"/> Asthma | | Draft | |
| <input checked="" type="checkbox"/> Diabetic | | Draft | |
| <input type="checkbox"/> Epilepsy | | | |
| <input type="checkbox"/> Heart Condition | | | |
| <input type="checkbox"/> Other | | | |
| <input type="checkbox"/> Administration of Medication | | | |
| <input type="checkbox"/> Personal | | | |

APPENDIX C – Diabetes Medical Plan Template (Page 2 of 5)



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

Last Name, First Name
Diabetic Plan of Care Alert

| Diabetic Plan of Care Alert - Draft | | | |
|---|---------------|---|---------------------------------|
| Name School Additional Contact Information | OEN Family | Board Id # DOB | Grade Gender |
| Created By: | on: | Last Edit by | on: Status: Draft Finalized on: |
| TYPE 1 DIABETES SUPPORTS | | | |
| 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 condition or allergy? | | | |
| | | | |
| DAILY/ROUTINE TYPE 1 DIABETES MANAGEMENT | | | |
| Yes <input type="radio"/> No <input type="radio"/> Student is able to manage their diabetes care independently and does not require any special care from the school. | | | |
| BLOOD GLUCOSE MONITORING | | | |
| ROUTINE | | ACTION | |
| <input type="checkbox"/> Student requires trained individual to check BG/ read meter. <input type="checkbox"/> Student needs supervision to check BG/ read meter. <input type="checkbox"/> Student can independently check BG/ read meter. <input type="checkbox"/> Student has continuous glucose monitor (CGM) | | Target Blood Glucose Range : _____ Time(s) to check BG: _____ Contact Parent(s)/Guardian(s) if BG is: _____ Parent(s)/Guardian(s) Responsibilities: _____ School Responsibilities: _____ Student Responsibilities: _____ | |
| NUTRITION BREAKS | | | |
| ROUTINE | | ACTION | |
| <input type="checkbox"/> Student requires supervision during meal times to ensure completion. _____ <input type="checkbox"/> Student can independently manage his/her food intake. _____ | | Recommended time(s) for meals/snacks: _____ Parent(s)/Guardian(s) Responsibilities: _____ | |

APPENDIX C – Diabetes Medical Plan Template (Page 3 of 5)



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

Last Name, First Name
Diabetic Plan of Care Alert

| | |
|---|---|
| <p>School Responsibilities:</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <p>Student Responsibilities:</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <p>Special instructions for meal days/ special events:</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> | |
| INSULIN | |
| <p style="text-align: center;">ROUTINE</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> Student takes insulin at school.</p> <p>Student takes insulin at school by:</p> <p><input type="checkbox"/> Injection</p> <p><input type="checkbox"/> Pump</p> <p>Insulin is given by:</p> <p><input type="checkbox"/> Student</p> <p><input type="checkbox"/> Student with supervision</p> <p><input type="checkbox"/> Parent(s)/Guardian(s)</p> <p><input type="checkbox"/> 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 style="text-align: center;">ACTION</p> <p>Location of insulin: _____</p> <p>Required times for insulin:</p> <p><input type="checkbox"/> Before School:</p> <p><input type="checkbox"/> Morning Break:</p> <p><input type="checkbox"/> Lunch Break:</p> <p><input type="checkbox"/> Afternoon Break:</p> <p><input type="checkbox"/> Other (Specify): _____</p> <p>School Responsibilities:</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <p>Student Responsibilities:</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <p>Special instructions for meal days/ special events:</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> |
| ACTIVITY PLAN | |
| <p style="text-align: center;">ROUTINE</p> <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 students' reach.</p> | <p style="text-align: center;">ACTION</p> <p>Please indicate what this student must do prior to physical activity to help prevent low blood sugar:</p> <p>1. Before activity: _____</p> <p>2. During activity: _____</p> <p>3. After activity: _____</p> <p>School Responsibilities:</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <p>Student Responsibilities:</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <p><small>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)</small></p> |
| DIABETES MANAGEMENT KIT | |
| <p style="text-align: center;">ROUTINE</p> | <p style="text-align: center;">ACTION</p> <p>Kits will be available in different locations but will include:</p> <p><input type="checkbox"/> Blood Glucose meter, BG test strips, and lancets</p> |

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



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

Last Name, First Name
Diabetic Plan of Care Alert

| | | | |
|--|---|---|---------------------------------------|
| Parents must provide, maintain, and refresh supplies. School must ensure this kit is accessible all times. (e.g. field trips, fire drills, lockdowns) and advise parents when supplies are low. | | <input type="checkbox"/> Insulin and insulin pen and supplies <input type="checkbox"/> Source of fast-acting sugar (e.g. juice, candy, glucose tabs.) <input type="checkbox"/> Carbohydrate containing snacks <input type="checkbox"/> Other (Please List) _____ | |
| | | Location of Kit: _____ | |
| SPECIAL NEEDS | | | |
| ROUTINE A student with special considerations may require more assistance than outlined in this plan. | | ACTION Comments: _____ | |
| EMERGENCY PROCEDURES | | | |
| HYPOGLYCEMIA - LOW BLOOD GLUCOSE (4 mmol/L or less) DO NOT LEAVE STUDENT UNATTENDED | | | |
| Usual symptoms of Hypoglycemia for my child are: | | | |
| <input type="checkbox"/> Shaky | <input type="checkbox"/> Irritable/Grouchy | <input type="checkbox"/> Dizzy | <input type="checkbox"/> Trembling |
| <input type="checkbox"/> Blurred Vision | <input type="checkbox"/> Headache | <input type="checkbox"/> Hungry | <input type="checkbox"/> Weak/Fatigue |
| <input type="checkbox"/> Pale | <input type="checkbox"/> Confused | <input type="checkbox"/> Other: _____ | |
| Steps to take for <u>Mild</u> Hypoglycemia (student is responsive) | | | |
| 1. Check blood glucose, give _____ grams of fast acting carbohydrate (e.g. 1/2 cup of juice, 15 skittles) 2. Re-check 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: _____ | | | |
| Steps for <u>Severe</u> Hypoglycemia (student is unresponsive) | | | |
| 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 | | | |
| HYPERGLYCEMIA - HIGH BLOOD GLUCOSE (14 MMOL/L OR ABOVE) | | | |
| Usual symptoms of hyperglycemia for my child are: | | | |
| <input type="checkbox"/> Extreme Thirst | <input type="checkbox"/> Frequent Urination | <input type="checkbox"/> Headache | <input type="checkbox"/> Hungry |
| <input type="checkbox"/> Abdominal Pain | <input type="checkbox"/> Irritability | <input type="checkbox"/> Other: _____ | |
| Steps to take for <u>Mild</u> Hyperglycemia | | | |
| 1. Allow student free use of bathroom 2. Encourage student to drink water only 3. Inform the parent/guardian if BG is above _____ 4. Other - Specify: _____ | | | |
| Symptoms of Severe Hyperglycemia (Notify parent(s)/guardian(s) immediately) | | | |
| <input type="checkbox"/> Rapid, Shallow Breathing | <input type="checkbox"/> Vomiting | <input type="checkbox"/> Fruity Breath | <input type="checkbox"/> Other: _____ |
| Steps to take for <u>Severe</u> Hyperglycemia | | | |
| 1. If possible, confirm hyperglycemia by testing blood glucose 2. Call 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

Last Name, First Name
Diabetic Plan of Care Alert

| AUTHORIZATION/PLAN REVIEW | | | |
|--|--|--|--|
| STAFF MEMBERS WITH WHOM THIS PLAN OF CARE IS TO BE SHARED | OTHER INDIVIDUALS WITH WHOM THIS PLAN OF CARE IS TO BE SHARED | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| <p style="text-align: center;">Other Individuals To Be Contacted Regarding Plan Of Care:</p> <p>Before-School Program Yes <input checked="" type="radio"/> No <input type="radio"/> _____ Transported by GEDSB _____</p> <p>After-School Program Yes <input checked="" type="radio"/> No <input type="radio"/> _____ Other: _____</p> | | | |
| <p>This plan remains in effect for the school year without change and will be reviewed on or before: .</p> | | | |
| <p>It is the parent(s)/guardian(s)/student 18+ 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 the 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 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 permissions for GEDSB to administer an EpiPen or other emergency measures deemed appropriate.</p> | | | |
| Parent(s)/Guardian(s)/Student 18+: | <div style="display: flex; justify-content: space-between;"> <div style="width: 45%; border-bottom: 1px solid black; text-align: center;">Signature</div> <div style="width: 45%; border-bottom: 1px solid black; text-align: center;">Date</div> </div> | | |
| Student Over 16: | <div style="display: flex; justify-content: space-between;"> <div style="width: 45%; border-bottom: 1px solid black; text-align: center;">Signature</div> <div style="width: 45%; border-bottom: 1px solid black; text-align: center;">Date</div> </div> | | |
| Principal: | <div style="display: flex; justify-content: space-between;"> <div style="width: 45%; border-bottom: 1px solid black; text-align: center;">Signature</div> <div style="width: 45%; border-bottom: 1px solid black; text-align: center;">Date</div> </div> | | |
| <p>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.</p> | | | |

APPENDIX D – Administration of Medication Verification Form



APPENDIX D - Administration of Medication Verification Form

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

Student Name
Administration of Medication

Administration of Medication - Open

Student Name

DOB

Gender

MEDICATION INFORMATION: TO BE FILLED IN BY PARENT/GUARDIAN

Name of Dispensing Pharmacy:

Pharmacy Address:

Phone:

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 Signature: _____

Date: _____

APPENDIX E – Administration of Medication Form



APPENDIX E - Administration of Medication Form

Student Name
Administration of Medication

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

| Administration of Medication - Open | | | | |
|---|----------------------|-------------------------------|---------------------------------------|--|
| Name School | OEN Family | Board Id # DOB | Grade Gender | |
| Created By: | on: 2019.09.11 | Last Edit by | on: 2019.09.11 | Status: Open Finalized on: 2019.09.11 |
| MEDICATION INFORMATION: TO BE FILLED IN BY PARENT/GUARDIAN | | | | |
| Name of Dispensing Pharmacy: _____ Pharmacy Address: _____ Phone: _____ 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 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,


_____, School Principal.

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

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

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

<https://staff.granderie.ca/index.php/programs/special-educa/new-school-based-rehabilitation-services-sbrs>

<https://staff.granderie.ca/index.php/programs/special-educa/new-school-health-support-services-lhin>