



# Diabetes Management Protocol

## **Supporting Students with Diabetes**

School personnel can support students with diabetes by learning about the disease and by having frequent, open communication with parent(s)/guardian(s) and students. Open communication will support a positive attitude towards students' full participation and ensure that students participate in all school activities including excursions and sports activities.

When the blood glucose of children or adolescents with diabetes is in proper balance, they will behave and achieve as others. In terms of academic performance, physical activity, behaviour, and attendance at school, the teacher's expectations of students should be the same as if they did not have diabetes.

## **Plan of Care for Students with Diabetes**

Children with diabetes type 1 present to schools an issue of regular care. There can be times the situation may become more of an emergency issue but, for the most part, cooperation between the school, parent(s)/guardian(s), and the student will result in ongoing effective maintenance of the child's health.

In Kawartha Pine Ridge District School Board, Board Policy ES-1.5, Health and Medical Needs, articulates, "We are committed to supporting the health and well-being of students through the development and implementation of procedures for emergency and existing health needs."

Some students, especially those that are very young, may be unable to check their blood glucose (sugar) levels or administer their insulin while at school.

Principals will ensure that the Student Plan of Care for Diabetes has been completed with parents.

Many students are quite able to support their own diabetes. In situations where the student requires some degree of support, principals will address this within the staffing complement of the school.

While the role and responsibilities of education assistants may include dealing with the personal care of students with diabetes, support is not specifically allocated for this purpose alone in a school.

Educational assistants will provide assistance with glucometers, insulin pumps, and other procedures related to diabetes given the required training. The principal is responsible for ensuring the educational assistant assigned to support a student with diabetes receives the information and training necessary to support the student. Educational assistants do not perform insulin injections. There are resources available to support with on-site free training such as the Diabetes Association. They will do staff training and individual support staff training.

## **Creating a positive supportive environment**

1. When a new student who has diabetes registers in a school

**IF the student is not independent**, the principal will, in consultation with the parent(s)/guardian(s), explore the various options depending on the plan of care.

Options:

**A. Student requires insulin injections**

1. The Access Centre may involve a nurse depending on the age of the student and the requirement for insulin injection.
2. Parent(s)/Guardian(s) may support the student by coming to the school to give insulin.
3. Student injects insulin independently.

**B. Student receives insulin through insulin pump**

1. Parent(s)/Guardian(s) support the student by coming to the school to assist with this.
2. Student uses insulin pump independently.
3. Student requires support from an educational assistant to assist in this procedure.

**Effective Practice in Schools**

**General Consideration**

1. Provide flexibility in school rules so that the student with diabetes is able to check blood glucose conveniently and safely, wherever they are located in the school.
2. A student must not be left alone or allowed to leave the class alone when low blood glucose is suspected.
3. If the blood glucose is higher than normal, the student may require more frequent trips to the washroom or water fountain.
4. Provide adequate supervision at field trips, intramural activities, etc.
5. Provide reasonable notice to parent(s)/guardian(s) or caregiver(s) of any change in school routine or of upcoming special events.
6. Provide training for staff in case of lockdown/emergencies: emergency kits stored in various locations in the school (gymnasium, office, on person).

## **Blood Glucose Monitoring**

School personnel can perform blood glucose monitoring with mutual agreement with parents or caregivers and when training has been provided.

5. Permit a supply of fast-acting glucose to be situated in several locations throughout the school.
6. Do NOT leave the student alone for at least 30 minutes after the treatment of hypoglycaemia or if hypoglycaemia is suspected.
7. Once fully recovered, the student can return to regular activities.
8. Ensure the student does not participate in physical education or exams if blood glucose is below or above target limits as identified in the student's individual plan of care.
9. Notify parent(s)/guardian(s) or caregiver(s) immediately when treatment of moderate or severe hypoglycaemia is required.
10. Call 911 first when the treatment of severe hypoglycaemia is required.
11. Immediately notify parent(s)/guardian(s) or caregiver(s) if the student is unable to eat or vomits at school.
12. If the student vomits and parent(s)/guardian(s) are unavailable, the student should be taken to the nearest hospital.

### **Treating Severe Hypoglycaemia**

Severe hypoglycaemia in the school setting is rare but it is important that staff understand how to respond quickly. Severe hypoglycaemia is an emergency situation and often requires the administration of glucagon. School personnel should be trained to administer glucagon, particularly if the emergency response time is not guaranteed to be less than 20 minutes.

1. Ensure at least two staff are trained to administer glucagon.
2. Provide for and safely store a readily accessible supply of glucagon.
3. Replace glucagon kit by its expiration date.
4. Call 911 and immediately notify parent(s)/guardian(s) or caregiver(s).

## **Insulin Administration**

Most students will be taking multiple doses of insulin by syringe, insulin pen, or an insulin pump which they must administer while in school.

1. Supervise the student if there is mutual agreement with the parent(s)/guardian(s) or caregiver(s) and training has been provided.
2. Ensure the student is provided a clean and comfortable environment to administer insulin.
3. Arrange for the safe disposal of sharps.