

Diabetes Management and Education Procedure

RATIONALE:

Hamilton-Wentworth District School Board is committed to ensuring the provision of plans, programs, and/or services that will enable students with health or medical needs to attend and participate in school.

All health support services must be administered in a manner that respects, to the degree possible in the circumstances, the student's right to privacy, dignity, and cultural sensitivity.

This procedure is a guideline to be used by school and community personnel to support and ensure the safety of children with diabetes in schools. It has been developed in partnership with The Canadian Diabetes Association, The Juvenile Diabetes Research Foundation, and Hamilton-Wentworth Catholic District School Board. It will provide school personnel in Hamilton-Wentworth District School Board and Hamilton-Wentworth Catholic District School Board with information regarding the requirements of care for students with diabetes.

TERMINOLOGY:

Type 1 Diabetes: Type 1 diabetes is one of the most common chronic diseases of childhood. It develops when the body's immune system destroys the insulin producing cells of the pancreas. Insulin is an essential body requirement and without it, the body cannot use food for energy. Type 1 diabetes can only be managed by taking insulin injections.

Type 2 Diabetes: Type 2 diabetes develops when the pancreas does not produce enough insulin or the insulin produced is not used effectively. It develops more frequently in adults and can often be managed with exercise and pills.

Insulin Blood Glucose: Insulin is a hormone that is required to convert glucose to energy for the body to use. Blood glucose is the amount of glucose (sugar) in the blood at a given time. People with diabetes monitor their blood glucose regularly with a glucose meter and work to keep the results within a target range. Levels will change depending on food consumption, physical activity, stress, illness, and many other factors. The target range is personalized for the student.

Glucagon-Injection: Glucagon is a hormone that causes the liver to release glucose into the blood. It is used to quickly increase blood sugar levels in diabetics with low blood sugar (hypoglycemia). Due to the process required for administration, Glucagon is not administered by board personnel. An emergency response plan must be developed to support students who may require the administration of Glucagon by medical emergency personnel.

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Hypoglycemia: Hypoglycemia occurs when the amount of blood glucose (sugar) has dropped below an individual's target range. It is most often a result of an individual having injected too much insulin, or eaten too little food, or exercised without extra food. It should be noted that, for adolescents, hypoglycaemia can also occur due to fluctuating hormone levels associated with puberty, even when the insulin taken matches the food intake and exercise levels.

Hyperglycemia: Hyperglycemia occurs when the amount of blood glucose (sugar) is higher than an individual's target range.

Insulin Pumps: The insulin pump is a medical device used for the administration of insulin. It is also known as continuous subcutaneous insulin infusion therapy. The device includes the pump itself (including controls, processing module, and batteries), a disposable reservoir for insulin (inside the pump), and a disposable infusion set, which delivers insulin under the skin. An insulin pump is an alternative to multiple daily injections of insulin by insulin syringe or an insulin pen and allows for intensive insulin therapy when used in conjunction with blood glucose monitoring and carb counting.

PROCEDURES:

1.0 Responsibility

- 1.1 When a child who has diabetes enrolls in a school or is newly diagnosed, the principal will, with the signed permission of the child's parent/guardian:
 - 1.1.1 provide all appropriate staff with information regarding the student's service and emergency/medical plan.
 - 1.1.2 provide school staff with education about the characteristics, management and implications of diabetes, recognizing that additional education sessions may be required as a child progresses to the next grade (see Section 3.0).

2.0 Management Procedure

- 2.1 When the family identifies the student as having diabetes, determine with the family whether or not the student is able to safely manage his/her program independently.
- 2.2 If Yes:
 - 2.2.1 The family will review with the school the student's diabetic routine/protocol.
 - 2.2.2 The family, in collaboration with the school, will develop an emergency/medical plan.
 - 2.2.3 The school will provide education to staff and students (as outlined in Section 3.0).

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- 2.2.4 The school and the family will develop a schedule to review the plan at least annually, and as needed according to any changes in the student's medical condition.
- 2.3 If No:
 - 2.3.1 The Principal will submit a completed school referral form to CCAC and call the Pediatric Team at (905) 523-8600 x2185 or x2319 to advise that the referral is being faxed (fax no.: (905) 574-8822).
 - 2.3.2 The referral form will be received by the Intake Department at CCAC and directed to the appropriate case manager. If you are unsure who your school case manager is, contact a case management assistant at (905) 523-8600 x2185 or x2319 to obtain that information.
 - 2.3.3 The CCAC Case Manager will determine the eligibility of the student to receive nursing services.
 - 2.3.4 The CCAC Case Manager will inform the school as to whether or not the student is eligible to receive nursing services.
- 2.4 If the student is eligible to receive nursing services:
 - 2.4.1 The principal or designate arranges a case conference with the parents and the CCAC Case Manager. The principal or designate will also determine which school-based and/or system staff should attend the case conference.
 - 2.4.2 At the case conference:
 - the CCAC Case Manager will present a service plan to address the student's needs.
 - an emergency/medical plan will be collaboratively developed.
 - the Case Manager, the school and the family will develop a schedule to review the plan at least annually, and as needed according to any changes in the student's medical condition.
 - 2.4.3 The school will provide education to staff and students (as outlined in Section 3.0).
- 2.5 If the student is not eligible to receive nursing services:
 - 2.5.1 Other options will need to be explored. This may include having the family monitor the student. If that is not possible, the Principal should contact his/her superintendent to discuss other alternatives.
 - 2.5.2 The school will provide education to staff and students (as outlined in Section 3.0).
- 2.6 If the student requires possible administration of Glucagon-Injection:
 - 2.6.1 A medical/emergency response plan will be developed in consultation with the family responding to signs/symptoms that the student is at risk of a hypoglycemic episode that may require the administration of Glucagon.

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- 2.6.2 Immediate contact with Medical Emergency Personnel for potential administration of the Glucagon-Injection and prompt communication to the parent/guardian will be critical aspects of the plan.

3.0 Education Procedure

- 3.1 The Canadian Diabetes Association (CDA) and the Juvenile Diabetes Research Foundation (JDRF) agree to provide the following services:

- 3.1.1 In-service Education for School Staff, the objectives of which include:

- Education for staff members on the nature of diabetes;
- Information on treatment methods consistent with guidelines established by the Canadian Diabetes Association;
- Testing practices and procedures;
- Recognition of the student with diabetes and knowledge of his/her specific condition and treatment plan;
- Answers to specific questions which staff may have;
- Informational brochures/videos/etc.

- 3.1.2 Presentation to Home Classroom of the Student with Diabetes (geared appropriately to the age and abilities of the students within the class), the objectives of which include:

- Education on the nature of diabetes;
- General information on the discovery and importance of insulin;
- Understanding the need for regular blood testing;
- Understanding the possible need for special dietary requirements;
- Recognition of the signs and symptoms of high and low blood sugars and the procedures for reporting them to the appropriate staff member;
- Informational brochures/videos/etc. appropriate to the ages and abilities of the students.

- 3.1.3 Presentation on Diabetes Prevention (geared for students ages 5-10), the objectives of which include:

- An understanding of the rising numbers of people diagnosed with Diabetes;
- Awareness of Type 2 Diabetes and the link to diet and lifestyle;
- Awareness that Type 2 Diabetes is preventable;
- Informational brochures/videos/etc. appropriate to the ages and abilities of the students.

- 3.2 Individual schools are to access the School Diabetes Education Program by contacting The Canadian Diabetes Association by email at:

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Karin.Swift@diabetes.ca

- 3.3 Include in the email the school name, contact information, the grade level of the student, and 2 or 3 possible dates for the presentation to occur.
- 3.4 The Canadian Diabetes Association and the Juvenile Diabetes Research Foundation will respond to requests for presentations to school staff and students in a timely fashion.

4.0 Additional Information to Consider

- 4.1 **Confidentiality:**
Principals need to ensure that all appropriate medical release forms are signed and that confidentiality is maintained, according to the Guiding Principles outlined in the Medical/Health Supports Policy.
- 4.2 **Communication Plan:**
Schools will develop a plan by which all staff (including occasional staff) are aware of the emergency/medical plan and that this information is readily available.
- 4.3 **Collective Agreements:**
According to specific collective agreements, teachers and educational assistants cannot be asked to perform any medical procedures. Staff should not give insulin through injections or an insulin pump or test glucose levels through the use of a blood glucometer or interpret glucometer readings for the purpose of treatment.
- 4.4 **School Trips / Other Changes in Routine:**
Schools should notify families well in advance of pending school trips, and other events such as special sporting events, so that appropriate modifications to the student's routine/protocol can be made. Parents should be encouraged to attend school trips and/or events, if possible.
- 4.5 **Other Related Board Procedures:**
Principals should consult, as necessary, other related Board policies and procedures.