



KAWARTHA PINE RIDGE  
DISTRICT SCHOOL BOARD

# 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 or is newly diagnosed, school staff will require education about the characteristics, management, and implications of diabetes. Additional education sessions may be required as a child progresses to the next grade.
2. The principal should arrange a meeting with the parent(s)/guardian(s) to discuss and complete the Student Plan of Care for Diabetes. School personnel such as the classroom teacher, special education resource teacher (SERT), and the educational assistant(s) should be included in the meeting. From the discussion it is important to determine whether or not the student is able to safely manage their program independently or to what degree supervision and support is necessary for the student to manage. Consideration should always be given to establishing a formal communication system between school personnel and the parent(s)/guardian(s) around issues of noncompliance and hypoglycaemia/hyperglycaemia.
3. The principal will identify the student with diabetes to all school personnel, including supply teachers. This can be done with photographs displayed in a room accessed by staff e.g., office, staff room, and/or displayed in emergency information folders made available to all personnel.
4. In cooperation with the parent(s)/guardian(s), the principal will arrange for a regular overview of diabetes education with all staff and a more in-depth individualized training in-service for all school personnel who will be involved in supporting the student. This training may be provided by the parent(s)/guardian(s), ACCESS centre, or the Paediatric Diabetes Clinic connected to a hospital in the region. If the student is agreeable, it may be useful to have a presentation made to classmates about diabetes and how to identify symptoms of hypoglycaemia/hyperglycaemia.

From the meeting with parent(s)/guardian(s), it is critical to determine whether or not the student is able to safely manage their program independently and what level of staff supervision is necessary.

**IF the student is independent**, the parent(s)/guardian(s) will review with the school the student's diabetic routine/protocol. The plan of care will be distributed to the classroom teacher and any other relevant staff.

The school, in collaboration with the parent(s)/guardian(s), and student (if appropriate), will also develop the plan of care. This plan of care will be shared with relevant school personnel as deemed necessary. The school and the parent(s)/guardian(s) will develop a schedule to review the plan, at least annually, and as needed according to any changes in the student's medical condition.

**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. Specific directions must be provided and outlined. School staff will follow the directions given and will not analyse or interpret.

1. Provide students with a clean, comfortable area and, if preferred by the student, a private location to do finger pricks.
2. For younger children, the access centre will supply a nurse to come into the school once or twice a day to check on the child.
3. If a finger prick is required, in cases of very young children and those with special needs, educational assistants can assist with a hand-over-hand technique.
4. Arrange for the safe disposal of sharps.
5. Never leave a student alone who is or suspected to be hypoglycaemic.
6. Notify parent(s)/guardian(s) or caregiver(s) of all incidences of hypoglycaemia/hyperglycaemia
7. School personnel do not administer insulin injections.

## **Preventing and Treating Hypoglycaemia**

Mild to moderate hypoglycaemia is relatively common but potentially a serious risk at school. Symptoms can be easily misinterpreted by the student and by school personnel, placing the student at risk. It is important that students be treated for their hypoglycaemia and not mistakenly corrected for behaviours that may actually be symptoms of low blood glucose. Students with diabetes may be physiologically unable to realize an emergency situation. When people with diabetes are either hyperglycaemic or hypoglycaemic, they are cognitively impaired. It is imperative that a school action plan is in place to quickly treat hypoglycaemia before it is an emergency.

1. Ensure all snacks and meals are eaten on time.
2. Students also require adequate or additional time to finish their meals -designated staff member may be required.
3. Permit the student to treat hypoglycaemia anywhere, at any time, and during any activity.
4. Provide safe and readily accessible storage of the student's snack supply.

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.