

School Administrators' Responsibilities Checklist

Administrative and Operational Procedures:

- Process in place to facilitate parents receiving, completing and returning the following forms prior to the child's first day of school (when possible):
 - Request and Consent Diabetes Interventions;
 - Type 1 Diabetes – Hypoglycemia Emergency Treatment Form;
 - Introductory information letter to parents (not to be returned);
 - Parent/Guardian Responsibility For Their Child with Diabetes (not to be returned);
 - Student Responsibility for Diabetes (not to be returned).

- During registration dates throughout the school year: Provide parents of child(ren) who indicate their child has diabetes with copies of the above information forms and forms to complete.

- Survey parents in the September newsletter for children who have diabetes and have not identified their child to the principal, to do so immediately.

- Provide the Board's Transportation Department with a list of students with diabetes riding the school bus. Complete and send the required form as soon as reasonably possible.

- Receive and review the completed "Request and Consent Diabetes Interventions" form for the child with diabetes and, from the information, develop a plan of action using the Board's/school's diabetes protocol along with the child's parents and classroom teacher.

Awareness and Communication:

- Convene a meeting with parents of the child with diabetes and appropriate school staff (classroom teacher, subject teachers, etc.) to gather medical information related to diabetes and create a medical care plan for the student.
 - Special needs or concerns regarding the health and care of the child;
 - Typical sign and treatment of low and/or high blood glucose;
 - Guidelines for meals and snack times;
 - When the school is to contact the parents (e.g. after incidents of moderate, low or high blood glucose, low reading on the glucose blood monitoring, not finishing meals/snacks);
 - Review the school guidelines concerning: causes, prevention, identification and treatment of hypoglycemia/hyperglycemia.
 - Standard template

- Convene a meeting (early in the school year) of all school staff to identify students with diabetes and outline the Board's/school's protocol for identification, prevention and treatment of low blood glucose (hypoglycemia) and identification, prevention and treatment of high blood glucose (hyperglycemia).
- Provide teachers with resources (human, video, print, etc.) to assist their efforts in making the students in their class aware of what diabetes is.
- Provide in-service training for school staff to prepare those involved to respond effectively to hypoglycemia incidents and other emergency situations.
- Ensure a process is in place where a student with diabetes, new to the school or newly diagnosed, arriving at the school mid term, is identified to all school staff.
- Ensure that the child's Emergency Treatment Forms are posted in required locations. Example: staff room, classroom, etc.
- Inform the Catholic School Council of school diabetes protocol to increase community awareness of diabetes and Board protocol for management.

Blood Glucose Monitoring/Insulin Injection:

- Provide a safe, hygienic and private space in the school for students to perform self blood glucose monitoring and insulin injections throughout the day.
- Provide for suitable supervision for students when testing (where necessary).
- Follow Board procedures for safe disposal of sharps (injection devices), lancets and testing strips.
- Follow Universal Precautions for blood and bodily fluid protocol where applicable.
- Be aware of ketone monitoring.

Treatment/Diet Requirements:

- Provide for a secure, accessible and appropriate place to store carry kit, emergency food supplies (oral glucose, orange juice, etc.), throughout the school (e.g. homeroom, gym, principal's office, etc.).
- Provide opportunities for fast acting sources of sugar to be taken by students anywhere on school property, on buses or during school sanctioned activities. (School rules may have to be relaxed.)
- Endeavour to ensure that students eat all meals and snacks fully and on time. Be flexible with time requirements for eating – child with diabetes may need more time.

- Provide for communication to parents, where requested, if child is unable to eat or when student does not finish meal.
- Provide procedures to communicate to parents when new supplies of fast acting sugar are required.

Emergency Procedures:

- Put procedure in place where appropriate school staff contact parents:
 - Immediately after treatment of moderate or severe low blood glucose
 - When the student is unable to eat or vomits
 - Follow medical care plan
- Ensure that contact names and numbers are kept up to date for each student. Work with parents to ensure.
- Follow the emergency treatment protocol as outlined on the Type 1 Diabetes Hypoglycemia Emergency Treatment Form.
- Simulate a hypoglycemia emergency (similar to a fire drill) to ensure that all elements of the emergency treatment plan is in place and that everyone knows their role and what to do.