



## **ADMINISTRATIVE PROCEDURES**

### **DIABETES MANAGEMENT (Policy Statement; Supporting Students with Prevalent Medical Conditions and Other Medical Needs)**

#### **Purpose**

The purpose of this administrative procedure is to provide guidelines to help principals, staff and the school community of the Algonquin and Lakeshore Catholic District School Board to support and ensure the safety of students with diabetes.

#### **References**

*Education Act and Regulations*  
*Policy/Program Memorandum No. 81*  
*Policy/Program Memorandum No. 161*

#### **Procedures**

##### **1. Introduction**

- 1.1 It is essential that school staff are aware of the information contained in “Diabetes Management, Guidelines for Schools”. 1.2 The condition of hypoglycemia (low blood sugar) and hyperglycemia (high blood sugar) result from too much or too little insulin. Both conditions are known to affect a student’s learning, behavior, and participation in activities. Hyperglycemia and hypoglycemia may develop quickly and require emergency response.
- 1.3 The goal for all students with diabetes is to become as independent as possible, as soon as possible, in managing their diabetes.
- 1.4 The ultimate responsibility for diabetes management rests with the family and the child.
- 1.5 The role of the school is to provide support for the student as s/he moves from dependence to independence of care and to encourage the development of a supportive environment for making such a transition.

- 1.6 The administration of hypodermic injections to students with diabetes is considered to be outside of the scope of the duties of school staff. Consequently, glucagon injections are not to be administered by staff. School staff can be trained to administer nasal glucagon where prescribed by a physician.

## **2. Requirements**

- 2.1 It is the responsibility of parents/guardians to inform the school principal in a timely fashion that their child has diabetes and/or of any changes in the child's diabetes management tools. For example, it is important to know if the child has switched to a pump or injections.
- 2.2 The Principal and school team and parent/guardian will meet to discuss and complete the following:
- a) Request and Consent Diabetes Intervention Form (Form A);
  - b) Parents/Guardians Responsibilities Checklist (Appendix 3);
  - c) Student with Diabetes Responsibilities Checklist (Appendix 4).
- 2.3 The principal will develop emergency procedures for staff to follow that support a student with diabetes (School Administrators' Responsibilities Checklist – Appendix 2) and ensure that these are detailed in a Medical Care Plan.
- 2.4 The school will communicate the details of the emergency response procedures for a student with diabetes to staff, occasional teachers, the parent/guardian of the student, and the student, if appropriate.
- 2.5 The Medical Care Plan will be shared with all relevant staff members (including transportation staff if applicable) who support the pupil to ensure their health needs are best served.
- 2.6 School personnel will offer support to a student with diabetes by:
- a) learning about the disease;
  - b) having frequent, open communication with parents/guardians;
  - c) demonstrating a positive attitude towards the student's participation in school activities;
  - d) providing for a safe, private and hygienic location where the student may conduct blood sugar testing and injection, if required;
  - e) monitoring, as appropriate, the self-care practices and routines being carried out by the student.
- 2.8 In non-emergency situations, including routine care, students with diabetes or their parents/guardians will administer insulin injections and operate insulin pumps.
- 2.9 In emergency, life-threatening situations, where a student is unresponsive, unconscious, or unable to self-administer the appropriate treatment, the school response shall be a 911

call to Emergency Medical Services and (where prescribed by a physician) administration of nasal glucagon.

- 2.10 The school administration will ensure that:
- a) staff have proper information about the safe disposal of lancets, swabs or any other material that comes in contact with blood;
  - b) students take home for disposal, all materials needed to address their diabetes at school, that have come in contact with blood;
  - c) the location for blood sugar testing and self-injection is hygienic and cleaned by custodial staff properly, employing the “Universal Blood and Bodily Fluids Precautions”.

### **Appendices**

Diabetes Appendix 1: School Administrators’ Responsibilities Checklist

Diabetes Appendix 2: Classroom Teacher of Diabetic Child Responsibilities Checklist

Diabetes Appendix 3: Parents/Guardians Responsibilities Checklist

Diabetes Appendix 4: Student with Diabetes Responsibilities Checklist

### **Forms**

Diabetes Form A: Request and Consent Diabetes Intervention Form

### **Associated Documents**

Diabetes Management Guidelines for Schools

Revised: November 13, 2018

Revised: March 9, 2021