

**Hamilton-Wentworth Catholic District School Board**



**Prevalent Medical Condition**

**DIABETES**

**Roles and Responsibilities**

**September 2018**

## 1.0 ROLES AND RESPONSIBILITIES

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### 1.1 Collective Responsibilities

The staff members of the Hamilton-Wentworth Catholic District School Board understand that students are diagnosed with diabetes at various ages. Some will be very young while others will be older, and still others will have special needs. Regardless of their age or their special needs, the Board has two primary objectives with respect to the management of diabetes in schools:

- to support students who have been diagnosed with diabetes to fully access school in a safe, accepting and healthy learning environment which enhances their physical, mental, and spiritual well-being; and,
- to empower students, as confident and capable learners, to reach their full potential for self-management of their diabetic condition, according to their Individual Diabetes Plan of Care.

While the primary responsibility for diabetes management rests with the family and the student, the school does play an important role in providing support as the student moves from dependence to independence, by creating an environment in which this transition can occur.

In order for the school to provide appropriate support, it is critical that the parent/guardian (adult student) keeps the principal/designate fully informed about the student's Diabetic condition as well as the diet and medication which have been prescribed by their physician or nurse practitioner to address the condition.

### 1.2 Role of the Parent/Guardian/Adult Student

As primary caregivers of their child, parents are expected to be active participants in supporting the management of their child's medical condition(s) while the child is in school. At a minimum, parents should:

- inform the school principal/designate of the details regarding a student's Diabetic condition through completing the Annual Parent/Guardian Request and Consent for Diabetes Intervention form (Appendix A) on an annual basis;
- confirm annually to the principal or the principal's designate that their child's medical status is unchanged through the submission to the principal of the Annual Parent/Guardian Request and Consent for Diabetes Intervention (Appendix A);
- inform a new school of their child's diabetic condition, if the child transfers to another school within the Board's jurisdiction;
- where the child is new to the school community, a meeting between the child's parent/guardian and the school will be scheduled prior to the child's first day of attendance at the new school. The details of the child's Diabetic condition shall be documented at that time;
- co-create the Individual Diabetes Plan of Care with the principal or principal's designate;
- initiate and participate in consultations to co-create/review their child's Plan of Care on an annual basis;
- arrange to have their physician and/or nurse practitioner sign the Individual Diabetes Plan of Care when the school is first informed about their child's medical condition, or when the condition changes, and return the completed form to the school;

- **supply their child and/or the school with sufficient quantities of medication and supplies in their original, clearly labelled containers, as directed by a health care professional and as outlined in the Individual Diabetes Plan of Care, and track the expiration dates if they are supplied;**
- **provide a supply of fast-acting sugar (oral glucose/orange juice, etc.) for the school;**
- **place blood glucose monitoring items in their original container, labelled with their child's name, for transport and storage at school;**
- **place insulin injection items in their original container, labelled with their child's name, for transport and storage at school;**
- provide up-to-date emergency contact names and telephone numbers annually;
- provide a current and colour photograph of their child annually;
- strongly encourage their child to wear medical identification such as Medic Alert™ (available as bracelets bands or necklaces);
- **guide and encourage their child to reach their full potential for self-management and self-advocacy;**
- educate their child about their medical condition(s) with support from their child's health care professional, as needed;
- teach their child to:
  - monitor her/his blood glucose level;
  - recognize the first symptoms of a diabetic reaction;
  - communicate clearly and directly when s/he feels a reaction starting;
  - administer insulin injection; and,
  - report and instances of bullying to an adult authority figure.
  - **seek medical advice from a medical doctor, nurse practitioner, or pharmacist, where appropriate; and,**
  - report any instances of bullying to a school board employee or to a parent or guardian. All acts of bullying should be reported to the principal.

### 1.3 Role of the School Board.

The school board shall:

- **communicate, on an annual basis, the policies and procedures adopted to support students with Diabetes to parents, guardians, school board staff and all others in the school community who are in direct contact with students (e.g. transportation providers, food service providers);**
- **make its policies and procedures and its Diabetes Plan of Care templates available on its public website;**
- **develop procedures for the safe storage and disposal of medication;**
- **develop strategies that reduce the risk of student exposure to triggers or causative agents in classrooms and common school areas;**
- **outline board expectations for school staff responses to medical incidents and/or medical emergencies at school that involve students with prevalent medical conditions. At a minimum, the response should align with existing school board medical emergency procedures (e.g., immediate response, including use of emergency medication, and monitoring and/or calling Emergency Medical Services). The response should also align with the Individual Diabetes Plan of Care established for the student.**
- **provide training and resources on Diabetic conditions for staff on an annual basis; and,**

- ensure that students are allowed to carry their medication to support the management of their Diabetic condition, as outlined in their Individual Diabetes Plan of Care.

#### 1.4 Role of the Principal/Designate

In addition to the responsibilities outlined in subsection 1.4, the principal should:

##### 1.4.1 Registration

Clearly communicate to parents/guardians and appropriate staff members the process for parents/guardians to notify the school of their child's diabetic condition, as well as the expectation to co-create, review and update the Individual Diabetes Plan of Care with the school principal/designate, at a minimum:

- during the time of registration;
- each year during the first week of school;
- when a student is diagnosed and/or returns to school following a diagnosis.

At the time of registration of each new student, the principal/designate shall determine if the student has a diabetic condition and shall record the information in the medical information section on the Personal Screen of the Trillium Student Information Management System.

**Where the child with Diabetes is new to the school community, a meeting between the child's parent/guardian and the school will be scheduled prior to the child's first day of attendance at the new school at which time the details of the child's Diabetic condition shall be documented. The principal/designate will provide the parent/guardian with the Parent/Guardian Diabetes Responsibilities Checklist (Appendix F);**

- **Where a child has been identified as having Diabetes an Individual Diabetes Plan of Care shall be co-created/reviewed in consultation with the parent/guardian, school staff (as appropriate) and student (as appropriate) within the first 30 days of every school year, and updated as appropriate, during the school year where required.**

##### 1.4.2 Authorization

When the principal/designate is informed by the parent/guardian/adult student that a student within the school has been diagnosed with a diabetic condition and may require emergency action, the principal/designate shall:

- Require that the parent/guardian complete the Annual Parent/Guardian Request and Consent for Diabetes Intervention (Appendix A) on an annual basis;
- **request that the parent/guardian assist in the co-creation/ review of the Individual Diabetes Plan of Care on an annual basis; and,**
- **provide parent/guardian-authorized relevant information from the student's Plan of Care to school staff and others who are identified in the Plan of Care (e.g., food service providers, occasional staff, transportation providers, volunteers who will be in direct contact with the student), including any revisions that are made to the plan.**

##### 1.4.3 Medication

Blood Glucose Monitoring/Insulin Injection

The principal/designate shall ensure that:

- a safe, hygienic and private space in the school is provided for students to perform self-blood glucose monitoring and insulin injections throughout the school day;
- suitable supervision for students (where necessary) is provided by an appropriately trained Educational Assistant;
- a Sharps Container (obtained at local pharmacy) is available for the disposal of lancets, testing strips and injection needles;
- Universal Precautions for blood and bodily fluids are followed where applicable; and,
- staff are aware of Ketone monitoring.

Insulin Pump for the monitoring of insulin levels and the administration of insulin

The principal/designate shall ensure that:

- a physician or her/his designate trains appropriate school staff (Educational Assistants) to operate this device on an annual basis;
- a record of such training is placed in the Student Medical File; and,
- Occasional Teachers and Occasional Educational Assistants are informed about the procedures.

#### 1.4.4 Staff Training

When the principal/designate is informed by the parent/guardian that a student has an Diabetic condition and the Annual Parent/Guardian Request and Consent for Diabetes Intervention (Appendix A) has been received, the principal/designate shall:

- with **written parent/guardian authorization**, identify the student to all staff members of the school as a student with an Diabetic condition, through the use of an alert system (e.g. Alert Board, Medical Alert Binder etc.);
- arrange for an online Diabetes Awareness session for all employees and others who are in direct contact with students on a regular basis; and,
- **encourage the identification of staff who can support the daily or routine management needs of students in the school with a Diabetic condition**, while honouring the provisions within their collective agreements.

***Further information about Diabetes can be found on:***

- **Ministry of Education site: Edugains Prevalent Medical Conditions.**
- the Canadian Paediatric Society and Diabetes Canada [www.diabetesatschool.ca](http://www.diabetesatschool.ca)

#### 1.4.5 Diabetes Plan of Care.

The principal/designate should:

- **co-create, review, and update the Diabetes Plan of Care in consultation with the parent/guardian, staff (as appropriate) and student (as appropriate) on an annual basis within the first 30 days of the school year;**
- **with written parent/guardian authorization, provide relevant information from the student's Individual Diabetes Plan of Care to school staff and others who are identified in the Plan of Care, including any revisions to the plan; and,**

- **with parent/guardian written authorization, the Diabetes Plan of Care shall be posted in key locations in the school, (e.g. staff room, main office, classroom).**

A binder of all Plans of Care will be maintained in the Main Office separate from the OSR.

**A copy shall be provided to the bus company and food service providers.**

**Parents have the authority to designate who is provided access to the Individual Diabetes Plan of Care. With authorization from the parents, the principal or the principal's designate should share the Plan of Care with school staff who are in direct contact with students with Diabetic conditions, and, as appropriate, others who are in direct contact with students with Diabetic conditions (e.g. Designated Early Childhood Education staff, food service providers, occasional staff, Ontario Early Years Child Care Centre staff, Parent and Family Literacy Program staff, transportation providers, and volunteers).**

#### 2.4.6 Student Medical File

After the **Individual Diabetes Plan of Care** has been developed, the school principal/designate shall establish a Student Medical File, which is stored in a separate file outside of the OSR and in the Main Office **only**:

The file should contain:

- current information about the student's medical condition;
- **the Individual Diabetes Plan of Care**;
- a current emergency contact list; and,

\*note: document should **also** be stored in the documentation file of the OSR

#### 1.4.7 Documentation

The principal/designate shall ensure that each time a student administers insulin to herself/himself, the incident will be recorded in the Individual Student Log of Administered Medication (Appendix D).

#### 1.4.8 Prevention

The principal/designate shall take steps to create a supportive safe environment for student with diabetes, including:

- **with parent/guardian written authorization, provide an awareness workshop for students in the class of the student who have diabetes;**
- encouraging students to eat all meals and snacks fully and on time following a flexible schedule which will allow diabetic students to take more time to eat where required.
- informing parents/guardians if the student is unable to eat or when a student does not finish a meal;
- designating a secure, accessible and appropriate place to store emergency food supplies (oral glucose, orange juice, etc.) is provided within the school (e.g. Homeroom, Gym, Principal's Office, etc.);

- providing opportunities for fast acting sources of sugar to be taken by the student anywhere on school property, on buses or during school sanctioned activities; and,
- informing parents/guardians when new supplies of fast acting sugars are required.

## 1.5 Role of the School Staff.

All school personnel (who are in direct contact with students on a regular basis) have the responsibility to:

- **Where there is a student in the school identified with Diabetes, participate in an education session on Diabetes and within the student's first thirty days of school, where possible;**
- **Participate in training, during the instructional day, on prevalent medical conditions, at a minimum annually, as required by the school board;**

All school personnel shall:

- **review the contents of the Individual Diabetes Plan for any student with whom they have direct contact, as authorized by the parents/guardians;**
- **share information on a student's signs and symptoms with other students, as outlined in the Individual Diabetes Plan of Care when authorized by the parents/guardians and principal in writing;**
- **remain vigilant concerning circumstances and/or events which may constitute an unsafe situation for students with Diabetes and report these to the school principal/designate;**
- **support a student's daily or routine management, and respond to medical incidents and medical emergencies that occur during the school day as well as during school and Board sponsored events;**

At the time of a Diabetic the staff member(s) who recognize the warning signs/symptoms of severe hypoglycemia shall call 9-1-1, *using the posted 9-1-1 Protocol Diabetes Form* (Appendix C) and the student's parent/guardian;

If the student participates in a field trip authorized by the School, the following procedures shall be implemented by the school staff:

- the field trip supervisor has access to a telephone/cell phone in case of an emergency;
- required medical supplies are to be accessible by the student on the field trip.

**Develop a process and appropriate resources to support students with prevalent medical conditions in the event of a school emergency (e.g., bomb threats, evacuation, fire, "hold and secure", lockdown).**

**Enable students with prevalent medical conditions to participate in school to their full potential, as outlined in the Individual Diabetes Plan of Care.**

**Support inclusion by allowing students with prevalent medical conditions to perform daily or routine management activities in a school location (e.g., classroom), as outlined in their Plan of Care, while being aware of confidentiality and the dignity of the student.**

## 1.6 Role of the Classroom/Subject Teacher

In addition to the duties described in subsection 1.4, classroom/subject teachers are also expected to:

- meet with the parent/guardian/adult and the principal/designate, where possible, to gather information related to the student’s diabetic condition;
- review with the principal/designate the parent/guardian’s completed Request and Consent For Diabetes Interventions form;
- discuss diabetes with the class, in age appropriate terms, including the student’s signs and symptoms as outlined in the Individual Diabetes Plan of Care and authorized by the principal and the parent/guardian in writing;
- know their role when responding to hypoglycemic episodes (e.g. providing fast-acting sugar);
- know the location of the student’s emergency treatment supplies;
- allow the student with diabetes to take immediate action to prevent or treat low blood glucose (flexibility in class routine and school rules as required);
- inform parents/guardians when the supply of fast-acting sugar (oral glucose, orange juice, etc.) is running low;
- identify the student with diabetes to Occasional Teachers and Occasional Educational Assistants;
- Post the student’s Individual Diabetes Plan of Care in the classroom and the Occasional Teacher folder where authorized in writing by the parent/guardian;
- encourage the student with diabetes to inform the teacher when s/he senses the first symptoms of low blood sugar or a general feeling of “unwellness”, and discuss how s/he is to signal the teacher that s/he is experiencing a reaction;
- prepare for the diabetic student’s needs during special events such as athletic activities, class parties, school trips etc. (have emergency glucose on hand; watch for signs of hypoglycemia);
- review emergency plans with other teachers and volunteers before field trips;
- **support inclusion by allowing students with diabetic conditions to perform daily or routine management activities in a school location (e.g. classroom), as outlined in their Individual Diabetes Plan of Care while being aware of confidentiality and the dignity of the student; and,**
- **enable students with prevalent medical conditions to participate in school to their full potential, as outlined in their Plan of Care.**

### **1.7 Role of the Educational Assistant**

In addition to the duties described in subsection 1.4, the educational assistants who are assigned to the student with a diabetic condition are expected to:

- **participate in the training offered regarding monitoring the student’s blood glucose level;**
- **take appropriate action when the student’s blood sugar level is outside normal limits, as outlined in the Individual Diabetes Plan of Care.**

### **1.8 Role of the School Secretary**

In addition to the duties described in subsection 1.4, the school secretary is expected to follow the Emergency 9-1-1 Protocol (Appendix C) at the time of a Diabetic emergency.

### **1.9 Role of School Bus Driver**

In addition to the duties described in the school bus company’s policy and procedure manuals, the school bus drivers shall:

- **ensure that the student(s) at risk of an Diabetes is/are sitting at the front of the bus, near the driver;**
- **in the event of severe hypoglycemia, pull over, call 9-1-1, call parent, and call school.**

## 1.10 Role of the Student with Diabetes

Depending on their cognitive, emotional, social, and physical stages of development, and their capacity for self-management, students are expected to actively support the development and implementation of their Individual Diabetes Plan of Care. Students should:

- wear a Medic Alert™ bracelet or equivalent;
- follow the instructions of her/his physician, **nurse practitioner** and parent/guardian;
- tell teachers, educational assistants, principal, custodians, friends, and **occasional personnel (i.e. occasional teachers, occasional early childhood educators, occasional educational assistants, lunch room monitors/supervisors, crossing guards, school bus drivers, volunteers)** about her/his Diabetes;
- **tell teachers, educational assistants, principal and friends where to find her/his fast-acting sugar;**
- when age appropriate, provide information about her/his Diabetic condition for teachers and principal when moving to a new school;
- **participate in the development and review of the Individual Diabetes Plan of Care, as appropriate;**
- **carry out daily or routine self-management of their medical condition to their full potential, as described in their Plan of Care (e.g., carry their medication and medical supplies; follow school board policies on disposal of medication and medical supplies);**
- **set goals on an ongoing basis for self-management of their medical condition in conjunction with their parent(s) and health care professional(s);**
- **communicate with their parent(s) and school staff if they are facing challenges related to their medical condition(s) at school;**
- take responsibility for advocating for their personal safety and well-being that is consistent with their cognitive, emotional, social, and physical stage of development and their capacity for self-management;
- **communicate with their parent(s) and school staff if they are facing challenges related to their medical condition(s) at school;**
- have an age appropriate understanding of her/his diabetes;
- maintain proper eating habits;
- recognize symptoms of a low blood glucose reaction and take age-appropriate action to manage the symptoms;
- maintain her/his blood glucose monitoring and insulin injection equipment, including the proper disposal of lancets, test strips and injection needles;
- inform an adult as soon as symptoms of diabetes appear or when experiencing a general feeling of “unwellness”;
- if possible, inform school staff and/or their peers if a medical incident or a medical emergency occurs; and,
- self-monitor blood glucose levels and administer insulin injection where necessary.

If a student is not taking age appropriate responsibility for her/his diabetes care, it may be due to other factors, such as behavioural issues, cognitive abilities, language, maturity level and/or psychosocial barriers. This calls for communication among parents/guardians, school staff and possibly, other professionals.

## 1.11 Role of School Community Parents/Guardians and Volunteers

All parents/guardians and volunteers within the school community have the responsibility to:

- be aware of and comply with the School Diabetes Management Plan; and
- assist the school principal and the staff of the school in disseminating information to all members of the school community about diabetes.