

Administrative Procedure 319

TYPE 1 DIABETES IN SCHOOLS

Background

Type 1 Diabetes (T1D) occurs when the pancreas is unable to produce insulin. In T1D, insulin must be administered by injection – insulin pen or pump throughout the day in order to manage the disease. If Type 1 Diabetes is not controlled, it can be fatal.

Meticulous balancing of diet and physical activity with insulin intake is at the core of Type 1 Diabetes management as all three affect the student's blood glucose levels. Low blood glucose levels (hypoglycemia) and high blood glucose levels (hyperglycemia) interfere with a student's ability to learn and participate in school activities and can put the student's health and safety at risk.

Supports required for managing Type 1 Diabetes in the school will vary depending on the age and needs of the student. Effective management of this disease requires collaboration between parents/guardians, school staff and Vancouver Coastal Health (VCH) Public Health Nurses (PHNs) and/or (VCH) Nursing Support Services (NSS) as well as a clear understanding of the roles and responsibilities of all parties. The ultimate goal of diabetes management within the school setting is to have the student become independent with their care. Even when the student is independent the school must be prepared to provide care in a diabetic emergency.

Procedures

1. Information and Awareness

Parents/guardians have the primary responsibility for informing and updating school personnel regarding their child's diabetes. The child should wear a Medic Alert bracelet or other emergency identification.

Safety measures a school can reasonably expect to implement are:

- 1.1 "Diabetes Support Plan and Medical Alert Management Form"
http://www.bced.gov.bc.ca/health/diabetes/diabetes_support_plan.pdf and "Diabetes Medication Administration Form (Insulin and/or glucagon administration only)"
http://www.bced.gov.bc.ca/health/diabetes/diabetes_medication_administration_form.pdf should be kept along with other information in the School Health Resource Book. These should be updated at the beginning of each year.
- 1.2 A meeting/contact with the child's parents/guardians to review the Diabetes Support Plan shall be held at the beginning of the year.
- 1.3 Appropriate staff (teaching and non-teaching) must be made aware of and be able to visually identify students who have this condition. This may include: teachers, education assistants, custodians, office staff, TTOCs, and first aid attendants. Information on T1D can be found at <http://www.bced.gov.bc.ca/health/diabetes/> General Information about Diabetes for School Personnel <http://learn.phsa.ca/BCCH/Insulin/schools/> (Parts 1 and 2.)

- 1.4 A photo of the student is posted in a designated place(s) in the school.
- 1.5 Appropriate staff must be knowledgeable of the student's signs and symptoms of hypoglycemia.
- 1.6 Appropriate staff must know the student's emergency plan, including where fast acting glucose is kept for the student.
- 1.7 There needs to be recognition by appropriate staff of the increased risk to the student associated with increased exercise, meal delay/quantity, dosage/administration in insulin, or in the case of illness/vomiting.
- 1.8 Ensure that diabetes supplies (e.g. fast acting glucose, blood testing equipment, insulin and glucagon -if authorized by the parent) and the diabetes emergency plan are with the student if they are on excursions away from the school property.

2. Management of Type 1 Diabetes in School

The parent and student (if independent) have the primary responsibility for managing Type 1 Diabetes at school. Where a child is not yet independent in the management of his/her condition, delegated care is available through VCH Nursing Support Services (NSS) for Blood-Glucose Monitoring, Insulin Administration via an insulin Pump or an Insulin Pen. The parent is responsible for supplying and maintaining all necessary supplies and equipment.

Supports that a school can reasonably be expected to implement are:

- 2.1 Designate staff to ensure that the students with diabetes in the elementary grades, as well as newly diagnosed students, have the support they need at school to manage their diabetes.
- 2.2 Ensure that the student has a clean, accessible area in the class/school to do blood glucose testing, administer insulin and dispose of sharps.
- 2.3 For students not fully independent in the management of their diabetes, an Individual Care Plan can be provided. The Nursing Support Services Coordinator will take responsibility for developing the written Individual Care Plan with the parents, training and monitoring the education assistant(s) (or others as designated by school administration) in the provision of Blood-Glucose Monitoring and/or Insulin Administration via a pump or insulin pen. If the parent does not want Nursing Support Services, the parent may choose to attend school to do the blood glucose monitoring and insulin administration.

3. Emergency Response Procedures

The parent is responsible for developing the emergency plan – complete the “Diabetes Support Plan and Medical Alert Management Form” http://www.bced.gov.bc.ca/health/diabetes/diabetes_support_plan.pdf in collaboration with the school and must have the physician complete the “Diabetes Medication Administration Form (Insulin and/or glucagon administration only)” http://www.bced.gov.bc.ca/health/diabetes/diabetes_medication_administration_form.pdf if glucagon injections are to be given in the event of severe hypoglycemia. Parents are responsible for providing and replacing the glucagon emergency kit, as required.

Safety measures a school can reasonably be expected to implement are:

- 3.1 An emergency response plan must be developed as part of the Diabetes Support Plan and reviewed annually.
- 3.2 A medical alert and explanation of the emergency response plan must be made available to all staff supporting the student including TTOCs.
- 3.3 An up-to-date glucagon emergency kit must be stored in a secure, unlocked area at room temperature (not refrigerated). The student's glucagon should be kept in the main office with their forms and plans at the school level.
- 3.4 An annual training session will be provided by Vancouver Coastal Health public health nurses for any newly designated school staff wishing to be retrained every fall in the administration of glucagon injections as an

emergency response to severe hypoglycemia. The public health nurse can be contacted if training is required outside of this timeframe, particularly if a student is newly diagnosed and diabetes is new for the school.

3.5 Common signs and symptoms of mild to moderate hypoglycemia may include: sweaty, shaky, hungry, pale, dizzy, mood changes, irritable, tired/sleepy, blurry, double vision, difficulty concentrating, confused, poor coordination, difficulty speaking and headache.

3.6 Symptoms of severe hypoglycemia include seizure and unconsciousness.

3.7 When in doubt, **DO**:

- Treat for hypoglycemia with fast-acting sugar (E.g., juice).
- If the student is unable to take fast-acting sugar orally, is unconscious or having a seizure, call 911 and administer glucagon (if authorized by the parent/guardian).
- Notify the parent/guardian.

4. References and Definitions

4.1 For more detailed information, consult Standards of Care for Students with Type 1 Diabetes in Schools published by the Canadian Diabetes Association.

http://studentservices.ednet.ns.ca/sites/default/files/standards_of_care_en.pdf

4.2 For information, provincial forms (Diabetes Support Plan and Medical Alert Information Form and Diabetes Administration Medication Form) and resources, consult the BC Ministry of Education website on Type 1 Diabetes:

<http://www.bced.gov.bc.ca/health/diabetes/>

Revised: March 2015

4.3 Online learning module, *Taking Care of Diabetes at School*, <http://learn.phsa.ca/BCCH/Insulin/schools/>