Provincial Standards: Supporting Students with Type 1 Diabetes in the School Setting

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Provincial Standards: Supporting Students with Type 1 Diabetes In the School Setting

Purpose of this Document

The purpose of this document is to provide information about type 1 diabetes[1] (T1D), outline the provincial standards to support students with T1D in the school setting, and articulate the roles and responsibilities of parents/guardians, the school administrator and the Health Authorities. The overarching goal is to work together to ensure students with type 1 diabetes are provided with a safe and positive learning environment and have equitable access to learning, opportunities for achievement and the pursuit of excellence in all aspects of their educational program.

Provincial standards provide the foundation upon which individual boards of education develop policies and procedures that address the unique needs of the student population and characteristics of the communities they serve. Local policies outline, more specifically, the procedures and processes unique to each school district. Further guidelines about roles and responsibilities can be found under *Planning and Coordinating of Community Services* in Section C of *Special Education Services: A Manual of Policies, Procedures and Guidelines*. Individual board policies can be viewed at the British Columbia School Trustees Association (BCSTA) or by contacting the local school board office. These provincial standards also inform applicable policies developed by health authorities and MCFD and align with the *Inter-Ministerial Protocols for the Provision of Support Services to School Age Children* and the *Children and Youth with Special Needs Framework for Action*.

This document was developed by the Ministries of Health, Education and Children and Family Development. It was informed by Diabetes Care in the School Setting: Evidence-Informed Key Components, Care Elements and Competencies developed by Child Health BC. Sections have also been adapted from Kids with Diabetes in Your Care produced by the Canadian Diabetes Association.

[1] The focus of this document is school-aged children and youth with T1D. Students with type 2 diabetes usually use oral medications and rarely experience emergency episodes of high or low blood sugar. In very rare circumstances, some students will have other conditions necessitating emergency planning for low blood sugar and those cases will involve individual planning.

Basic Facts about Type 1 Diabetes

Type 1 diabetes (T1D) is one of the most common chronic diseases of childhood. Appropriate diabetes care in the school setting is important for the child's immediate safety, long term well-being and optimal academic performance.

T1D occurs when the pancreas is unable to produce insulin. The exact cause of this condition is unknown; however, genetic and environmental factors both play a part. Insulin is a hormone produced by the pancreas. Carbohydrate (starch and sugar) from food eaten is broken down into glucose and enters the bloodstream. Insulin enables the body to use the glucose from the bloodstream for energy. Without insulin, glucose builds up in the bloodstream (high blood sugar), and the body's cells are deprived of their energy source.

Diabetes management has advanced in recent years, changing the way children and youth manage their diabetes. Intensive insulin therapies (multiple daily injections or use of insulin pumps) are being recommended to improve blood glucose control and decrease long term health complications.

With appropriate planning, a student with diabetes can participate in all school activities, and in most cases well managed diabetes will have little or no negative impact on a student's education or school experience. However, all students with diabetes will have occasional high or low blood glucose. Students whose diabetes is more challenging to manage may experience some disruption of their education. Teachers and school staff should discuss concerns regarding diabetes and its impact on a student's education with parents/guardians.

Additional resources about T1D can be found in the Appendices.

Supportive Environment

A safe and supportive environment for students with T1D depends on regular and ongoing communication and coordinated planning and documentation among all parties.

Regular and ongoing communication is established between schools, the student, and the parents/guardians to support a safe learning environment.

A Diabetes Support Plan and Medical Alert Information from is required for every student with T1D enrolled in the BC Public Education System and participating Independent Schools.

All school staff are familiar with the *Provincial Standards: Supporting Students with Type 1 Diabetes in the School Setting* and access General Information about Diabetes for School Personnel

The Diabetes Support Plan and Medical Alert Information includes:

- Names and contact information for parents, Diabetes Care Team, other involved health professionals, principal, and all involved school staff;
- Emergency plan;
- Student's self-management plan outlining the student's level of independence;
- Plan for nutrition, physical education, insulin and blood glucose monitoring; and
- Location of all supplies.

The Diabetes Support Plan and Medical Alert Information is readily accessible to school staff and is developed in collaboration with the student's Diabetes Care Team (see glossary), the parents/guardians, and the school.

Students requiring additional assistance in the form of delegated care will have a Nursing Support Services Delegated Care Plan. Both plans are updated annually or more frequently as needed.

Students are permitted to contact their parents/guardians as needed regarding diabetes management.

Supporting Independence

Students are supported to work towards independence in managing their diabetes care in the school setting, to the extent that is appropriate for their functional and cognitive ability, maturity and experience with their diabetes. Goals toward independence will be developed in consultation between the parent/guardian, school personnel, diabetes care team and student.

Delegation: Students who are not able to perform blood glucose monitoring and/or insulin administration can have these tasks performed or supervised by school staff through a process called "delegation". Nursing Support Services (NSS) is available to delegate these nursing tasks when it is deemed to be in the best interest of the student.

Delegation occurs when the required task is performed primarily by Registered Nurses (RN) and is outside the role description and training of an unregulated care provider, such as a school staff member. The delegating RN is responsible and accountable for the decision to delegate and the process of delegation including the ongoing supervision/monitoring to assess the ability of the school staff member to perform the delegated task. The designated school staff member is accountable to the RN for the performance of the delegated task. The delegated task is child-specific and may only be performed by the school staff member who is trained by the RN.

If delegation is deemed appropriate for an individual student, the NSS Coordinator completes a NSS Delegated Care Plan in consultation with the parent, the child's Diabetes Care Team and the school administrator. The NSS Delegated Care Plan is updated annually at a minimum or whenever there is a change in the student's diabetes care as determined by the diabetes care team and parent.

Students are supported to work towards independence in managing their diabetes care in the school setting, to the extent that is appropriate for their functional and cognitive ability, maturity and experience with their diabetes.

For students requiring NSS Delegated Care, the ongoing monitoring of school staff is provided by NSS Coordinators in accordance of the College of Registered Nurses Practice Standard Delegating Tasks to Unregulated Care Providers.

The NSS Delegated Care Plan is updated annually at a minimum or whenever there is a change in the student's care as determined by the Diabetes Care Team and the parent.

When a student is discharged from the NSS program, he or she may still require support from school staff in the form of reminders or confirmation that a task is completed until the student is fully independent in their diabetes management in the school setting. The level of support needed by the student can be documented in the Diabetes Support Plan and Medical Alert Information form.

Emergency Management

Emergency management of T1D involves the rapid and effective treatment of low blood glucose (hypoglycemia).[2] Low blood glucose is usually the result of too much insulin, missed or delayed meals or snacks, not eating enough food, engaging in extra intense or unplanned physical activity, or being ill, particularly with gastrointestinal illness.

Hypoglycemia can range from mild to severe and in rare cases can be life threatening. Mild to moderate hypoglycemia is treated with fast-acting sugar while severe hypoglycemia is treated with an injection of glucagon. Glucagon is a hormone that allows the body to release the stored sugar in the liver and raise the blood glucose from dangerous low levels. Parents who wish to have glucagon administered at school need to have a Diabetes Medication Administration Form completed and signed by the student's physician.

Every student with T1D will have an emergency plan as part of their Diabetes Support Plan and Medical Alert Information.

School staff will know how to respond to a diabetes emergency. The poster Managing Low Blood Sugar is posted in visible locations in the school.

Designated school staff will be trained to administer injectable glucagon in the event of a severe low blood glucose if requested by the parent.

[2] Hyperglycemia, or high blood sugar, is not usually an emergency. Symptoms and management of hyperglycemia are included in the Diabetes Support Plan.

For planning and support for students in the event of a disaster or earthquake, consult BC Children's Hospital Earthquake Kit for Schools

Nutritional Management and Physical Activity

Children with diabetes should follow a healthy diet as recommended for all children in *Eating Well with Canada's Food Guide*. The maintenance of a proper balance of food, insulin and physical activity is important to achieving good blood glucose control in students with diabetes.

Schools provide supportive and inclusive environments for students with diabetes. Students have unrestricted access to food and opportunities to participate in physical activities.

Students with diabetes:

- Require unrestricted access to snacks and water anywhere, including the classroom, on field trips or the school bus, as necessary to prevent or treat low blood glucose;
- Require meal and snack times to be regular and predictable;
- Require adequate time to finish meals;
- Should be given the opportunity to participate fully and freely in physical activity and on sports teams;
- Be allowed to participate in classroom and school activities in a safe and inclusive manner; and
- Be allowed unrestricted access to use the washroom.

Blood Glucose Monitoring

Monitoring blood glucose is an essential component of diabetes management as it indicates whether insulin, food intake and activity are appropriately balanced. In the school setting, blood glucose monitoring is recommended at midmorning, lunchtime, two hours after lunch (mid-afternoon), before sport or exercise, and if there are concerns regarding low blood glucose or high blood glucose. More frequent blood glucose monitoring is not usually indicated. Special considerations regarding blood glucose monitoring may be required for students that have long commutes to and from school.

Schools provide opportunities for students to check their blood glucose levels and to respond to the results when and where needed.

For students not able to perform the task, NSS Coordinators are available to delegate to school staff the task of blood glucose monitoring or the supervision of the student.

Students with diabetes:

- Are permitted to check blood glucose levels and respond to the results in the classroom, at every school location or at any school activity;
- Must be given access to all necessary supplies; and

- If preferred by the student, a private location to do blood glucose monitoring must be provided unless low blood glucose is suspected.

Insulin Administration

Increasingly, intensive insulin therapies, either by multiple daily injections or via insulin pumps, are being recommended in the management of T1D in children and youth to improve blood glucose control and decrease long term health complications. Both therapies require insulin to be given during the school day. Conventional insulin regimes in which long-acting insulin is given outside of school hours are also being used and these regimes require regular and consistent food intake.

The choice of insulin regime depends on many factors, including the child's age, duration of diabetes, lifestyle, targets of diabetes control, and family and student factors. Daily insulin dosage varies greatly between individuals and changes over time.

Schools provide opportunities for students to administer insulin when and where it is needed. For students not able to perform the task, NSS Coordinators are available to delegate to school staff the task of insulin administration (via pump or pen) or the supervision of the student.

School staff delegated in tasks related to insulin administration will follow the NSS Delegated Care Plan. Delegated school staff will not be permitted to, or allow a student in their care to: (1) override the calculated dose on the insulin pump, (2) change the number of carbohydrates from that actually consumed, (3) change the settings on the pump, (4) not follow the NSS Delegated Care Plan.

Students who have insulin given by a school staff person need to have a Diabetes Medication Administration Form completed and signed by the student's physician.

Roles and Responsibilities

Parents/guardians:

Parental consent and involvement is required for the child specific supports to be provided.

- Notify the school of their child's diabetes at the onset of his/her enrolment or upon diagnosis, and arrange a meeting with the school principal;
- Participate in the development of the *Diabetes Support Plan and Medical Alert Information* in collaboration with their health care provider and where applicable the Nursing Support Services Delegated Care Plan;
- Review the student's *Diabetes Support Plan and Medical Alert Information* annually with the school;
- If the student receives NSS Delegated Care, review and sign the NSS Delegated Care Plan annually or in the event of changes in the student's health status or diabetes regime;

- Ensure the student wears medical identification;
- Inform the school of any relevant changes to the students lifestyle, health or diabetes management;
- Provide all snacks and lunches, as well as an ongoing supply of recommended fast-acting glucose for treating hypoglycemia (see examples in glossary). For students participating in a school breakfast or lunch program, parents work with the school to ascertain the carbohydrate content of menu items potentially consumed;
- <u>For students using an intensive insulin regime who require assistance with carbohydrate counting:</u>
    - Clearly and consistently label all snacks and meals with the correct carbohydrate number; and
    - If a student does not routinely consume an entire food item (such as a sandwich), the item should be provided in divided portions with carbohydrates clearly labeled for each portion.
- For young children, parents provide instructions for food provided during school parties and other activities;
- Provide all necessary supplies and equipment in full working order for blood glucose monitoring and insulin administration and replace supplies as needed;
- Provide adequate insulin to last the school day;
- For students using an insulin pump, trouble shoot all pump malfunctions and alarms and ensure the insertion site is functioning and be available for re insertion of infusion set if it becomes dislodged and the student is not able to self-manage;
- Provide an emergency glucagon kit with a clearly labelled expiration date and replace as needed;
- Provide supplies to be used in the event of a natural disaster; and
- Be available (or arrange for a delegate) to respond either by phone or in person at all times.

Boards of Education:

- Ensure district policies and procedures are aligned with the Provincial Standards of Diabetes Care in the School Setting document.
- Ensure that schools are familiar with the Provincial Standards of Diabetes Care in the School Setting document and district policies and procedures related to supports for students with T1D, and that these policies are communicated to the public.
- Ensure that all school staff attend or review the *General Information about Diabetes for School Personnel* presentation.
- Ensure the poster *Managing Low Blood Sugar* is posted in visible locations in the school;
- Coordinate and ensure that two designated school personnel receive training on the administration of injectable glucagon if requested by parents.
- Support the completion the *Diabetes Support Plan and Medical Alert Information* and support staff to carry out the directions within that plan;
- Ensure schools have established a process by which all staff, including teachers on call, can identify student(s) with T1D enrolled in the school;
- For students approved to receive Delegated Care through NSS, the School Administrator will:

  - Identify school staff to be trained and monitored in delegated nursing tasks. This includes situations in which there is staff turnover or when a staff person is not competent in performing the task as determined by the delegating nurse;
  - Ensure that assigned staff are fully available to attend all necessary initial and ongoing training provided by NSS;
  - Ensure that a NSS Delegated Care Plan is accessible to appropriate staff;
  - Ensure that only staff trained by the NSS Coordinator perform delegated tasks; and
  - Notify parents whenever trained staff are unavailable on a given day.
- Ensure schools' policies address the storage of insulin and all other related supplies including the emergency glucagon kits;
- Ensure schools have policies and procedures for safe disposal of sharps; aligned with principles of "universal precautions"; and
- Ensure timely notice is provided to parents/guardians of relevant changes in school district or school policies or of upcoming special events.

Health Authorities:

- Provide glucagon administration training annually (or more frequently if required) to designated school staff in a school where a child or youth with T1D attends, and if glucagon administration is requested by the parent;
- Support the NSS Coordinator's role in determining that delegating the task of insulin administration and/or blood glucose monitoring is in the best interest of the student. This role includes assessing the care needs of the student, the complexity of the task, the environment in which the task will be performed, and the suitability of the school staff person(s) to carry out the task. There may be situations when delegation is not possible;
- Support the NSS Coordinator's role in developing and implementing the NSS Delegated Care Plan in consultation with the parent/guardian; and
- Support the NSS Coordinator's role in training and monitoring delegated school staff.

Glossary

Blood glucose: The amount of glucose (sugar) in the blood at a given time.

Blood glucose monitoring, or self-monitoring of blood glucose: People with diabetes must monitor their blood glucose regularly as part of the process for achieving their target blood glucose level. Levels will change depending on food consumption, physical activity, stress, illness, problems with the insulin delivery system and many other unknown factors. To test blood glucose, the individual pricks his or her finger with a lancing device and places a drop of blood on a blood glucose strip, which is inserted into a blood glucose meter to obtain a reading.

Carbohydrate: One of the main sources of energy (calories). All forms of carbohydrate are broken down into glucose during digestion and increase blood glucose. Carbohydrates are found in fruits, vegetables, milk and grains/starches such as rice, potatoes, corn and legumes, and refined sugars.

Delegation: Occurs when the required task is performed primarily by registered nurses and is outside the role description and training of an unregulated care provider, such as a school staff member. The delegated task is client-specific and the delegation is determined to be in the client's best interests The delegating Registered Nurse is responsible and accountable for the decision to delegate and the process of delegation including the ongoing supervision to assess the ability of the unregulated care provider to perform the delegated task. The unregulated care provider is accountable to the Registered Nurse for the performance of the delegated task.

Diabetes Care Team: The team of health professionals who work with the student and family to manage the student's diabetes. This may include: Pediatric Endocrinologists, Pediatricians, Family Physicians, Diabetes Clinic Nurses, Dietitians, Social Workers, or Pharmacists.

Diabetic ketoacidosis (DKA): An acute and severe complication of diabetes that is the result of high levels of blood glucose and ketones. It is often associated with poor control of diabetes or occurs as a complication of other illnesses. It can be life threatening and requires emergency treatment. Signs and symptoms include fruity odour on the breath, shortness of breath, confusion, nausea, vomiting and weight loss.

Fast-acting carbohydrate: (or fast-acting sugar) A carbohydrate to eat or drink for the treatment of mild to moderate hypoglycemia (e.g. juice, glucose tablets) to quickly raise the blood glucose level. Because of the importance of preventing severe hypoglycemia, the following items are recommended, depending on the weight of the student:

10 grams

- Glucose tablets as labelled
- 1/2 cup of juice or regular soft drink
- 10 ml (2 teaspoons) or 2 packets of table sugar dissolved in water
- 2 teaspoons of honey
- 10 skittles

OR 15 grams

- Glucose tablets as labelled
- 3/4 cup of juice or regular soft drink
- 15 ml (1 tablespoon) or 3 packets of table sugar dissolved in water
- 1 tablespoon of honey
- 15 skittles

OR: Other items as recommended by the students diabetes care team

Glucagon: A hormone that raises blood glucose. An injectable form of glucagon is used to treat severe hypoglycemia.

Glucose: The fuel that the body needs to produce energy. Glucose (sugar) comes from carbohydrates such as breads, cereal, fruit and milk.

Hyperglycemia, or high blood glucose: A situation that occurs when the amount of blood glucose (sugar) is *higher* than an individual's target range.

Hypoglycemia, or low blood glucose: Occurs when the amount of blood glucose (sugar) is *lower* than 4.0 mmol/L. Hypoglycemia can be mild, moderate or severe. It is often preventable and is the greatest immediate danger to students with type 1 diabetes.

Severe Hypoglycemia: Occurs when a student with hypoglycemia is unconscious, having a seizure, or so uncooperative that the student is unable to consume oral fast-acting sugar. Caregivers should administer glucagon, if trained and if parents have consented. Always call 9-1-1 and parents.

Insulin: A hormone that facilitates the conversion of glucose to energy. Since people with type 1 diabetes cannot produce their own insulin, glucose builds up in the blood instead of being used for energy. They must therefore administer insulin by syringe, insulin pen or insulin pump.

Insulin pen: A cartridge pen-like device used to inject insulin into the body. The "pen" is preloaded with insulin.

Insulin pump: A computerized device that is programmed to deliver small, steady doses of insulin throughout the day. Additional doses are given when needed to cover food intake and to lower high blood glucose levels. The insulin is delivered through a system of plastic tubing (infusion set).

Medical Alert Identification: An identification card, necklace, or bracelet indicating a student has diabetes and listing emergency numbers to call for help.

Sharps: Used syringes, insulin pen needles, and lancets. These items must be carefully disposed of in appropriate containers.

Target blood glucose range: Acceptable blood glucose levels based on the 2013 Canadian Diabetes Association's *Clinical Practice Guidelines* and personalized for the student, by their diabetes care team and their parent or guardian.

Type 1 diabetes: An autoimmune disease that occurs when the pancreas no longer produces any insulin or produces very little insulin. Type 1 diabetes usually develops in childhood or adolescence and affects approximately 10% of people with diabetes. There is no cure. It is usually treated with lifelong insulin injections and careful attention to diet and physical activity.

Type 2 diabetes: A disease that occurs when the pancreas does not produce enough insulin to meet the body's needs and/or the body is unable to respond properly to the actions of insulin (insulin resistance). Type 2 diabetes usually occurs later in life (although it can occur in children) and affects approximately 90% of people with diabetes. There is no cure. It is treated with careful attention to diet and exercise and usually requires medication (oral antihyperglycemic agents) and/or insulin.

Appendices:

Diabetes Support Plan and Medical Alert Information

***Instructions**: This form is a communication tool for use by parents to share information with the school. Students who are receiving Nursing Support Services (NSS) Delegated Care do not need to complete page 3. This form does NOT need to be completed by Diabetes Clinic staff, Nursing Support Service Coordinators or Public Health Nurses.*

Name of Student:			**Date of Birth;**	
School:	**Grade:**		**Teacher/Div:**	
Care Card Number:			**Date of Plan:**	
CONTACT INFORMATION				
Parent/Guardian 1:	Name:			☐ **Call First**
Phone Numbers:	Cell	Work	Home	Other
Parent/Guardian 2:	Name:			☐ **Call First**
Phone Numbers:	Cell:	Work:	Home:	Other:
Other/Emergency:	Name: Able to advise on diabetes care: ☐ Yes ☐ No		Relationship:	
Phone Numbers:	Cell:	Work:	Home:	Other:
Have emergency supplies been provided in the event of a natural disaster? ☐ Yes ☐ No If yes, location of emergency supply of insulin: _____				
STUDENTS RECEIVING NSS DELEGATED CARE				
NSS Coordinator: _____ **Phone:** _____ **School staff providing delegated care:** _____ _____				

Parent Signature: _____ Name: _____

Date: _____

MEDICAL ALERT - TREATING MILD TO MODERATE LOW BLOOD GLUCOSE NOTE: PROMPT ATTENTION CAN PREVENT SEVERE LOW BLOOD GLUCOSE	
SYMPTOMS	**TREATMENT FOR STUDENTS NEEDING ASSISTANCE (anyone can give sugar to a student):**
☐ Shaky, sweaty ☐ Hungry ☐ Pale ☐ Dizzy ☐ Irritable ☐ Tired/sleepy ☐ Blurry vision ☐ Confused ☐ Poor coordination ☐ Difficulty speaking ☐ Headache ☐ Difficulty concentrating Other:	**Location of fast acting sugar:** _____ 1. If student able to swallow, give one of the following fast acting sugars: **10 grams** ☐ ____ glucose tablets ☐ 1/2 cup of juice or regular soft drink ☐ 2 teaspoons of honey ☐ 10 skittles ☐ 10 mL (2 teaspoons) or 2 packets of table sugar dissolved in water ☐ Other (ONLY if 10 grams are labelled on package): **OR 15 grams** ☐ ____ glucose tablets ☐ 3/4 cup of juice or regular soft drink ☐ 1 tablespoon of honey ☐ 15 skittles ☐ 15 mL (1 tablespoon) or 3 packets of table sugar dissolved in water ☐ Other (ONLY if 15 grams are labelled on package): 2. Contact designated emergency school staff person 3. Blood glucose should be retested in 15 minutes. Retreat as above if symptoms do not improve or if blood glucose remains below 4 mmol/L 4. Do not leave student unattended until blood glucose 4 mmol/L or above 5. Give an extra snack such as cheese and crackers if next planned meal/snack is not for 45 minutes.

MEDICAL ALERT – GIVING GLUCAGON FOR SEVERE LOW BLOOD GLUCOSE		
SYMPTOMS		**PLAN OF ACTION**
• Unconsciousness • Having a seizure (or jerky movements) • So uncooperative that you cannot give juice or sugar by mouth		• Place on left side and maintain airway • Call 911, then notify parents • Manage a seizure: protect head, clear area of hard or sharp objects, guide arms and legs but do not forcibly restrain, do not put anything in mouth • Administer glucagon
Medication	**Dose & Route**	**Directions**
Glucagon (GlucaGen or Lilly Glucagon) Frequency: Emergency treatment for severe low blood glucose	0.5 mg =0.5 ml. (for students 5 years of age and under) OR 1.0 mg = 1.0 ml. (for students 6 years of age and over) Give by injection: Intramuscular	• Remove cap • Inject liquid from syringe into dry powder bottle • Roll bottle gently to dissolve powder • Draw fluid dose back into the syringe • Inject into outer mid-thigh (may go through clothing) • Once student is alert, give juice or fast acting sugar

LEVEL OF SUPPORT REQUIRED FOR STUDENTS NOT RECEIVING NSS DELEGATED CARE		
Requires checking that task is done (child is proficient in task): ☐ Blood glucose testing ☐ Carb counting/adding ☐ Administers insulin ☐ Eating on time if on NPH insulin ☐ Act based on BG result	Requires reminding to complete: ☐ Blood glucose testing ☐ Carb counting/adding ☐ Insulin administration ☐ Eating on time if on NPH insulin ☐ Act based on BG result	☐ Student is completely independent

MEAL PLANNING: The maintenance of a proper balance of food, insulin and physical activity is important to achieving good blood glucose control in students with diabetes.

In circumstances when treats or classroom food is provided but not labelled, the student is to:

☐ Call the parent for instructions ☐ Manage independently

BLOOD GLUCOSE TESTING: Students must be allowed to check blood glucose level and respond to the results in the classroom, at every school location or at any school activity. If preferred by the student, a private location to do blood glucose monitoring must be provided, unless low blood glucose is suspected.

Frequency of Testing: ☐ midmorning ☐ lunchtime ☐ mid afternoon ☐ before sport or exercise

☐ With symptoms of hyper/hypoglycemia ☐ Before leaving school

Location of equipment: With student _____ In classroom _____

In office _____ Other _____

Time of day when low blood glucose is most likely to occur: _____

Instructions if student takes school bus home:

PHYSICAL ACTIVITY: Physical exercise can lower the blood glucose level. A source of fast-acting sugar should be within reach of the student at all times (see page 2 for more details). Blood glucose monitoring is often performed prior to exercise. Extra carbohydrates may need to be eaten based on the blood glucose level and the expected intensity of the exercise.

Comments:

INSULIN: All students with type 1 diabetes use insulin. Some students require insulin during the school day, most commonly before meals.

Is insulin required at school on a daily basis? Yes No Insulin delivery system: ☐ Pump ☐ Pen ☐ Needle and syringe (at home or student fully independent) Frequency of insulin administration:	Location of insulin: with student _____ In classroom _____ In office _____ Other _____ Insulin should never be stored in a locked cupboard.

Diabetes Medication Administration Form

***Instructions**: This form is updated annually to document physician approval regarding the following:*

- *Administration of glucagon by school staff*
- *Administration of insulin by school staff for a student not able to complete the task (NSS Delegated Care)*
- *Supervision by school staff of a student self-administering insulin who is not yet fully independent in the task (NSS Delegated Care)*

Student Name: _____ **Date of Birth:** _____

School: _____ **Care Card Number:** _____

Parent/Guardians' Name(s): _____

Home Phone: _____ **Cell Phone:** _____

Glucagon (GlucaGen® or Lilly Glucagon™)
For severe low blood glucose, give by intramuscular injection: ☐ 0.5 mg = 0.5 ml for students 5 years of age and under ☐ 1.0 mg = 1.0 ml for students 6 years of age and over
Insulin (rapid acting insulin only)
Insulin delivery device: ☐ insulin pump ☐ insulin pen Note: The following **cannot** be accommodated when insulin administration is being delegated to a school staff person via pump or pen: • Overriding the calculated dose • Entering an altered carbohydrate count for foods in order to change the insulin dose • Changing the settings on the pump • Deviating from the NSS Delegated Care Plan **For students using an insulin pen, insulin may be administered at lunchtime only (due to the inability to accurately calculate insulin on board). The method of calculating the dose is as follows:** ☐ Bolus Calculator Sheet ☐ Variable dose insulin scale for blood glucose for consistent carbohydrates consumed ☐ InsuLinx® Meter Parent/guardian authority to adjust insulin dose for bolus calculator sheet or sliding scale: ☐ Yes ☐ No **For students using an insulin pump, insulin can be given if needed at recess, lunch and two hours after lunch (as there is an ability to know the insulin on board).** ☐ I agree the student's diabetes can be safely managed at school within the above parameters

Physician Signature: _____ Date: _____

Physician Name: _____Clinic Phone Number: _____

Websites and Links to Diabetes Information Materials

General Information About Diabetes for School Personnel
– Narrated Presentation

Glucagon Administration
– Presentation with Speaking Notes

Managing Low Blood Sugar
- Poster

Ministry of Education - http://www.bced.gov.bc.ca/health/diabetes

Ministry of Children and Family Development -
http://www.mcf.gov.bc.ca/spec_needs/nursing.htm

Canadian Diabetes Association - http://www.diabetes.ca/

Child Health BC - http://www.childhealthbc.ca/