



Medical Conditions Package

Diabetes Protocol

Revised August 2022

Part I	
Rationale for a Diabetes Management Protocol	4
Goal.....	4
Duty of Care.....	4
Part II	
What is Diabetes?.....	5
Type 1 Diabetes – The Balancing Act: Insulin, Food, Exercise	5
Activities to Help Keep Blood Sugars in a Healthy Range.....	5
Management of Type 1 or Type 2 Diabetes through Self-Monitoring.....	6
Blood Sugar Testing.....	6
Fast-Acting Sugar Readily Available at School Site and for all Off-Site Activities	6
Location of Blood Sugar Testing Kit and Fast-Acting Sugar	7
Insulin Injections	7
Ketone Self - Monitoring.....	8
Conditions of Type 1 and Type 2 Diabetes	8
The Sick Student.....	9
Treatment for Low Blood Sugar - Hypoglycemia.....	9
When to Call Parent/Guardian.....	10
Severe Low Blood Sugar - Hypoglycemia - Glucagon Injection.....	10
Emergency Rescue Medication Glucagon Intranasal Spray.....	10
High Blood Sugar – Hyperglycemia.....	10
Treatment for Hyperglycemia – High Blood Sugar	11
Protocol when student is having difficulty with their diabetes or parent/guardian request for school to perform a management protocol.....	11
Interference with School Activities	11
Elementary Student – Conditions and Management Procedures	11
Elementary Students – helping the young student with diabetes succeed:	11
Elementary Schools - Special Concerns for the Young Student	12
Location of Blood Sugar Testing Kit and Fast-Acting Sugar:	12
Lunch/Nutrition Breaks: (Elementary)	12
Supervision of Students with Diabetes during Lunch/Snack Time (Elementary).....	12
Secondary Schools – Student Support.....	13
Supporting Secondary Students.....	13
Part III	
School Administrator/designate Responsibilities in Implementing Diabetes Protocol	14
General:	14
Safety Considerations in the Event of an Emergency (Bomb Threat; Evacuation; Hold and Secure; Lock Down).....	14
Communication with Parents/Guardians of Student Diagnosed with Diabetes.....	14
Identification.....	14
Proof of Diagnosis:.....	15
Location of Completed Plan of Care	15
Student File:	15
Communication with School Community.....	16
Communication with School Staff – In-Service.....	16
Communication with Classroom Teacher and Staff with Direct Contact to the Student on a Regular Basis.....	17
Part IV	
Classroom Teacher and Staff Who Have Direct Contact with Student on a Regular Basis - Responsibilities	16
Part V	
Teacher and Staff Member Responsibilities	19
APPENDIX A - Field Trips and Students with Diabetes (Day Trips, Overnight Trips, Extensive Trips, Exchange Programs)	20
APPENDIX B - Physical Activity and the Student with Diabetes:	22

APPENDIX C - Change Procedures for Student Contact Information, Medication, Medical	
Diagnosis.....	23
APPENDIX D - Change of Medical Diagnosis Form	24
APPENDIX E - How to Administer Baqsimi™ Intranasal Spray.....	25
APPENDIX F - Baqsimi™ Facts.....	26

The Diabetes Protocol has been amended to comply with Policy/Program Memorandum No. 161 Supporting Students and Students with Prevalent Medical Conditions (Anaphylaxis, Asthma, Diabetes and/or Epilepsy) in schools, and addresses the components outlined in PPM 161.
www.edu.gov.on.ca/extra/eng/ppm/ppm161.pdf

Part I

Rationale for a Diabetes Management Protocol

The *Diabetes Protocol* is an information and resource manual to be used by school staff to *assist in managing and supporting* students with diabetes (both Type 1 or Type 2) so students can learn in an environment that is safe and supportive.

Goal

The goal of this protocol is to:

- enable students with diabetes to participate equitably and inclusively in all school activities as outlined in their Student Plan of Care
- educate school personnel about diabetes, its causes, symptoms, emergency treatments
- outline responsibilities for the care and management of students with diabetes
- provide strategies on how to support the student in the management of their diabetes in the school setting and at school-sponsored activities off school site
- minimize anxiety on the part of parents/guardians and school personnel by outlining appropriate steps to minimize risks and ensure the safety, health and success of students with diabetes while they are under school supervision

The ultimate responsibility for diabetes management rests with the family and the student.

The ultimate goal of diabetes management within the school setting is to have the student be independent in managing their diabetes. The school role is to provide **support** as the student moves from dependence to independence and to create a supportive environment in which this transition can occur. This independence includes the specific management of diet, activity, medication (insulin) and blood sugar testing, as required. Independence of care also includes the development of self-advocacy skills and a circle of support among persons who understand the disease and can provide assistance as needed.

Duty of Care

Education Act 265 (1): Duties of Principals

j) care of pupils and property – to give assiduous attention to the health and comfort the pupils

Education Act, Regulations: Reg. 298, S20: Duties of Teachers

g) ensure that all reasonable safety procedures are carried out in courses and activities for which the teacher is responsible

Common Law Duties:

To assist or allow a student to seek medical attention as a 'careful parent/guardian' would. HCDSB's liability policy provides coverage for employees acting within the scope of their duties with HCDSB. Thus, all school staff who administer first aid to a student who is suffering from a diabetic emergency within the school or during a school activity, are covered.

Syringe Injections

Presently the HCDSB protocol for administering syringe injections is that school staff do NOT administer insulin or glucagon injections.

Communication of Information on Diabetes

HCDSB's Public Webpage (www.hcdsb.org) offers resources that include information about diabetes that can be shared with all parents/guardians, students, employees, volunteers, coaches and other persons who have direct contact with a student with diabetes. School administrator/designates are asked to consider including these links in School Newsletters, on the school website or in other pertinent areas, (www.hcdsb.org → Parents/Guardian tab → Your Child's Health → Medical Conditions → Diabetes) or in a letter home to all parents/guardians at the beginning of the school year.

This information is intended to assist people in understanding diabetes and to recognize hypoglycemic and hyperglycemic symptoms and treatment.

The school principal/designate shall work with staff and families to help ensure that a diabetes friendly school environment exists that is safe and supportive for all students.

Part II

What is Diabetes?

- **Diabetes Mellitus:** Insulin is an essential body requirement and without it, carbohydrate (starch and sugars) in the food we eat cannot be converted into the energy (called glucose) required to sustain life. Failure of insulin production leads to a condition called diabetes mellitus. There are two major types of diabetes: Type 1 and Type 2.
 - **Type 1 Diabetes** develops when the body's immune system destroys the insulin producing cells of the pancreas. Presently there is no cure for Type 1 Diabetes. Management of this condition is done through careful meal planning, regular activity and taking insulin injections.
 - **Type 2 Diabetes** in students/students: develops when the pancreas does not produce enough insulin, and/or the body does not properly use the insulin it makes. Type 2 Diabetes is presently affecting more of our students and is linked to lifestyle factors such as obesity and sedentary living. Type 2 Diabetes is a preventable and treatable disease by controlling weight e.g., exercising regularly and eating a healthy diet. Where diet and exercise are not enough to control the disease, it may be necessary to treat with oral medication or insulin.

Type 1 Diabetes – The Balancing Act: Insulin, Food and Exercise

The treatment of Type 1 Diabetes can be viewed as a balancing act. Food, on one side, increases the amount of glucose in the blood. Exercise and insulin on the other side, lower the blood glucose level by allowing the glucose to be used for energy.

Three Main Variables of Control: Insulin, Food and Exercise

- **Insulin** lowers blood sugars and must be taken by injection, or by wearing an insulin pump. Younger students do not usually take insulin injections at school.
- **Food** raises blood sugars. The student must eat measured amounts of carbohydrates at certain times of the day in order to balance the injected insulin.
- **Exercise** usually lowers blood sugars. The student may take some juice or a snack before an activity to prevent a blood sugar from going to low.

Activities to Help Keep Blood Sugars in a Healthy Range

- **Eat:**
 - Food is like medicine to the student with diabetes. Eating is a key part of managing diabetes.
To avoid a low blood sugar, it is important to:
 - Allow student(s) to eat when they need to.
 - Encourage student(s) to eat all the food as outlined in their prescribed diet and/or as prepared by their parents/guardians.
 - Provide sufficient time for the student to eat all of the food (meal/snack). Supervising teacher to consider adjusting time requirements for eating.
 - When appropriate, the classroom teacher is to communicate with parent/guardian when there will be changes to the daily routine e.g., if snacks or activity times will be changed, extra activity, or an extended day (e.g., extra help, detention, sport activities) so parents/guardians can ensure the student has additional snacks or make an insulin change to reduce the chance of a low blood sugar.
 - Food is not to be used as an incentive or a reward to students.
- **Check Blood Sugar**
 - The student will usually check their blood sugar level using a special meter, before eating a meal/snack, and/or whenever they feel unwell.

Management of Type 1 or Type 2 Diabetes through Self-Monitoring

Blood Sugar Testing

Blood sugar testing done by the student with diabetes is a means of monitoring the blood sugar balance. When at school, blood sugar is usually tested before meals, before/during/after exercise and when feeling 'low'.

Blood sugar levels will change with eating (before and after), physical activity, stress, or illness. Sometimes the blood sugar fluctuates for no apparent reason.

Good management means avoiding very high or very low blood sugar levels and keeping as close to 'targets' as possible. Student 'targets', determined by a healthcare professional, are usually written in their diabetes diary or log book.

Knowing blood sugar levels will:

- Help the student understand the balance of food, medication, insulin, and exercise.
- Help the healthcare professional adjust medication, insulin, and food.
- Help avoid the consequences of hypoglycemia and hyperglycemia.
- Give early warning without waiting for the onset of symptoms.

Equipment: A small meter, which runs on batteries (there are various meters on the market), test strips, lancet device, lancets, log book.

Procedure for Blood Glucose Monitoring

- The student washes hands with warm water and soap.
- Inserts a lancet in the lancet device.
- Pokes the side of the fingertip with lancet and obtains a drop of blood. (Some models of meters allow the student to use their forearm for testing, rather than fingertips).
- Places a small drop of blood onto the test strip that is inserted into a blood sugar meter, also called a glucometer.
- Waits for 5 to 45 seconds, depending upon the meter, to read the results.
- Records the reading of the blood sugar in log book or automatically recorded in meter.

Responsibility of School Staff

- To provide a safe and appropriate location.
- Where requested on the student Diabetes Student Plan of Care to read the metre (e.g., reading is below 4.0) and provide the fast-acting sugar.
- Arrange for the safe disposal of lancets, test strips etc. (e.g., a container for sharps is provided by the school).
- Where appropriate, for clean up, follow school policy regarding Universal Blood and Body Fluid Precautions.
- To ensure a young student (e.g., JK, SK, 1) or newly diagnosed student will have a trained supervisor who knows their signs and symptoms of low blood sugar and provide appropriate intervention (e.g., when classroom teacher is unavailable or when an occasional teacher is in the room), consider having two or more staff who can also provide the supervision when the classroom teacher is unavailable (e.g., noon hour supervisor, first aid provider, educational assistant, school administration).

Fast-Acting Sugar Readily Available at School Site and for all Off-Site Activities

Fast-acting sugar is to be taken by the student to prevent or treat low blood sugar e.g., 175mls (6oz) juice, or 5-6 Life Savers, or 3 glucose tablets.

Students must be permitted to take fast-acting sugar anywhere, and at any time on school property, on buses, or during school sanctioned activities.

The fast-acting sugar supplies are to be provided by the parents/guardians.

Responsibility of School Staff

- To provide safe and appropriate location(s) for storage of fast-acting sugar.
- To notify parents/guardians when supplies of fast-acting sugar are becoming depleted.

- To carry additional supplies when activities take place off school site.
- Support the student in being able to take fast-acting sugar anywhere and anytime.

Location of Blood Sugar Testing Kit and Fast-Acting Sugar

- Students are to have ready access to their blood sugar testing kit and fast-acting sugar at all times.
- Students (Grades 1-12) are to carry their blood sugar testing kit and fast-acting sugar at all times (e.g., when moving classroom locations, breaks – recess and noon time, all field trips, evacuation procedures, and lockdowns).
- Where age, pupil capacity (intellectual/physical), activity or location prevents safe carrying, the blood sugar testing kit and fast-acting sugar must be located in proximity to the student for ready access.
- Students in JK/SK: the classroom teacher is responsible for storing the blood sugar testing kit and fast-acting sugar and develop a process for having them accessible for the student at all times.

Emergency Rescue Medication - Glucagon Intranasal Spray

Glucagon intranasal spray (e.g., Baqsimi™) is used as a rescue medication in the event of a low blood sugar emergency (severe hypoglycemia) where an individual with insulin-treated diabetes is unable to eat or drink and is unconscious/unresponsive.

A written request from the parent/guardian and the student's physician or health care practitioner to administer the glucagon intranasal spray medication must be approved by the school principal. Parents/guardians are required to provide the glucagon intranasal spray medication to the school.

Glucagon intranasal spray is a preloaded (with glucagon) plunger that is inserted into one nostril of the nose and when the plunger is pressed, the glucagon is absorbed through the skin in the nostril.

- Refer to Information on *How to Administer Baqsimi™ Glucagon Intranasal Spray* - Appendix E
- Refer to Information on the *Baqsimi™ Glucagon Intranasal Spray Facts* - Appendix F

Note: Only trained staff can administer the emergency rescue medication to the student.

Insulin Injections

Students with Type 1 Diabetes (and some with Type 2 Diabetes) lose the ability to internally regulate their blood sugar levels because the pancreas no longer makes sufficient insulin. The student must try to control their blood sugar levels using injected insulin.

The student may have to take an injection of insulin at lunchtime.

Insulin injections vary with the individual. Most injections are administered outside of school hours (before breakfast, and supper and at bedtime). The student and family are responsible for administering the insulin injection at school.

Recent advances in medical devices allow people with diabetes to choose the way they administer their insulin:

Insulin Syringe

- Insulin syringes are specially made syringes for self-injection of insulin.

Insulin Pen

- Insulin pens look like a pen and allow the student to dial in the desired dose.

Insulin Pump

- The student who wears an insulin pump receives insulin continuously via a small catheter placed under the skin (stomach).
- The student must press buttons on the pump to receive the correct dosage of insulin.
- The pump must be worn 24 hours a day and can only be taken off for short periods of time such as for physical education class.

Responsibility of School Staff

- To provide a safe and appropriate location.
- **School staff do NOT provide** insulin syringe injections or push the button on the insulin pump (bolus).
- If a student's insulin pump beeps, allow them to contact parents/guardians to problem solve issues related to the pump.

Ketone Self - Monitoring

Ketones are substances that can be detected in the blood by students with diabetes using a blood ketone-testing meter. In hyperglycemia, glucose stays in the blood and the body cannot use it for fuel. The body then breaks down fat for fuel. This process produces ketones as a by-product. Rising ketone levels can spiral into the potentially dangerous condition known as Diabetic Ketoacidosis (DKA). If left untreated DKA can have serious life-threatening results.

Causes: Too little insulin for the body's needs. Build-up of ketones can be caused by:

- Illness e.g. flu and stomach viruses
- Hyperglycemia over 14.0 mmol/l
- Frequent vomiting
- Over a period of days when blood sugar levels aren't managed

Symptoms of ketoacidosis:

Excessive thirst, nausea and vomiting, weight loss, leg cramps, breath smells fruity, abdominal pain, blurry vision.

Treatment:

Students with diabetes monitor their ketone levels according to guidelines prescribed by their healthcare professional using a blood ketone-testing meter.

Responsibility of School Staff:

- School staff have no responsibility in the student's testing procedures of ketone levels.
- Be supportive.
- Provide a safe and appropriate location.
- In the event of high ketone levels call 911.

Conditions of Type 1 and Type 2 Diabetes

The Student

Students with diabetes are no more susceptible to infection or to illness than their classmates. They do not need to be in a special "health class" at school. Their attendance record should be normal.

When students with diabetes become ill with the usual fevers and other childhood sicknesses the blood glucose balance is likely to be upset. Careful monitoring with blood glucose and urine testing, a fluid diet and extra insulin may be required. Such illness management is the responsibility of parents/guardians, not you.

When students with diabetes become ill at school, the parents/guardians should be notified immediately so that they can take appropriate action.

VOMITING and inability to retain food and fluids are serious situations, since food is required to balance the insulin.

If the student VOMITS, contact the parents/guardians immediately. If unable to reach the parents/guardians, CALL 911. Inform EMS the student has diabetes.

Low Blood Sugar - Hypoglycemia

When supporting a student with Type 1 Diabetes, the emergency situation you are most likely to encounter is low blood sugar, also known as hypoglycemic reaction or insulin shock.

A low blood sugar means that the level of sugar present in the blood is inadequate for the brain to function properly. Every student will have their own unique signs and symptoms of feeling 'low' (refer to Student's Plan of Care).

The key to keeping a student safe is managing a low blood sugar as soon as it is detected.

Treatment for Low Blood Sugar - Hypoglycemia

- If unsure whether the student is hypoglycemic, **always give sugar!** A temporary excess of sugar will not harm the student but hypoglycemia is potentially serious.

When in doubt, TREAT!

Causes	Symptoms	Treatment
Low blood glucose usually develops as a result of one or more of the following: <ul style="list-style-type: none"> insufficient food due to delayed or missed meal more exercise or activity than usual without a corresponding increase in food and/or too much insulin 	The student may say they feel "low", may look unwell or act in a strange manner. Signs of a low blood sugar include: cold, clammy, sweaty skin, paleness, quietness, fatigue, dizziness, shakiness, hunger, irritability, tearfulness	At the first sign of a low blood sugar, allow the student to check their blood sugar level using their meter. If the reading is below 4.0 (or otherwise directed by parent/guardian) ensure the student takes their fast-acting sugar immediately. If it is not possible to check blood sugar OR if in doubt, TREAT! (give sugar immediately)
	Signs of a VERY low blood sugar include: loss of coordination, hostility, confusion, staggering gait, appearing intoxicated	If the parents/guardians have not provided you with more specific instructions which can be readily complied with, give: <ul style="list-style-type: none"> 175 ml (6oz) juice or pop (not diet); or 5-6 lifesavers; or 3 glucose tablets, or as directed by parent/guardian; or 2 tsp/10ml/ or 2 packets of sugar; or 2 tsp/10ml of honey Follow up as per Diabetes Student Plan of Care
	Signs of <u>low blood sugar emergency</u> (severe hypoglycemia) include: Unconscious, unresponsive, cannot swallow properly	<ul style="list-style-type: none"> NEVER give food or drink Place student on their side Call 911 immediately Inform EMS if student has Type 1/Type 2 Diabetes Administer the glucagon intranasal spray where approval has been given by the principal (e.g., Baqsimi™) Inform EMS that glucagon intranasal spray has been administered Call emergency contact

- The student whose blood sugar is low, may not be able to think clearly, and NEEDS to be supervised, by an adult, until they feel better.
 - Never leave student alone
 - Treat the student wherever they are
 - Do not move the student
 - Do not send to the office

- Do not allow student to use stairs
- It may take some coaxing to get the student to eat or drink but you must insist.
- If there is no noticeable improvement in about 10 to 15 minutes **repeat the treatment**. When the student's condition improves, they should be given solid food. This will usually be in the form of the student's next regular meal or snack.
- Until the student is fully recovered, they should not be left unsupervised. Once the recovery is complete, the student can resume regular class work. If, however, it is decided that the student should be sent home, it is imperative that a responsible person accompany them.

When to Call Parent/Guardian

- A low blood sugar that requires assistance e.g., if it takes longer than 15 minutes to recover from low blood sugar.
- If there are frequent low blood sugars in a week.
- Illness. If the student is VOMITING phone parents/guardians immediately. If you are unable to reach them, call 911.
- If insulin pump is beeping. Allow student to call parents/guardians to solve problem.

Severe Low Blood Sugar - Hypoglycemia - Glucagon Injection

When the blood sugar level gets so low that the student is unable to take their fast-acting sugar orally because they are **unresponsive, unconscious** or having a **diabetic emergency**, the treatment is for an injection of glucagon. Glucagon is a hormone made in the pancreas that quickly raises blood sugar. Glucagon is given as an injection like insulin by parent/guardian or trained Halton EMS paramedics.

School Staff do NOT Administer Glycogen Injections

Emergency response of school staff is to call 911 immediately and inform Halton Emergency Services that the student has Type 1 or Type 2 Diabetes. (Please refer to Halton Catholic District School Board Administrative Procedure VI-27).

Emergency Medical Services personnel require the following, if available:

- Student's name, date of birth, emergency contact information
- Medical history – available on the student's Hypoglycemia Emergency Treatment Form and OSR card
- Observations about what the student was doing prior to the event
- Medications and any treatment prior to EMS arrival

Glucagon Intranasal Spray (e.g., Baqsimi™) is an HCDSB-approved Emergency Rescue Medication

The glucagon intranasal spray device (preloaded with glucagon) replaces the glycogen injection. Where parents/guardians have provided the emergency rescue medication, trained staff* are to administer the glucagon intranasal spray to a student who cannot eat or drink and is unconscious/unresponsive. 911 is called when the rescue medication is administered. For information on *How to Administer Baqsimi™* refer to Appendix E.

***A school administrator plus a minimum of two trained school staff (e.g., first aid provider(s), classroom teacher, other school staff who are in direct contact with the student) administer the emergency rescue medication. 911 is called immediately when glucagon intranasal spray is administered.**

High Blood Sugar – Hyperglycemia

Hyperglycemia occurs when people with diabetes have too much sugar in their bloodstream. The three main symptoms of high blood sugar levels are increased urination, increased thirst, and increased hunger. Testing blood sugar levels will help in managing hyperglycemia.

Treatment for Hyperglycemia – High Blood Sugar

Students with diabetes sometimes experience high blood sugar. Hyperglycemia is NOT an emergency situation, unless student is vomiting, and it may require accommodations in the classroom.

High Blood Glucose Causes

May develop as a result of one or more of the following:

- Too much food
- Less than the usual amount of activity (indoor recess);
- Growth spurts
- Stress
- Not enough insulin; and/or
- Illness

Symptoms

The earliest and most obvious symptoms are **increased thirst and urination**.

Other: dry mouth, blurred vision, and drowsiness

Treatment

Allow the student to check their blood sugar since symptoms of high blood sugar can be confused with symptoms of low blood sugar. A blood sugar of >14 is usually considered too high but refer to Student's Plan of Care for individual parameters.

- Allow the student to drink water at their desk
- Allow the student to have open bathroom privileges
- Do not use exercise to lower blood sugars as this can potentially make the blood sugar go higher

EMERGENCY if student is VOMITING

- Phone parents/guardians immediately
- If parents/guardians are not available, CALL 911
- Inform EMS the student has Type 1 or Type 2 Diabetes

In the classroom, the behaviour of students with hyperglycemia may be taken for misbehaviour (e.g., frequent requests to go to the bathroom or requests for frequent drinks).

Protocol when student is having difficulty with their diabetes or parent/guardian request for school to perform a management protocol

- Principal is to contact the Local Health Integration Network (LHIN) and outline the situation and/or parent/guardian request. A Paediatric Diabetes Educator visits the school, assesses the situation and makes recommendations based on what the school staff can and cannot do and what role the parents/guardians and LHIN have in the situation e.g., the student may need more instruction on the device.

Interference with School Activities

When blood sugar levels are outside the target range (e.g., hypoglycemia or hyperglycemia) the student's learning, behaviour, and participation may be affected.

Hyperglycemia and hypoglycemia may also affect the students' behaviour. However, having diabetes is not an excuse for inappropriate behaviour.

Elementary Student – Conditions and Management Procedures

Elementary Students – Helping the young student with diabetes succeed

- Clear and regular communication between the parents/guardians and the school.
- Parents/guardians should be notified each time their student has a low blood sugar.
- Understanding that the young student (kindergarten, grades 1 & 2) may be unable to recognize the symptoms of a low blood sugar and/or effectively communicate why they are feeling unwell. Being attentive to the subtle changes in mood and behaviour can help a teacher identify when a student is experiencing a low blood sugar.

High and low blood sugars can make it difficult for the student to concentrate during class time, including during tests and exams.

School Support

- If a student misses classroom time, or if his or her cognition is impacted by lows and highs, give extra time to make up missed work, and other assignments.
- Accommodations for examinations, tests and quizzes. Students with diabetes are to be allowed to keep a diabetes emergency kit at their desk, including a blood glucose meter, hypoglycemia treatment, and snacks as required. In the event of a hypoglycemic event in the half hour preceding or at any time during an exam, a student is to be granted an additional 30-60 minutes as needed to allow for cognitive recovery from hypoglycemia.
- Encouragement and support from teachers can provide an important safety net for students who try to adjust to all their new responsibilities.

Elementary Schools - Special Concerns for the Young Student:

Checking Blood Sugars

The age at which a student can perform self-care tasks, such as checking their blood sugar is very individual and variable. The ability to use a meter develops much more quickly than the capacity to interpret the results. By age 8, most students can independently perform their own blood sugar checks.

Location of Blood Sugar Testing Kit and Fast-Acting Sugar:

- Students are to have ready access to their blood sugar testing kit and fast-acting sugar at all times.
- Students (grades 1-8) are to carry their blood sugar testing kit and fast-acting sugar at all times (e.g., when moving classroom locations, breaks – recess and noon time, all field trips, evacuation procedures, and lockdowns.)
- Where (age, pupil capacity (intellectual/physical), activity or location) prevents safe carrying, the blood sugar testing kit and fast-acting sugar must be located in proximity to the student for ready access.
- Students in JK/SK: the classroom teacher is responsible for housing the blood sugar testing kit and fast-acting sugar and develop a process for having them accessible for the student at all times.

***Location of Emergency Rescue Medication**

- The glucagon nasal spray medication will be stored in a secure and accessible location in the school (e.g., office, health room). Only when specifically requested by the parent/guardian, student takes responsibility for carrying glucagon intranasal spray medication (e.g., in a fanny pouch) on school site.

Lunch/Nutrition Breaks: (Elementary)

- Allow student to eat when they need to.
- Encourage student to eat all the food as outlined in their prescribed diet and/or as prepared by their parent/guardian.
- Teacher providing sufficient time for the student to eat all the food is important because eating inadequately, delaying a meal or skipping a snack can easily cause low blood sugar.
- When appropriate, classroom teacher to communicate with parent/guardian when there will be changes to the daily routine (e.g., if snacks or activity times will be changed, extra activity, or an extended day, sport activities, etc.) so they can ensure the student has additional snacks or make an insulin change to reduce the chance of a low blood sugar.

Supervision of Students with Diabetes during Lunch/Snack Time (Elementary)

When supervising multiple classrooms where there is/are student(s) with Type 1 or Type 2 Diabetes the following strategies are to be in place:

- School has a process in place to identify the student with Type 1 or Type 2 Diabetes and the classroom to the supervisor, (teacher, noon hour supervisor, occasional teacher), AND/OR, all

lunch supervisors are instructed that prior to supervision duties to check each room for students with Type 1 or Type 2 Diabetes.

- School administrator/designate is to check that the supervisor (staff members, occasional teachers, paid lunch hour supervisors) has/have been trained in recognizing the symptoms of a low blood sugar and knows the procedures in managing a low blood sugar reaction and/or emergency response procedures, including emergency rescue medication, if applicable.
- Classes may use student monitors who can assist the supervising teacher. Students are to be instructed on their role as monitors and provided with direction to access the supervising adult immediately when the need arises.
- The identified student(s) with Type 1 or Type 2 Diabetes, where appropriate, may be assigned an eating 'buddy' to access the supervisor immediately in case of an incident.
- (Where age appropriate) Students in the class may be taught how to contact the office using classroom communication system in case of an emergency.
- Supervising adult informs students of their location of supervision (e.g., identifies the classrooms they will be supervising).
- The following has been reviewed with the student with Type 1 or Type 2 Diabetes ahead of time:
 - To have their monitoring kit with them, at all times
 - Recognize signs of low blood sugar
 - Inform supervising staff member when they feel unwell/experiencing low blood sugar
 - To eat all the food as outlined in their prescribed diet and/or as prepared by their parent/guardian
- Extenuating circumstances, e.g., newly diagnosed student may require further accommodations with supervision.

Secondary Schools – Student Support

Students with Type 1 or Type 2 Diabetes must not only deal with the social and academic changes of high school but the physical changes that occur as well. They must also learn to take more independent role in the management of their diabetes.

There may be times when a teen, with Type 1 or Type 2 Diabetes, struggles with both the idea of having diabetes and with carrying out the daily tasks of taking insulin, checking blood sugars, and monitoring food and exercise. There is no let-up in this rigorous program nor is there a vacation, therefore, it can happen that teens get tired and frustrated with it.

The teen may struggle with feeling different from their peers and may be reluctant to inform their teacher(s) and that they have Type 1 or Type 2 Diabetes. They may not wish to draw attention to their condition by wearing a medical information bracelet. They may be embarrassed to check their blood sugar or take their insulin injection at school or around their friends. Caring for their diabetes may become less of a priority for them.

Supporting Secondary Students

High and low blood sugars can make it difficult for the student to concentrate during class time, including during tests and exams.

- If a student misses classroom time or an exam, or if their cognition is impacted by lows and highs, give extra time to make up missed work, tests, and other assignments.
- Accommodations for examinations, tests and quizzes. Students with diabetes are to be allowed to keep a diabetes emergency kit at their desk, including a blood glucose meter, hypoglycemia treatment, and snacks as required. In the event of a hypoglycemic event in the half hour preceding or at any time during an exam, a student is to be granted an additional 30-60 minutes as needed to allow for cognitive recovery from hypoglycemia.
- During exams, allow the student to eat, drink, and check their blood sugar level so they can manage their diabetes accordingly.
- Allow student to use the bathroom without drawing attention to them can be helpful.
- Avoid labelling a teen as being diabetic, they have diabetes; it is a part of who they are but it does not define them.
- Encourage the student to advocate for themselves.

- Encouragement and support from teachers can provide an important safety net for students who try to adjust to all their new responsibilities.

PART III

School Administrator/Designate Responsibilities in Implementing Diabetes Protocol

General:

- School administrator/designate is to be familiar with the contents of the following: [StaffNet → Forms → SS:05 Medical Conditions – Diabetes](#)
 - Diabetes Protocol
 - Parent/Guardian Package (includes Student Plan of Care)
 - Additional Diabetes Resources
- School administrator/designate is to be **familiar** with information about diabetes: What is diabetes, role of food, insulin, exercise; management of Type 1/Type 2 Diabetes, low blood sugar and emergency treatment, high blood sugar and management.
- Where the glucagon intranasal spray has been approved for the student, a school administrator plus a minimum of two trained school staff (e.g., first aid provider(s), classroom teacher, other school staff who are in direct contact with the student) administer the emergency rescue medication. 911 is called immediately when glucagon intranasal spray is administered.
- Ongoing communication, with staff, students, parents/guardians, and school community, about the school diabetes plan is essential in creating awareness and support for students at risk.
- Support inclusion by allowing students with diabetes to perform daily or routine management activities and to participate to their full potential as outlined in their Student Plan of Care, while being aware of confidentiality and dignity of the student.
- Students transferring between panels (elementary to secondary): School administrator/designate from the elementary panel are to ensure names of students who have a prevalent medical condition(s) are entered into HCDSB's student database system (e.g., PowerSchool) outlining each medical condition, as applicable.

Safety Considerations in the Event of an Emergency (Bomb Threat, Evacuation, Hold and Secure, Lock Down)

- Support student(s) with prevalent medical conditions in the event of a school emergency (e.g., bomb threat, evacuation, hold and secure, lock down)
 - Specifically:
 - Anaphylaxis: ensure student has epinephrine auto-injector
 - Asthma: ensure student has reliever medication(s)
 - Diabetes: ensure student has test kit, fast-acting sugars are available, and emergency rescue medication is available, if applicable

Notify police/emergency responders of students and staff that have diabetes that may result in a medical emergency in the event of a lock down or bomb threat.

Communication with Parents/Guardians of Student with Diabetes

Identification

Have a process in place where students with diabetes are identified to the school by parents/guardians and requested to supply information on the condition.

- **Students, new to the school, during registration**
(e.g., Question on registration form: *specifically asking whether or not their student has diabetes*)

A copy of the Parent/Guardian Diabetes Package (Student Plan of Care and Request and Consent for the Administration of Intervention(s)/Medication(s)) is provided to parents/guardians for information and completion of form.

- **Students presently registered at school (e.g., Verification form)**
At the beginning of each school year, the school principal/designate shall have a process in place of requesting parent/guardian/adult student to identify if there is a new diagnosis of diabetes (throughout the school year).
- Ensure student's medical condition(s) are entered into HCDSB's student database system (e.g., PowerSchool)

Identification of Students with diabetes and location to School Staff and Others:

Principal to ensure the following:

- ☐ **Halton Transportation Services (HSTS):** Provide requested information regarding students who will be attending school in September with diabetes.

*September: bus drivers (morning and afternoon routes): identify students on their bus with anaphylaxis and triggers.
- ☐ **Teachers/Staff supervising classes for lunch, volunteers etc.:** Identification and Emergency Treatment Plan - posted in classroom.
- ☐ **All staff:** At-a-Glance - Posted in Staffroom, health room, first aid room, office (as applicable).
- ☐ **Teachers/Staff on yard duty:** Principal to develop and communicate a process of student identification.
- ☐ **Occasional Teachers/Staff:** Teacher to provide information on SMARTFIND with location of Student Plan of Care.

Proof of Diagnosis:

Parents/guardians are requested to provide the following 'proof of diagnosis' (to place in student file):

- a letter/note from the healthcare professional

Development of the Diabetes Student Plan of Care

The parent/guardian in consultation with the principal shall develop the Student Plan of Care following the HCDSB Diabetes Protocol and the Plan of Care located in Parent/Guardian Package.

- The Student Plan of Care shall be reviewed/updated on an annual basis or when there is a change in the student's condition. The annual review process begins in June when the Student Plan of Care, or link to access it electronically, is given to the parents/guardians to make changes where appropriate and to return the Student Plan of Care in August for a meeting with principal.
- Where appropriate, the classroom teacher is to be part of the information sharing process.
- Where there are no changes in the student's condition or treatment strategy, parent/guardian may authorize continuation of the previous years Student Plan of Care by initialing and dating.
- When there are changes to Contact Information; Medication or to Medical Diagnosis follow board/school procedures: [StaffNet → Forms → SS:05-Medical Conditions - General: Change of Medical Diagnosis Form](#) outlined in Appendix C and Form Appendix D.
- Include information in the Student Plan of Care when the parent/guardian has supplied the glucagon intranasal spray emergency rescue medication (e.g., Baqsimi™) in the case of low blood sugar emergency (severe hypoglycemia).

Location of Completed Plan of Care:

- Provide the classroom teacher with a completed copy of the Student Plan of Care and determine who will share the information with other staff members who are in direct contact on a regular basis with the student (e.g, educational assistants, other teachers/staff, volunteers).
- Elementary teacher will locate the Student Plan of Care in the occasional teacher folder located on the teacher's desk.
- Secondary teacher will locate the Student Plan of Care attached to day plans.
- Copy in student diabetes file.

Student File:

A student file is to be maintained for each student with diabetes. The file can be a separate file; however, the Student Plan of Care (original document) must also be placed in the OSR

- Student's Plan of Care and current emergency contact information
- Supporting Documentation: Proof of diagnosis
- Request and Consent for the Administration of Diabetes Intervention(s)/Medication(s)

Supervision Procedures during Lunch-Snack Time:

- Principal is to use the information contained in the 'Supervision of Students with Diabetes During Lunch Snack Time' to develop procedures for staff supervising classes with student(s) with diabetes.

Communication with School Community

Refer parents/guardians, and others to the HCDSB school website for medical conditions information.

Communication with School Staff – In-Service: Resources for information and training:

- HCDSB Diabetes Protocol
- Students' Plan of Care
- Video - Diabetes in Students and Teens for Type 1 Diabetes
- Resources: StaffNet → Forms → - School Services → SS:05 Medical Condition: Diabetes

Provide school staff with access to the HCDSB Diabetes Protocol. Review all sections.

Information to be provided to School Staff:

- ☐ Identification of students in school with diabetes
- ☐ Identification of student(s) whose parent/guardian has provided glucagon intranasal spray emergency rescue medication
- ☐ Information about diabetes condition as it applies to students in the school.
For example:
 - What is diabetes
 - Role of food, insulin, exercise
 - Management of Type 1/Type 2 Diabetes (blood sugar testing, fast-acting sugar, and if applicable, glucagon intranasal spray)
 - Emphasize procedures teachers are not to perform
 - Administer insulin injection
 - Administer glucagon injection
 - Determine procedures for low blood sugar count
 - Push release button on the insulin pump
 - Provide the supply of fast-acting sugar
 - Conditions and treatment for a sick student, low blood sugar and high blood sugar
 - Where applicable Reference to Elementary students/Secondary students – effects and management of diabetes at school.
- ☐ **In cases where parent/guardian has provided the glucagon intranasal spray**
 - Train school staff administer in the case of low blood sugar emergency (severe hypoglycemia)
 - Training must be provided by a health care practitioner e.g., a nurse
 - Refer to Appendix E
- ☐ **Supervision Procedures during Lunch/snack time - Elementary Schools**
 - When supervising classes with student(s) with diabetes, school staff are to follow supervision procedures as directed by school principal.
- ☐ **Supervision during yard duty (Elementary Schools)**
 - Follow school procedures for identifying student(s) with Type 1 or Type 2 Diabetes, know the signs and symptoms of a low blood sugar and how to manage the low blood sugar.
 - Follow school procedures for contacting office/first aid provider in case of emergency.

- When acting as a field trip organizer to follow the procedures outlined in **Field Trips and Student with Diabetes** (e.g., day, overnight, extensive) (Appendix A).
- **When acting as a supervisor of a club or a team:**
 - Follow school procedures in identifying students with diabetes
 - Be familiar with content of Student's Plan of Care
 - Assist student in managing their diabetes e.g., remind student to have their blood sugar testing kit and fast-acting sugar readily available at all times
 - Know how to respond to a sick student or to symptoms of low blood sugar or high blood sugar
 - For coaches of an interschool sport and/or supervisor of intramural physical activities - address contents of **Physical Activity and Student with Diabetes** – (Appendix B)
 - If applicable, review emergency rescue medication information (e.g., Baqsimi™)

Review school's diabetes protocol with school staff, as needed or at an appropriate time midway through the school year.

Communication with Classroom Teacher and Teachers/Staff with Direct Contact to the Student on a Regular Basis

- **Student Plan of Care:** School administrator/designate is to meet with classroom teacher, and where appropriate all teachers/staff who come in direct contact with the student on a regular basis and review the contents of the completed Student Plan of Care. Provide a copy to the classroom teacher.
- **Occasional and On Call Teachers Information:**
 - Identify a process to teachers for informing Occasional and On Call Teachers of the presence of students with diabetes in the classroom (e.g., Elementary - located on teacher's desk and/or follow elementary school procedure for location, by the school principal; Secondary – follow secondary school procedure for location)

Occasional Teachers: Provide teaching staff with school protocol for informing occasional teachers about students with diabetes. For example:

 - When calling in an absence the teacher is to indicate on the SMART FIND system that there is a child with diabetes
 - Student's Emergency Treatment Form and Student Plan of Care are attached to teacher's lesson plan

On Call Teachers: Classroom teachers are to provide a list (e.g., in day plans) that identify students with medical conditions – diabetes
- For all in-services provide documents and record attendance:
 - Have a process for documenting in-service – date, time and brief content. For absent staff provide in service at earliest opportunity.
- In the event of an Emergency (Bomb Threat, Evacuation, Hold and Secure, Lockdown) check the student(s) have their blood sugar testing kit and fast-acting sugar, emergency rescue medication, if applicable.

PART IV:

Classroom Teacher and Staff Who Have Direct Contact with Student on a Regular Basis - Responsibilities:

- Participate in the diabetes information and training session provided by principal. If in-service is missed to make arrangements for information as soon as reasonably possible
- Know how to access the HCDSB Diabetes Protocol
- Know the identity of students in your class diagnosed with diabetes
- Know the identity of students in your class with access to the glucagon intranasal spray

- Have a copy of the Student's Plan of Care for those students with diabetes, and follow contents in assisting the student in managing their diabetes and where applicable know how to respond to a low blood sugar or high blood sugar emergency.
- Share the information on the Student Plan of Care with all those who come in direct contact with the student(s) on a regular basis.
- Know when to call parents/guardians, for example:
 - **A low blood sugar that requires assistance:** If the student needs assistance to manage a low blood sugar or if it takes them longer than 15 minutes to recover from a low blood sugar.
 - **Illness - vomits:** If the student is unwell at school, or when the student vomits call parents/guardians immediately. If you cannot reach parents/guardians within 30 minutes, call 911.
 - **If there are frequent low blood sugars:** If the student is experiencing several low blood sugars a week.
 - **If the insulin pump is beeping:** Allow the student to call their parents/guardians to problem-solve any issues related to the pump without delay
- **Lunch/Nutrition Breaks (Elementary)**
 - Allow student to eat when they need to.
 - Encourage student to eat all the food as outlined in their prescribed diet and/or as prepared by their parents/guardians.
 - Teacher providing sufficient time for the student to eat all the food is important because eating inadequately, delaying a meal or skipping a snack can easily cause low blood sugar.
 - When appropriate classroom teacher to communicate with parent/guardian when there will be changes to the daily routine (e.g., if snacks or activity times will be changed, extra activity, or an extended day, sport activities, etc.) so they can ensure the student has additional snacks or make an insulin change to reduce the chance of a low blood sugar.
- **Supervising Lunch-Nutrition Breaks**
 - Follow school principal's directive for the supervision of classes with a student(s) with diabetes.
- When planning for a field trip (e.g., day, overnight, extensive) follow the procedures outlined in Field Trips and Students with Diabetes (Day Trips, Overnight Trips, Extensive Trips and Exchange programs) (Appendix A).
- For physical activities (physical education, daily physical activity) refer to Physical Activity and Students with Diabetes (Appendix B).
- Meet with the student's parents/guardians (where applicable) to gather information related to the student's diabetes.
- Meet with the student(s) identified with diabetes and explain that:
 - You are aware of their diabetes condition.
 - You are there to assist in their management of the diabetes.
 - You are there to listen when they are experiencing symptoms or feel hesitant to participate in school activities.
 - You are there to support and facilitate a successful activity/school day.
 - The student is to let you know that they are unwell or experiencing low blood sugar or high blood sugar.
 - Importance of and encourage students to have readily available at all times their testing kit and fast-acting sugar.
- Support inclusion by allowing students with diabetes to perform daily or routine management activities and to participate to their full potential as outlined in the Student Plan of Care, while being aware of confidentiality and dignity of the student.

- ☐ Identify the student(s) with diabetes to the occasional teacher: as per direction of school administrator/designate.
- ☐ Where appropriate, provide age-appropriate information about diabetes to the class and how students can assist a student with diabetes.
- ☐ Share information about student's diabetes with other students if the parents/guardians give consent to do so and as outlined in the Student Plan of Care and authorized by the principal.
- ☐ Document safety information to students. Take attendance. In service students who are absent at the earliest opportunity.
- ☐ Supervise students that they are implementing the management procedures outlined in the Student's Plan of Care.
- ☐ When planning for a field trip (e.g., day, overnight, extensive) follow the procedures outlined in Field Trips and Students with Diabetes (Day Trips, Overnight Trips, Extensive Trips and Exchange programs) (Appendix A).
- ☐ For physical activities – physical education-daily physical activity refer to Physical Activity and Students with Diabetes (Appendix B).
- ☐ In the event of an Emergency (Bomb Threat, Evacuation, Hold and Secure, Lockdown) check the student(s) have their blood sugar testing kit and fast-acting sugar.

PART V

Teacher and Staff Member Responsibilities:

- ☐ Participate in the diabetes information and training session provided by principal. If in-service is missed, make arrangements for information as soon as reasonably possible.
- ☐ When acting as field trip supervisor (day, overnight, extensive) follow procedures outlined in Field Trips and Student with Diabetes (Appendix A)
- ☐ When acting as coach for interschool athletics or supervisor for intramural activities refer to Physical Activity and Diabetes (Appendix B)
- ☐ When supervising students (e.g., yard duty)
 - follow school procedures in identifying student(s) with diabetes
 - know how to access assistance by contacting office
 - know the signs and symptoms of low blood sugar
 - know how to treat for a low blood sugar (hypoglycemia)
- ☐ Elementary/Secondary: When supervising lunch and nutrition breaks refer to Supervision of Students with Diabetes during Lunch and/or Snack time.

Field Trips and Students with Diabetes (Day Trips, Overnight Trips, Extensive Trips, Exchange Programs)

- **Ensure process in place to identify students with Diabetes Type 1 and/or Type 2**

Note: Trip Supervisor:

- Check if there are any students with diabetes who are required to bring their glucagon intranasal spray (e.g., Baqsimi™) on the trip.
- Check to make sure that there are a minimum of 2 trained staff/volunteers (parent/guardian) on the trip to administer the glucagon intranasal spray in case of an emergency.
- Check prior to leaving school that parents/guardians have provided the required number of devices especially in the case of extended or overnight trips, including the glucagon intranasal spray, if applicable.
- **Trip site and activities are to be checked for potential safety hazards.** Where possible, a pre-activity inspection of the site and activities by the trip supervisor to investigate safety conditions should be carried out.
- **Communicate with the student's parents/guardians** during the initial planning stages of the trip informing them of the destination, mode of travel and activities students are to participate in. This will allow for parent/guardian input in the school developing a clear set of expectations and accommodations to meet their student's medical needs on the trip. Knowing the trip expectations and accommodations, the parents/guardians will be able to provide an informed decision as to their student's participation. You may consider inviting parent/guardian on the trip as a supervisor.
- For day, overnight, extensive or exchange programs parents/guardians are to be consulted on:
 - Medication
 - Insulin, glucagon - amount, when taken, how it is administered, dosage
 - Blood testing kit and contents and fast-acting sugar

Note: Inform parent/guardian that during the trip that **school staff do NOT:**

- Administer insulin syringe injections.
- Administer glucagon syringe injections.
- Push the release button on the insulin pump (e.g., manually provide a bolus dose (a burst of insulin)) prior to the student eating.
- **Note: Where parents/guardians have provided the glucagon intranasal spray, trained school staff administer in the case of low blood sugar emergency (severe hypoglycemia). 911 is called immediately when the glucagon_intranasal spray is administered.**
- **Tour operator and/or activity provider:**
 - In-charge teacher is to identify the students with Type 1 and/or Type 2 Diabetes
 - Request operator to provide you with their accommodations for students with diabetes
 - Compare tour operator's plans for accommodations with HCDSB's expectations for accommodations for one of its students
 - Adjust operator's accommodation plans accordingly to the needs of the student. Follow the plans wherever there is a higher standard
 - If trip provider does not have a pre-existing plan for the students medical
 - develop one of your own based on HCDSB expectations and parent/guardian input and
 - provide the operator with a copy
 - Based on listed accommodations for the student can the tour operator provide
 - accommodations during travel to destination

- safe facilities, safe programming, safe food supply at the destination
- ready access to a healthcare professional, clinic or hospital at destination site
- **An emergency action plan for student with Type 1 and/or Type 2 Diabetes** must be prepared by the in-charge teacher and communicated to all staff and volunteers on the trip.
- **Student forms on the trip:** Copy of the Student's Plan of Care along with trip accommodations, where appropriate, are to be taken on the trip.
- **Grouping of student(s):** Student is to be assigned to a group with staff member who is knowledgeable about managing low blood sugar and/or high blood sugar situations.
- **Buddy system:** In situations where the teacher/supervisor is providing 'in the area supervision' teacher is to assign a 'buddy' to the student. The 'buddy's' responsibility is to assist the student and to access the teacher supervisors in case of an emergency.
- **A suitable means of communication** (e.g., cell phone) to be taken on the trip and/or an easily accessible phone is available at the site.
- **Trip supervisor is to meet student(s)** with diabetes and provide the following information (age-appropriate terms):
 - Recognize your symptoms of a low blood sugar and/or high blood sugar and how to take age-appropriate action to treat the symptoms
 - Eat all and only what parents/guardians have approved
 - Take responsibility for bringing and looking after your blood glucose monitoring and insulin injection apparatus
 - Know (in age-appropriate ways) how to administer the blood sugar monitoring system, blood testing, insulin injection, safe disposal of lancets and needles, how to manage and use appropriately the insulin pump (e.g., administering a bolus dose).
 - Promptly inform an adult that you have diabetes as soon as symptoms appear or when experiencing a general feeling of 'un-wellness'
 - Never isolate yourself when checking blood sugar, administering your insulin or feeling unwell

Physical Activity and the Student with Diabetes:

Provide the following information to teachers providing students with physical activities.

Students with diabetes should be encouraged to participate in as many physical activities as they choose (e.g., classroom physical education program, daily physical activity, intramural, interschool sports).

- Activity/exercise can cause low blood sugar during an activity, immediately after an activity and up to 24 hours after an activity. This can often be prevented by eating an extra food or drinking a juice box before activity (check the Student's Plan of Care).
- Teachers of physical education/daily physical activity and coaches are to be familiar with the symptoms, treatment and prevention of low blood sugar.
- Inform parents/guardians and students of upcoming activities (practices, games) so they can plan accommodations for the activity/exercise.
- Sports or other activities that take place during mealtime require additional planning. Timing of meals and snacks may be varied and the insulin dose adjusted so that students with diabetes can safely participate.
- Check the student has testing kit and supplies readily accessible to their location whenever they are participating in activity/sports.
- Additional forms of fast-acting sugar such as glucose tablets or juice boxes to be available at outings or sport events.
- Allow the student to check their blood sugar level whenever they feel unwell and take a fast-acting sugar if the reading is below 4.0 or otherwise specified by the parent/guardian.

Change Procedures for Student Contact Information, Medication, Medical Diagnosis

(This information is provided to parents/guardians in the Parent/Guardian Packages.)

- **Changes to CONTACT INFORMATION (e.g., contact person and/or contact number):**
 - Parent/guardian is requested to provide in writing the name of the person(s) with change of contact number to the school administrator.
- **Changes to MEDICATION (e.g., new medication or a change in medication):**
 - School administrator/designate to provide parent/guardian with a copy of the HCDSB Request and Consent for the Administration of Prescribed Medication to be completed and returned. Form provided by the school administrator.
 - Provide changes to medications information to staff responsible for providing medications to the student.
 - Make changes to the Student's Plan of Care, where appropriate.
 - Note: File the completed copy of the HCDSB Request and Consent for the Administration of Prescribed Medication in the student's OSR.
- **Changes to MEDICAL DIAGNOSIS:**
 - School administrator/designate provides parent/guardian with a copy of HCDSB Change of Medical Diagnosis Form to be completed and returned. Refer to Changes to Medical Diagnosis (Appendix D).

Note: Changes to the student's medical diagnosis must be accompanied by a note/letter from the student's healthcare professional indicating the change.
 - Inform student's teacher(s) and other appropriate staff members.
 - Make changes to the Student's Plan of Care, where appropriate.

Note: File the completed copy of the HCDSB Change of Medical Diagnosis Form along with the student's physician note/letter in the student's OSR.

Change of Medical Diagnosis Form

(Parents/guardians are required to complete this form and include communication from the student's healthcare professional to the school administrator as soon as reasonably possible, if there is a change to the student's medical condition.)

Student's Name: _____ Grade: _____

Medical Condition: _____

Teacher's Name: _____ Date: _____

Change of medical diagnosis:

Change to student's medical accommodations:

Physician's Authorization:

Name: _____

Signature: _____ Date: _____

Physician's Comments:

OR

Letter/note from physician must be attached

<p>This information is collected under the authority of the Education Act, and Sabrina's Law and managed in accordance with the Municipal Freedom of Information and Protection of Privacy Act and the Personal Health Information Protection Act. Information will be used in the case of a medical emergency. If you have questions regarding the collection, use or disclosure of this information, please speak to your school Principal.</p>

Completed form along with physician's letter/note to be filed in the student's file and the Ontario School Record (OSR).

How to Administer Baqsimi™ Glucagon Intranasal Spray

***Only trained staff can administer the emergency rescue medication to the student.**

- Training must be done by a health care practitioner e.g., nurse
- Refer to [How to Administer Baqsimi™ video](#) for additional information

Access:

- Remove shrink wrap packaging by pulling on the red stripe
- Open the lid and remove Baqsimi™ from the tube
(Caution: Do not press the plunger)

Application site:

- One nostril of the nose

Application:

Note: ALWAYS call 911 at the time of giving the first dose.

- Hold the device between fingers and thumb
(Caution: Do not press the plunger)
- Gently insert the tip of the device into one nostril until fingers touch outside of the nose
- Press the plunger firmly to give the dose
(Dose is complete when green line, on the base, disappears)
The dose is absorbed through the skin in the nostril

After Application:

- If person is unconscious turn person on their side
(When an unconscious person wakes up, he or she may throw up/vomit)
- Common side effects:
 - Vomiting
 - Headache
 - Runny nose
 - Discomfort in the nose
- When they are able to safely swallow give the person juice to drink (or other fast-acting sugar) and encourage them to have a snack

Stay with the student until Emergency Medical Services arrive.

Reassure and keep the student calm.

- Provide EMS with the used device and tube

Communicate with parent/guardian:

- Follow school procedures for contacting parent/guardian informing them of the administration of Baqsimi™ and location of hospital their child was taken to.

Baqsimi™ Glucagon Intranasal Spray Facts:

Baqsimi™ is a treatment for low blood sugar emergency (severe hypoglycemia).

Specifically:

- Baqsimi™ is an intranasal spray containing the active ingredient glucagon approved by Health Canada (September 2019).
- Emergency rescue medication used to **treat severe Hypoglycemia** (low blood sugar) when someone with insulin-treated Diabetes is unable to eat or drink, such as when they are unconscious/unresponsive, requiring help from someone else to recover. Symptoms of severely low blood sugar include disorientation, unconsciousness, and seizures.
- It is an alternative to the Glucagon Injection Kit (syringe, vial of glucagon powder, vial of liquid).
- After application, the individual will normally respond within 15 minutes of use. Canadian Paediatric Society & Canadian Paediatric Endocrine Group's recommendations on the use of nasal glucagon:
 - **Use of nasal glucagon in an emergency is encouraged if training has been provided.**
 - Use of this needle-free option is quite simple and straightforward; training can be done by a health care practitioner e.g., nurse and supported by watching the video link from the [Diabetes at School website](#).
- Baqsimi™ is available by prescription.
- Comes in one premeasured 3mg dosage.
- Cost is approximately \$130.00, with a shelf life of up to 18 months.
- Packaging of nasal spray comes in a shrink-wrapped tube. Shrink wrap is NOT to be removed or tube opened prior to use.
- Baqsimi™ must be kept in foil package until use and be stored at room temperature (no warmer than 30°C), and protected from light and moisture.
- Unless specific request is made by a parent/guardian for student to carry Baqsimi™ (e.g., in a fanny pack), medication will be stored in a secure and accessible location in the school (e.g., health room)
- Baqsimi™ has an expiry date located on the device. Do NOT use if past the expiration date.
- Baqsimi™ is given if the individual is unconscious/unresponsive; it is absorbed through the skin in the nostril and does not need to be inhaled.

Information sources:

- Diabetes Canada website
- <https://www.baqsimi.ca>
- Canadian Paediatric Society