

**TITLE:     DIABETES MANAGEMENT IN SCHOOLS**

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**1.0   OBJECTIVE**

To provide guidelines for the support of students living with diabetes in schools.

**2.0   DEFINITIONS**

In this procedure,

- 2.1   **Blood Glucose (BG) level** refers to the amount of sugar found in the blood.
- 2.2   **Blood Glucose monitoring/self-monitor blood glucose (SMBG)/monitor** refers to the student's practice of monitoring their blood sugar often and regularly with a drop of blood on a blood glucose test strip inserted into a glucose meter. Students with diabetes are encouraged to keep their meter with them.
- 2.3   **Continuous Glucose Monitoring System (CGM)** refers to a device that has a small sensor inserted under the skin and provides a blood glucose reading every 5 minutes.
- 2.4   **Diabetic Ketoacidosis (DKA)** refers to a serious complication of diabetes associated with high blood sugar, abdominal pain, nausea, vomiting and ketones (fruity smelling breath). If left untreated, it can be life threatening.
- 2.5   **Diabetes Kit (also known as a hypokit or safe kit)** refers to the individual student's diabetic treatment kit, particularly for emergencies. It must include, but is not limited to, fast acting glucose, emergency snacks, blood sugar monitoring equipment, insulin, and may contain an emergency glucagon kit.
- 2.6   **Diabetes Mellitus** also known as **Type 1** or **Juvenile Diabetes**, refers to a medical condition that results from the inability of the pancreas to produce insulin leading to abnormally high glucose (sugar) levels in the blood.
- 2.7   **Fast-acting Glucose** refers to a rapidly absorbed source of carbohydrate to eat or drink for the treatment of mild to moderate hypoglycemia. A source of fast acting glucose should be kept with or near a student with diabetes at all times.
- 2.8   **Glucagon** is a hormone that raises blood glucose. An injectable form of glucagon is used to treat severe hypoglycemia.

- 2.9 **Glucometer** refers to a medical device used to measure the concentration of sugar in the blood.
- 2.10 **Glucose** refers to the fuel that the body needs to produce energy. Glucose (sugar) comes from carbohydrates such as breads, cereal, fruit and milk.
- 2.11 **Hyperglycemia** “high blood glucose” refers to the condition which occurs when the amount of blood glucose (sugar) is higher than an individual’s target range. An urgent response to hyperglycemia may be necessary.
- 2.12 **Hypoglycemia** “low blood glucose” (mild or moderate) refers to an urgent and potentially emergency situation which occurs when the amount of blood glucose (sugar) has dropped below an individual’s target range. Hypoglycemia requires treatment with fast acting glucose and rechecking of blood sugar until levels have stabilized within the target range. Hypoglycemia can be a result of an individual having injected too much insulin, or eaten too little food, or exercised without extra food.
- 2.13 **Hypoglycemia (severe)** refers to an urgent and life threatening situation requiring assistance of another person and an emergency response. Symptoms include fainting, seizure, and difficulty speaking.
- 2.14 **Insulin** refers to the hormone that is required to convert glucose to energy for the body to use. With no insulin, glucose builds up in the blood instead of being used for energy. Therefore, people with type 1 diabetes must administer insulin by syringe, insulin pen or insulin pump.
- 2.15 **Insulin Pen** refers to a device for injecting insulin for the treatment of diabetes.
- 2.16 **Insulin Pump** refers to a device used to administer insulin continuously through a small tube inserted under the skin. The same device is also used to give the extra insulin needed with meals or to correct high blood glucose levels.
- 2.17 **Ketones** refer to the compounds produced by the body when there is no insulin or not enough insulin in the body. Ketones can make a diabetic student feel sick and can lead to a serious illness (DKA). Ketones should be checked using a blood ketone meter or urine ketone strips when blood sugar is high (above 13.9mmol/L).
- 2.18 **Lancets** refer to the small, sharp objects that are used to prick the skin. Lancets are designed to only be used once, and then disposed of in a safe way. Lancets must be disposed of safely in a sharps container.
- 2.19 **Lancing** refers to an essential part of successful diabetes management for many people with diabetes. This piercing of the skin draws a small drop of blood to the surface in order to test blood glucose levels using a blood glucose monitor and blood glucose test strips. Although some people with diabetes prick themselves with a lancet, many prefer to use a special lancing device. Lancing devices are designed to firmly grip the lancet, and are operated by simply clicking a button.
- 2.20 **Plan of Care** is/are document(s) that contain individualized information on a student with a severe or life-threatening condition(s) which informs the school about care requirements.

- 2.21 **Sharps** refer to used syringes and insulin pen needles for insulin administration and lancets for blood glucose monitoring are sharps items that must be disposed of carefully and in appropriate containers.
- 2.22 **Target range** refers to acceptable blood sugar levels personalized for the student in the Individual Care Plan but based on the Canadian Diabetes Association Clinical Practice Guidelines.
- 2.23 **Type 2 Diabetes** refers to a condition rarer in young people than adults in which the pancreas does not produce enough insulin or does not properly use the insulin it makes.

### 3.0 RESPONSIBILITY

- 3.1 The school principal or Early Learning manager, as appropriate, is responsible for:
- a) identifying any student with diabetes for staff;
  - b) meeting with parents to discuss their child's Plan of Care;
  - c) ensuring that the Plan of Care is, posted with other students with life threatening allergies, distributed to teachers, EAs, and ECEs, office and casual staff as appropriate and posted in key locations, as authorized;
  - d) ensuring that staff have training appropriate to their involvement with the student. This training includes the reading of the OCDSB Guidelines for Creating Safe and Healthy Schools for Students with Diabetes, and the viewing of a training video produced by CHEO on blood glucose monitoring;
  - e) approving the location of the student's diabetes safe kit and making this information available to all appropriate staff;
  - f) ensuring that staff and students are aware of the location of the sharps container and appropriate disposal protocols; and
  - g) maintaining communication with the parent/guardian to ensure ongoing support for the student.
- 3.2 School staff in regular contact with a student with diabetes are responsible for:
- a) reading the OCDSB Guidelines for Creating Safe and Healthy Schools for Students with Diabetes and having a copy in the student's classroom as a resource for all classroom staff;
  - b) ensuring that changes in regular school activity that affect the amount of activity or food available to the student are managed in alignment with the student's Plan of Care and in cooperation with the student;
  - c) allowing the student to regularly and often monitor blood glucose levels in a safe place;
  - d) verifying the location of the student's diabetes safe kit;

- e) understanding the symptoms and treatment of hypoglycemia and hyperglycemia as they affect both immediate health and classroom behaviour;
- f) providing opportunities for students to deal with symptoms as necessary, including frequent access to washrooms or drinking water;
- g) ensuring the occasional teachers and others who may be occasionally supervising the student with diabetes are aware of the details of the Plan of Care, the diabetes safe kit, and any other relevant information. This should also be contained in the occasional teacher handbook;
- h) providing assistance to the student to ensure that the diabetes safe kit is available at all times (eg field trips) and to communicate to parents if new supplies are needed; and
- i) attending any training offered by the school or District.

3.3 Parents/guardians are responsible for:

- a) annually submitting the student's Plan of Care;
- b) reviewing with the school whenever changes to the student's insulin or diabetes management regime are made;
- c) ensuring that the student's blood glucose meter is in good working order with sufficient supplies on a daily basis;
- d) informing school personnel of any changes to the student's routine that would mean a change to the student's Plan of Care;
- e) ensuring that the student's diabetes safe kit is supplied with all necessary emergency treatment supplies;
- f) providing all snacks, emergency snacks, and fast-acting glucose for the management of the student's diabetes and treating hypoglycemia;
- g) encouraging the student, in so far as is possible, to:
  - (i) an age appropriate understanding of the causes, identification, prevention and treatment of low blood glucose;
  - (ii) recognize the first symptoms of low blood glucose;
  - (iii) communicate clearly to adults/those in authority that he/she has diabetes and when feeling a reaction starting or a general feeling of not being well;
  - (iv) be responsible for all treatment apparatus, including proper disposal;
  - (v) report bullying and threats to an adult in authority so age-appropriate strategies can be provided;
  - (vi) eat only foods approved by parents; and
  - (vii) take as much responsibility as possible for his or her own safety; and
- h) providing all emergency contact names and numbers to the school.

- 3.4 A student with diabetes is responsible for:  
(As appropriate for the student)
- a) having an age or ability appropriate understanding of their diabetes;
  - b) recognizing symptoms of a low blood sugar reaction and treating the symptoms age appropriately;
  - c) taking responsibility for good eating habits;
  - d) having a diabetes safe kit (e.g., supply of rapid acting sugar such as oral glucose, orange juice, etc.) at school, notifying school personnel when supplies are low, and reminding staff that the safe kit is taken on all school outings;
  - e) bringing and look after glucose monitoring, blood testing, insulin injection, and the safe disposal of lancets and needles after self-testing;
  - f) providing self administration of appropriate low blood glucose treatment when possible;
  - g) informing an adult as soon as symptoms appear; and
  - h) wearing their Medic Alert identification (if applicable) at all times during the school day.
- 3.5 Additional responsibilities of the Extended Day Program staff:  
Staff should ensure information related to Diabetes Management and the Plan of Care is shared with other sites when the student will be in a different location (i.e., December Break, March Break, Summer Break).

## **4.0 PROCEDURES**

### Guiding Principles

- 4.1 Staff responsible for the care of a student with diabetes will adhere to the District's belief in inclusive education. All practice will contribute to a supportive school environment that fosters full participation in school life by the student.
- 4.2 The school principal and staff will work with parents/guardians and the student to manage diabetes in such a way that contributes to their social and emotional well-being, mental health, and optimal learning capacity.
- 4.3 The school principal and staff will recognize that students with diabetes have differentiated levels of independence and needs. Staff will work with parents/guardians to empower each student with diabetes to increasingly manage their diabetes effectively during school hours.

### Managing Diabetes in Schools

- 4.4 A school that receives a student with diabetes must ensure that all appropriate staff are informed.

- 4.5 Support for a student with diabetes at school will be guided by the student's [OCDSB 963 Plan of Care for Students with Life-threatening Medical Conditions](#). CHEO will guide the development of the Plan of Care in conjunction with the parent/guardian and student for all newly diagnosed students. Should a student already diagnosed with diabetes in the school require a change to their insulin regime and need a new [Plan of Care](#), CHEO will alert parents to provide the school with the revised [Plan of Care](#). If a conflict between the school and the parent/student occurs with regard to the [Plan of Care](#), CHEO will facilitate discussion on an as needed basis.
- 4.6 An accessible offline copy from OCDSB 963 Plan of Care for Students with Life-threatening Medical Conditions is attached as Appendix A.
- 4.7 On registration, or as soon as possible following the start of school, or as soon as possible following diagnosis, the student's [Plan of Care](#) should be received by the school. All care in the school must be guided by this plan.
- 4.8 The parent/guardian will annually submit a [Plan of Care](#) and may, in discussion with the school, update the [Plan of Care](#) to encourage more independence or to recognize the changing capacities of the student to manage their own diabetes.
- 4.9 The principal will make the student's [Plan of Care](#) available to staff in regular contact with the student. The principal will also ensure that occasional teachers and casual EAs and ECEs have access to the required and relevant information.
- 4.10 The principal will work with parents and school personnel to establish a blood sugar monitoring plan to meet the student's needs. This plan will be derived from the student's [Plan of Care](#).
- 4.11 The principal, through the staff, will permit the student or assigned trained staff to check blood sugar conveniently and safely, wherever the student is located in the school, or, if preferred by the student, in a private location.
- 4.12 Staff and the student will be aware of a protocol providing for the safe disposal of lancets and needles. In the case of a student who is not able to safely self-test due to age or ability, staff will have to use a lancet and/or lancing device. This action represents a reasonable standard of care and would be deemed as 'suitable accommodation' for the student.
- 4.13 During examinations, tests and quizzes, accommodations for students with diabetes must be allowed. Accommodations should also be made during field trips, sporting and other extracurricular events. These would include, where appropriate, additional time, a blood glucose meter, hypoglycemia treatment, additional drinks, bathroom breaks and snacks as required. The principal, with the staff involved, will ensure the student's diabetes kit and sugar monitoring supplies are available to them and will notify the parent/guardian if the blood sugar monitoring supplies need to be replenished. In the event of a hypoglycemic event in the half hour preceding or at any time during an exam, a student should be granted an additional 30-60 minutes as needed to allow for cognitive recovery from hypoglycemia.

- 4.14 The principal, with the staff involved, will ensure the student's diabetes kit and sugar monitoring supplies are available to them at all times and will notify the parent/guardian if the blood sugar monitoring supplies need to be replenished.
- 4.15 The principal will notify the parent/guardian if there is a concern regarding the working order of the blood glucose meter.
- 4.16 The principal, along with all school personnel in contact with the student on a regular basis, will undertake ongoing communication with the parent/guardian to ensure the health, safety, well-being, and inclusion of the student in school life. This ongoing communication shall include:
- a) any issues of concern related to the student's diabetes management in school;
  - b) any reporting of incidents of hypoglycemia/hyperglycemia that required assistance;
  - c) where possible informing the parent/guardian in advance of any predictable change to the usual school routine, including, but not limited to, changes in physical activity schedules, field trips, changes in school lunch or recess times, and special activity days;
  - d) the dissemination of specific information to staff members regarding individual students with diabetes; and
  - e) the publication of more general information about diabetes for the school council, students' council and other school organizations as appropriate;
- 4.17 The principal will review the OCDSB Guidelines for Creating Safe and Healthy Schools for Students with Diabetes (Appendix B) with staff and the school council on an annual basis.
- 4.18 A copy of the OCDSB Guidelines for the Creating Safe and Healthy Schools for Students with Diabetes will be in the classroom of any student with diabetes and all classroom staff will have access to it. There will also be a copy in the office.
- 4.19 To prevent the spread of infection of any type, when aiding a student with blood glucose monitoring school personnel must employ good hygiene practices and appropriate first aid procedures (for example, use of rubber gloves). The Recommendations for Schools on the Prevention of Hepatitis B and Human Immunodeficiency Virus (HIV) Infections published by the Ottawa Public Health Department should be implemented.
- 4.20 All staff who have regular contact with or a supervisory responsibility for a student with diabetes must be familiar with the symptoms and treatment of hypoglycemia and hyperglycemia in the OCDSB Guidelines for Creating Safe and Healthy Schools for Students with Diabetes.
- 4.21 To prevent the spread of infection of any type, when aiding a student with blood glucose monitoring school personnel must employ good hygiene practices and appropriate first aid procedures (for example, use of rubber gloves).

- 4.22 During examinations, tests and quizzes, in the event of a hypoglycemic event in the half hour preceding or at any time during an exam, a student should be granted an additional 30-60 minutes as needed to allow for cognitive recovery from hypoglycemia.
- 4.23 Each teacher/ECE/EA of a student with diabetes must know how to treat hypoglycemia. Regardless of age, a student must not be left alone when hypoglycemia is suspected. In the event of severe hypoglycemia schools must call 911. Giving an intramuscular dose of glucagon is the optimal life-saving treatment, but our staff are not permitted to give glucagon injections. There may be other lifesaving procedures such as sugar against the cheek outlined in the IDCP. However, if the emergency response time is regularly expected to be more than 20 minutes, it is strongly recommended by CHEO that some school staff be trained to administer glucagon. School employees should be aware that they will not be found liable if they take reasonable steps to assist a student with diabetes in an emergency situation.
- 4.24 Parents/guardians shall provide the school with information on how to reach them on short notice to advise or assist staff regarding emergency arrangements including transportation to hospital. Current and accurate telephone numbers for parents/guardians and designated emergency contacts must be on file in the office.
- Note: In the event of an emergency, an ambulance will be called even if parents/guardians cannot be reached.
- 4.25 With submitting the [Plan of Care](#), parents/guardians will authorize the release of relevant information to those who may be involved in the care of the student.

#### Documentation

- 4.26 A student's [Plan of Care](#) will be kept in the student's OSR and/or District's official repository. Any changes to the daily or emergency management routine will require a new submission.
- 4.27 The principal or designate will ensure the submission of three copies of OSTA Life-Threatening Medical Conditions Emergency Transportation Form (Appendix C) for those students being transported by the Ottawa Student Transportation Authority (OSTA) to the General Manager (or designate) of OSTA within 10 school days from the start of each school year.
- 4.28 The principal or designate will ensure that, for students being transported, within 10 school days from the start of each school year, all information pertaining to a student with a completed [Plan of Care](#) is accurately recorded in Trillium.
- 4.29 Parents/guardians will authorize the release of relevant information to those who may be involved in the care of the student by submitting [the Plan of Care](#).

## **5.0 APPENDICES**

Appendix A: [OCDSB 963 Plan of Care for Students with Diabetes \(Offline Accessible Copy\)](#)

Appendix B: [OCDSB Guidelines for Creating Safe and Healthy Schools for Students Living With Diabetes](#)

Appendix C: [OSTA Life-Threatening Medical Conditions Emergency Transportation Form](#)

## **6.0 REFERENCE DOCUMENTS**

Guidelines for the Care of Students Living with Diabetes at School, Diabetes Canada  
Standards of Care for Students with Type 1 Diabetes in School, 2008 Canadian Diabetes  
Association

OCDSB Policy P.108.SCO: Care of Students with Life-threatening Medical Conditions

OCDSB Procedure PR.548.SCO: Care of Students with Life-threatening Medical Conditions

OCDSB Procedure PR.547.SCO: Providing Emergency Medical Care for Students