



DIABETES PACKAGE
FOR
PARENTS/GUARDIANS

ELEMENTARY
SCHOOLS

Revised June 2015

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PARENT/GUARDIAN INFORMATION AND RESPONSIBILITIES DIABETES MANAGEMENT PROTOCOL

A collaborative effort of the Halton Catholic District School Board, the Halton District School Board, Halton Regional Health Department and the Trillium Paediatric Diabetes Health Care Centre has developed a Diabetes Management Protocol along with resources for school sites to manage and accommodate students diagnosed with diabetes type 1 and type 2.

The Diabetes Management Protocol, Parent/Guardian Information Package and Type 1 Diabetes video is accessible to parents on the HCDSB Board's website: www.hcdsb.org + PARENTS + Safe, Healthy and Inclusive Schools + Medical Conditions + Diabetes

RESPONSIBILITIES OF PARENTS/GUARDIANS:

In order for the schools to provide a safe and nurturing learning environment for students managing their diabetes and to act in the best interest of your child responding to incidents of low/high blood sugar we invite and welcome your cooperation and support by, prior to school starting in September, to arrange a meeting with the school principal and classroom teacher and providing the following:

- Inform the school of your child's diabetes Type 1 or Type 2.
- TYPE 1 - Forms to be completed for your child (located in this package). Submit the forms to the school administrator before your child's first day of school (last week of August).
 - Request and Consent for the Administration of Type 1 Diabetes Interventions
 - Student Management Plan Type 1 (Elementary Schools)
 - Hypoglycemia – Emergency Action Plan
- TYPE 2 - Forms to be completed for your child ((depending on the type of management of their type 2 diabetes by the child's physician request the appropriate forms from your school administrator):
 - Request and Consent for the Administration of Diabetes Intervention Type 2
 - Student Management Plan Type 2 (Elementary Schools)
 - When directed by doctor to check blood sugar:
 - Type 2 Hyperglycemia Emergency Action Plan
 - When directed by doctor to take insulin:
 - Hypoglycemia Emergency Action Plan

*It is important that the above forms be completed and returned to the school prior to the **student's attendance at school. Without access to the information on the forms school staff have limited information on the child's medical condition which affects how the school staff can appropriately manage the diabetes and treat for emergencies.***

- When appropriate meet with the school administration and appropriate school staff e.g. classroom teacher, sport coach etc and provide information related to their child's diabetic condition (e.g. symptoms for low blood sugar).
- Should parent/guardian feel that their child requires professional health services within the school setting to assist with management protocols:
Procedures:
A meeting is to be arranged with parent/principal and discussion to take place.
 - The principal and parent will complete an application form to the Community Care Access Centre. (Principal will have application form)
 - The principal will send the completed application form to the CCAC

- A CCAC Case Manager will contact parent and principal and complete an assessment of the child's health care needs in the school setting.
- A multidisciplinary conference may be required to identify the needs at school and to determine eligibility for CCAC services.
- On admission, goals will be determined and a service plan developed to ensure the safest possible learning environment for your child.

On occasion, there may be a waiting period for some services, and/or a lack of availability of service providers. In these circumstances, the CCAC will work with parents and school staff to develop a safe plan for the child.

- Parents are responsible to keep school up to date with changes to contact information, medication or medical condition diagnosis as soon as reasonably possible.

Procedures:

Changes to contact information e.g. contact person and/or contact number:

- Provide school administrator/designate in writing the name(s) of person along with contact number.

Changes to medication:

- Provide school administrator/designate the completed HCDSB Request and Consent for the Administration of Prescribed Medication. Form can be accessed through school administrator.

Changes to medical diagnosis:

- Provide school administrator/designate a completed copy of the HCDSB Change of Medical Diagnosis Form. Form can be accessed through school administrator.

Note: Changes to your child's diagnosis must be accompanied by a note/letter from your child's physician indicating the change.

- Parents/guardians with a child graduating to secondary school:
You will receive from your elementary school, in June, a recent copy of your child's Student Management Plan. You are requested to update the form with recent medical and contact information and to provide the completed form to the secondary school administrator/designate during the last week of August.
- Ensure that the information in the student's file is kept up-to-date with the treatment method and emergency care routine.
- Provide a constant supply of fast acting sugar, to prevent and treat low blood sugar. Provide when appropriate an extra snack (e.g. trips)
- Place blood glucose monitoring items and insulin injection items and medication in a clearly labelled (student name, address) container.

Location of the student's 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 (grade 1-12) are to carry their blood sugar testing kit and fast acting sugar at all times (e.g. to and from school, when moving classroom locations, breaks – recess and noon time, all field trips, evacuation procedures and lockdowns.)
OR
- 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.

Parents are to:

- Inform, check and review when necessary with their child the location of their blood sugar testing kit, insulin injection apparatus and fast acting sugar during the school day and at school sponsored activities.
- Remind the child prior to the child leaving for school to check that the container for carrying (e.g. 'fanny pack', purse) contains the blood sugar testing kit, insulin apparatus and fast acting sugar.

Inform your child about their responsibilities outlined in the following Student with Diabetes Responsibility Checklist

STUDENT WITH DIABETES RESPONSIBILITY CHECKLIST:

- If student has medical information to be carried/worn to do so at all times.
- Recognize your symptoms of a low blood sugar and high blood sugar and how to take age appropriate action to treat the symptoms.
- Eat all and only what parents/guardians have approved.
- Check prior to leaving home that they have their blood sugar testing kit, insulin apparatus and fast acting sugar.
- Take responsibility for carrying and looking after your blood sugar testing kit and insulin injection apparatus during the school day and at school sponsored activities.
- Student is to check that their blood sugar testing kit, insulin injecting apparatus and fast acting sugar is always accessible to their location.
- 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'.
- Report immediately any and all teasing, bullying and threats you receive to an adult in authority.
- Never isolate yourself when checking blood sugar or feeling unwell.

RESPONSIBILITIES OF SCHOOLS UNDER THE DIABETES MANAGEMENT PROTOCOL:

- A process is in place where students with Diabetes are identified to administrator(s) and school staff.
- Implement the Board's Diabetes Management protocol
 - When appropriate, convene a meeting with parents, Paediatric Diabetes Educator or a health professional from the local Community Care Access Centre, school staff (e.g. classroom teacher, coach) to provide information on the child's needs and accommodations and develop a plan for the student.
 - Provide in service training to school staff to prepare those involved to respond effectively to low blood sugar - hypoglycaemia incidents and other emergency situations.
 - Process in place to identify student(s) with diabetes to all those who come in direct contact with the student on a regular basis: school staff (e.g. physical education teachers, French teachers, coaches), volunteers, Occasional Teachers.

DIABETES – STUDENT MANAGEMENT PLAN.

- Type 1 – refer to copy in the package
- Type 2 – access a copy from the school administrator.

- The Student Management Plan is to be developed by the school administrator **(following Board protocols) in consultation with the student's parents/guardians** to determine management and support strategies the school can provide to manage the student's diabetes.

BLOOD GLUCOSE MONITORING/INSULIN INJECTION

- A suitable location (e.g. quiet area in the classroom) in the school to be provided for students to perform self-blood-glucose monitoring and insulin injections throughout the day.
- Appropriate supervision based on the age and maturity of the student is provided by school staff when checking blood sugar levels and insulin injection. **Where indicated on the student's Diabetes Student Management Plan**, an adult supervisor will read the meter reading for the student.

IMPORTANT NOTE:

School Administration and/or school staff, on school site and on field trips, 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.)
- Store insulin overnight.
- Determine procedures for low blood glucose count.

FAST ACTING SUGAR:

- A secure, accessible and appropriate place to store emergency fast acting sugar supplies (oral glucose, orange juice etc.) will be provided at the school site.
- Opportunities provided for fast acting sources of sugar to be taken by students at all times during school day or during school sanctioned activities.
- Procedures will be in place to communicate to parents when new supplies of fast acting sugar are required.

NOTE:

School Administration and/or school staff do NOT:

- Provide a supply of fast acting sugar (e.g. oral glucose, orange juice).

EMERGENCY PROCEDURES:

- The emergency treatment protocol as outlined on the Type 1 Diabetes- Hypoglycemia Emergency Treatment Form is to be followed.
- Parents/guardians will be contacted, as soon as reasonably possible, as indicated on the **student's Diabetes – Student management Plan** (e.g. after treatment of moderate or severe low blood glucose or when student is unable to eat or vomits.)

SCHOOL STAFF ARE NOT HEALTH PROFESSIONALS:

Understand that school staff are not health professionals and have no more information about the medical condition of your child other than that which has been provided to them in writing by yourself or by the child's doctor. They are not experts in recognizing the symptoms of your child's medical condition or in treating it.

FOOD: LUNCH/NUTRITION BREAK:

The following will be communicated to school staff:

Food is like medicine to the student with diabetes. Eating is a key part of managing diabetes.

Responsibility Of School Staff

- 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.
- Provide sufficient time for the child to eat all of the food (meal/snack). Supervising teacher to consider adjusting time requirements for eating.
- When appropriate classroom teacher to communicate with parent 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 can ensure the child has additional snacks or make an insulin change to reduce the chance of a low blood sugar.
- Teacher and others are not to provide food as an incentive or reward to students.

Lunch Time Supervisors (Multiple Classrooms)

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

- School has a process in place to identify the student with type 1 – 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-type 2 diabetes.
- School administrator is to check that the supervisor (staff members, Occasional Teachers, paid lunch hour supervisors) has 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.
- Classes may use student monitors who can assist the supervising teacher.
- Students are to be in serviced 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- 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 his/her location of supervision e.g. Identifies the classrooms he/she will be supervising.
- The following has been reviewed with the student with type 1- 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
 - Encourage student(s) to eat all the food as outlined in their prescribed diet and/or as prepared by their parents.

Extenuating circumstances, e.g. newly diagnosed student, may require further accommodations with supervision.

HALTON CATHOLIC DISTRICT SCHOOL BOARD

REQUEST AND CONSENT FOR THE ADMINISTRATION OF DIABETES INTERVENTIONS

DATE (yy/mm/dd): _____

This form is completed when the school agrees with the parental request to administer diabetes interventions. A new form is required: a) at the initiation of this process; b) at the beginning of each school year; c) when interventions changes. Staff agreeing to administer diabetes interventions will do so according to the information on the Diabetes – Student Management Plan and this form only.

A. To be completed by the parent/guardian (please print)

STUDENT NAME:		ADDRESS/ POSTAL CODE:	
Date of Birth (dd/mm/yy)	Gender: M <input type="checkbox"/> F <input type="checkbox"/>	Student #:	Medic Alert I.D.? Y <input type="checkbox"/> N <input type="checkbox"/>
Grade:	Room:	Teacher:	
Name of Father:	Home Tel. #	Bus. Tel. #	Cell Tel. #
Name of Mother:	Home Tel. #	Bus. Tel. #	Cell Tel. #
Name of Guardian:	Home Tel. #	Bus. Tel. #	Cell Tel. #
Emergency Contact:	Home Tel. #	Bus. Tel. #	Cell Tel. #

B. To be completed by the parent/guardian (please sign at the bottom)

C. To be completed by a parent/guardian

(For diabetes interventions to be taken during school hours or school-sponsored events.)

Statement of Understanding

Regarding Parent Requests to Provide Diabetes Intervention to Students by Employees of the Halton Catholic District School Board

As the parent(s)/guardian of (print name of student) _____, I (we) accept and endorse the following terms and/or conditions pertaining to my (our) request for Halton Catholic District School Board employees to provide, under our own authority, my (our) child with interventions listed on the Diabetes – Student Management Plan. Specifically, I/we understand and accept that:

1. Board employees are not trained health professionals and, hence, may not recognize the symptoms of my (our) child's medical condition or know how to treat the medical condition;
2. Board employees do not: administer insulin syringe injections; push the release button on the insulin pump (bolus); store insulin overnight; determine procedures for low blood glucose count; supply fast-acting sugar; administer glucagon syringe injections; dispose of sharps.
3. I/we are responsible for supplying and maintaining a limited but adequate supply of fast acting sugar (e.g. juice boxes);
4. I/we are responsible for supplying our child/s/the student's blood sugar testing items and insulin injection supplies, and I/we agree that such supplies are to be in a safe container, labeled with our child's name for transport and storage in class.
5. I/we are responsible for providing up to date information to the school regarding changes in the medical condition, as well as changes that may affect the treatment as outlined in the Diabetes–Student Management Plan.
6. I/we release the Halton Catholic District School Board, its employees and agents from any and all liability for loss, damage or injury, howsoever caused to my/our child's person, or property, or to me/us as a consequence, arising from administering the interventions, failing to administer the interventions correctly and/or failing to administer any intervention.

Signature of Parent /Guardian: _____ Date: _____

Additional instructions as needed:

DIABETES INTERVENTIONS	Dose	PROVIDE @ (TIME)	REASON
1.			
2.			
3.			
4.			

D. To be completed by the parent/guardian:

Request and Consent for the Administration of Diabetes Interventions

Insofar as it concerns my child _____,

School: _____, I/We:

- I. Have read and understand the information conveyed in this "Request and Consent for the Administration of Diabetes Intervention" form;
- II. Agree to comply with the responsibilities described in Part B above;
- III. Request that the interventions listed in Part C of this form be administered to my/our child according to the information we have provided; and furthermore,
- IV. Release the Halton Catholic District School Board, its employees and agents from any and all liability for loss, damage or injury, howsoever caused to my/our child's person, or property, or to me/us as a consequence, arising from administering the interventions, failing to correctly administer the interventions and/or failing to administer any intervention listed in Part C above.

Signature of Parent/Guardian: _____

Date: _____

This information is collected pursuant to s. 170 and s.265(1)i) of the *Education Act*, R.S.O. 1990, c. E-2 and s.28(2), 29, 30, 31, 32 and 33 of the *Municipal Freedom of Information and Protection of Privacy Act*, R.S.O. 1990, c. M-56 and the *Personal Health Information Protection Act*, 2004, S.O. 2004, c.3, Sch. A.

If you have any questions regarding your child's personal information please contact the Principal of your child's school.

STUDENT MANAGEMENT PLAN - TYPE 1 DIABETES

STUDENT NAME _____, _____ TEACHER _____
Last name First Name

ROUTINE	MANAGEMENT
<p>1. BLOOD SUGAR CHECKING</p> <p><input type="checkbox"/> My child can independently check blood sugar / read meter</p> <p><input type="checkbox"/> My child needs supervision to check blood sugar / read meter</p>	<p>Parent please check appropriate <i>routine</i> blood sugar checking times:</p> <p style="text-align: center;">Balanced Day or Regular Day</p> <p><input type="checkbox"/> Before 1st nutrition break (time) <input type="checkbox"/> Before Morning Break (time)</p> <p><input type="checkbox"/> Before 2nd nutrition break (time) <input type="checkbox"/> Before Lunch (time)</p> <p><input type="checkbox"/> Before Afternoon Break (time)</p> <p>Healthy blood sugar range _____</p> <p>Call parent if blood sugar _____</p> <p>Location of Fast Acting Sugar at the school: _____</p>
<p>2. LUNCH/NUTRITION BREAKS</p>	<p>1. Student must be able to eat as needed</p> <p><i>*Communication with the parent is important if concerns with child's eating habits are observed</i></p> <p>_____</p> <p>_____</p>
<p>3. INSULIN</p> <p><input type="checkbox"/> My child does not take an insulin injection at school</p> <p><input type="checkbox"/> My child takes insulin at school</p> <p style="margin-left: 40px;"><input type="checkbox"/> by injection.</p> <p style="margin-left: 40px;"><input type="checkbox"/> by insulin pump</p> <p><input type="checkbox"/> Insulin is given by</p> <p style="margin-left: 40px;"><input type="checkbox"/> Child</p> <p style="margin-left: 40px;"><input type="checkbox"/> Parent</p> <p style="margin-left: 40px;"><input type="checkbox"/> Nurse</p>	<p>Insulin by injection / insulin pump to be administered at the following times</p> <p style="text-align: center;">Balanced Day or Regular Day</p> <p><input type="checkbox"/> Before 1st nutrition break (time) <input type="checkbox"/> Before Morning Break (time)</p> <p><input type="checkbox"/> Before 2nd nutrition break (time) <input type="checkbox"/> Before Lunch (time)</p> <p><input type="checkbox"/> Before Afternoon Break (time)</p> <p>NOTE: Educators do not give injections or operate insulin pumps</p> <p>_____</p> <p>_____</p>
<p>4. EXERCISE PLAN (To help prevent a low blood sugar).</p>	<p>Please indicate what your child must do prior to exercise to help prevent a low blood sugar (i.e. take juice)</p> <p>1. Before exercise : _____</p> <p>2. During exercise: _____</p> <p>3. After exercise: _____</p> <p>Child's blood testing meter kit and fast acting sugar should always be on hand during exercise activities</p>
<p>5. ILLNESS</p>	<p>Call parent if student vomits. If parents not reached within 30 minutes, call 911 to transfer to nearest hospital. Inform EMS, student has Type 1 diabetes.</p>
<p>6. LOCATION OF BLOOD SUGAR TESTING KIT (METER, TEST STRIPS, LANCETS) FAST ACTING SUGAR</p>	<p><input type="checkbox"/> Class Time (Rotary) – Student must have ready access to blood sugar testing kit and fast acting sugar at all classroom locations.</p> <p><input type="checkbox"/> Breaks - e.g. recess a.m., Noon & recess p.m.: Students are to carry their blood sugar testing kit and fast acting sugar with them</p> <p><input type="checkbox"/> Physical Education: Carried by student to activity site, located on sidelines within easy reach or with teacher</p> <p><input type="checkbox"/> Co Curriculars: Carried by student to activity site, located within easy reach or with teacher/supervisor.</p> <p><input type="checkbox"/> Field Trip: In order to participate in field trip student must have blood sugar testing kit, fast acting sugar with them</p>

Date: _____ Parents signature: _____

This information is collected pursuant to s. 170 and s.265(1)i) of the *Education Act*, R.S.O. 1990, c. E-2 and s.28(2), 29, 30, 31, 32 and 33 of the *Municipal Freedom of Information and Protection of Privacy Act*, R.S.O. 1990, c. M-56 and the *Personal Health Information Protection Act*, 2004, S.O. 2004, c.3, Sch. A.

If you have any questions regarding your child's personal information please contact the Principal of your child's school.

STUDENT MANAGEMENT PLAN – TYPE 2 DIABETES

STUDENT NAME _____, _____ TEACHER _____
Last name First Name

ROUTINE	MANAGEMENT
<p>1. BLOOD SUGAR CHECKING</p> <p><input type="checkbox"/> My child can independently check blood sugar / read meter</p> <p><input type="checkbox"/> My child needs supervision to check blood sugar / read meter</p>	<p>Parent please check appropriate <i>routine</i> blood sugar checking times:</p> <p style="text-align: center;">Balanced Day or Regular Day</p> <p><input type="checkbox"/> Before 1st nutrition break (time) <input type="checkbox"/> Before Morning Break (time)</p> <p><input type="checkbox"/> Before 2nd nutrition break (time) <input type="checkbox"/> Before Lunch (time)</p> <p><input type="checkbox"/> Before Afternoon Break (time)</p> <p>Healthy blood sugar range _____</p> <p>Call parent if blood sugar _____</p> <p>Location of Fast Acting Sugar at the school: _____</p>
<p>2. LUNCH/NUTRITION BREAKS</p>	<p>1. Student must be able to eat as needed</p> <p><i>*Communication with the parent is important if concerns with child's eating habits are observed</i></p> <p>_____</p> <p>_____</p>
<p>3. ORAL MEDICATION</p>	<p>Name of Medication: _____</p> <p>List time(s) medication is to be taken: _____</p> <p>List side effects that may affect child's day at school: _____</p>
<p>4. INSULIN</p> <p><input type="checkbox"/> My child does not take an insulin injection at school</p> <p><input type="checkbox"/> My child takes insulin at school</p> <p style="margin-left: 40px;"><input type="checkbox"/> by injection.</p> <p style="margin-left: 40px;"><input type="checkbox"/> by insulin pump</p> <p><input type="checkbox"/> Insulin is given by</p> <p style="margin-left: 40px;"><input type="checkbox"/> Child</p> <p style="margin-left: 40px;"><input type="checkbox"/> Parent</p> <p style="margin-left: 40px;"><input type="checkbox"/> Nurse</p>	<p>Insulin by injection / insulin pump to be administered at the following times</p> <p style="text-align: center;">Balanced Day or Regular Day</p> <p><input type="checkbox"/> Before 1st nutrition break (time) <input type="checkbox"/> Before Morning Break (time)</p> <p><input type="checkbox"/> Before 2nd nutrition break (time) <input type="checkbox"/> Before Lunch (time)</p> <p><input type="checkbox"/> Before Afternoon Break (time)</p> <p>NOTE: Educators do not give injections or operate insulin pumps</p> <p>_____</p> <p>_____</p>
<p>5. EXERCISE PLAN (To help prevent a low blood sugar).</p>	<p>Please indicate what your child must do prior to exercise to help prevent a low blood sugar (i.e. take juice)</p> <p>1. Before exercise : _____</p> <p>2. During exercise: _____</p> <p>3. After exercise: _____</p> <p>Child's blood testing meter kit and fast acting sugar should always be on hand during exercise activities</p>
<p>6. ILLNESS</p>	<p>Call parent if student vomits. If parents not reached within 30 minutes, call 911 to transfer to nearest hospital. Inform EMS, student has Type 2 diabetes.</p>
<p>7. LOCATION OF BLOOD SUGAR TESTING KIT (METER, TEST STRIPS, LANCETS) FAST ACTING SUGAR</p>	<p><input type="checkbox"/> Class Time (Rotary) – Student must have ready access to blood sugar testing kit and fast acting sugar at all classroom locations.</p> <p><input type="checkbox"/> Breaks - e.g. recess a.m., Noon & recess p.m.: Students are to carry their blood sugar testing kit and fast acting sugar with them</p> <p><input type="checkbox"/> Physical Education: Carried by student to activity site, located on sidelines within easy reach or with teacher</p> <p><input type="checkbox"/> Co Curriculars: Carried by student to activity site, located within easy reach or with teacher/supervisor.</p> <p><input type="checkbox"/> Field Trip: In order to participate in field trip student must have blood sugar testing kit, fast acting sugar with them</p>
<p>Date: _____ Parents signature: _____</p>	

This information is collected pursuant to s. 170 and s.265(1)i) of the *Education Act*, R.S.O. 1990, c. E-2 and s.28(2), 29, 30, 31, 32 and 33 of the *Municipal Freedom of Information and Protection of Privacy Act*, R.S.O. 1990, c. M-56 and the *Personal Health Information Protection Act*, 2004, S.O. 2004, c.3, Sch. A.

If you have any questions **regarding your child's personal information please contact the Principal of your child's school.**

HYPOGLYCAEMIA EMERGENCY ACTION PLAN - (LOW BLOOD SUGAR)

Name of Student _____, _____ STUDENT PICTURE HERE
Last Name First Name

Classroom Teacher _____

Wears a medic alert bracelet Y / N

Parent / Emergency Contacts: (Prioritize Calls – 1-2-3)

1. Parent _____, _____ (H) _____ (W) _____ (cell) _____
Last Name, First Name
2. Parent _____, _____ (H) _____ (W) _____ (cell) _____
Last Name, First Name
3. Other _____, _____ Relationship _____ Contact Number _____
Last Name, First Name

SIGNS AND SYMPTOMS OF A LOW BLOOD SUGAR ARE:

(Individualize for student)

Sweating	Trembling	Dizziness	Mood changes
Hunger	Headaches	Blurred Vision	Extreme tiredness / paleness
Other, please specify _____			

If the student exhibits any of the above symptoms or feels unwell, looks unwell or says they are “low”
DO NOT leave the student alone
DO NOT allow the student to use stairs

ACTION

Ask student to check their blood sugar

If the reading is below 4.0 on the meter

Give fast acting sugar immediately:

3 glucose tablets or 6oz (175 ml) of juice / pop (not diet)

5 - 6 lifesavers or _____

If unable to check blood sugar - provide fast acting sugar (see above)

Wait 15 minutes - Repeat blood sugar check

If blood sugar is still below 4.0 repeat above ACTION and call parent

If blood sugar is above 4.0 and next meal/snack is greater than 1 hour away, follow-up with a snack (provided by parent), otherwise no further action required

WHEN TO CALL 911

If student is...

Unresponsive, Unconscious, Having a Seizure

1. Roll student on their side
2. Call 9-1-1
3. Inform EMS student has Type 1 diabetes
4. **Notify parents'**

DO NOT give food or drink

I agree that the school may post my child's picture, take emergency measures and share this information as necessary, with the staff of the school and healthcare providers

If student is...

Unwell / Vomiting

1. Notify parents
2. Call 9-1-1 (if unable to contact parents)
3. Inform EMS student has Type1 diabetes

Parent's signature _____ Date _____

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If you have any questions **regarding your child's personal information please contact the Principal of your child's school**

HYPERGLYCAEMIA EMERGENCY ACTION PLAN - (HIGH BLOOD SUGAR)

Name of Student _____, _____ STUDENT PICTURE HERE
Last Name First Name

Classroom Teacher _____

Wears a medic alert bracelet Y / N

Parent / Emergency Contacts: (Prioritize Calls – 1-2-3)

1. Parent _____, _____ (H) _____ (W) _____ (cell) _____
Last Name, First Name
2. Parent _____, _____ (H) _____ (W) _____ (cell) _____
Last Name, First Name
3. Other _____, _____ Relationship _____ Contact Number _____
Last Name, First Name

SIGNS AND SYMPTOMS OF A HIGH BLOOD SUGAR ARE:
(Individualize for student)

Extreme thirst	Dry Mouth	Frequent urge to urinate	Tiredness/weakness
Difficulty concentrating	Blurry vision	Mood swings	
Other, please specify _____			

If the student exhibits any of the above symptoms

Ask student to check their blood sugar

If blood glucose is greater than _____ notify parent

If unable to check blood sugar remain with student and call parent

ACTION

Provide extra water

Allow student to have open bathroom privileges

Encourage student to exercise for 20 - 30 minutes if able.

WHEN TO CALL 911

Symptoms of Hyperglycaemia Emergency:

Extreme thirst; nausea and vomiting; severe abdominal pain; heavy breathing or shortness of breath; chest pain; increasing sleepiness or lethargy

Treatment:

Call 911

I agree that the school may post my child's picture, take emergency measures and share this information as necessary, with the staff of the school and healthcare providers

Parent's signature _____ Date _____

This information is collected pursuant to s. 170 and s.265(1)i) of the *Education Act*, R.S.O. 1990, c. E-2 and s.28(2), 29, 30, 31, 32 and 33 of the *Municipal Freedom of Information and Protection of Privacy Act*, R.S.O. 1990, c. M-56 and the *Personal Health Information Protection Act*, 2004, S.O. 2004, c.3, Sch. A.

If you have any questions **regarding your child's personal information please contact the Principal of your child's school**