POLICY: Diabetes			# 1018
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APPROVAL/REVISION DATE: June 12th, 2023	EFFECTIVE DATE: June 12th, 2023	REVIEW DATE: June 12th, 2028	
CROSS REFERENCE:	PPM – 161 Supporting Children and Students with Prevalent Medical Conditions in Schools Oral Medication Policy #1005 Education Act, s. 265: Duties of the Principal Reg. 298, s. 20 – Duties of Teachers		

1. RATIONALE

1.1 Thunder Bay Catholic District School Board is committed to promoting awareness of safety in schools and recognizes that the health and safety of students are essential preconditions for effective learning and participation in physical activity. The Board shall support diabetic students to establish a Plan of Care.

1.2 It is the policy of the Thunder Bay Catholic District School Board to ensure the provision of minimized risk in all schools and to provide a safe environment that takes steps to reduce the risk of injury and promotes the overall wellbeing of students.

2. DEFINITION

2.1 **Diabetes mellitus** is a disease resulting from a lack of insulin action. Insulin is a hormone produced by the pancreas. Without insulin, carbohydrates (starch and sugars) in the food we eat cannot be converted into stored energy (glucose) that is required to sustain life. Instead, unused glucose accumulates in the blood and spills out into the urine.

2.2 **Types of diabetes**:

Type 1 diabetes: usually affects children and adolescents and is the focus of this document. In Type 1 diabetes, the pancreas is unable to produce insulin and injections of insulin are essential.

Type 2 diabetes: comprises 90% of diabetes in Canada. It usually develops in adulthood, although recently increasing numbers of children in high-risk populations are being diagnosed. In Type 2 diabetes the pancreas may produce some insulin, but the body is unable to use the insulin that is produced effectively. Type 2 diabetes may be controlled with diet and exercise or with oral medication. Eventually, people with Type 2 diabetes may need insulin.

2.3 **Hypoglycemia** is low blood glucose, 4mmol/L or less.

Shaky, Blurred Vison, Pale, Irritable/Grouchy, Headache, Confused, Dizzy, Hungry, Trembling, Weak/Fatigue, etc.

Mild Hypoglycemia – Student is responsive.

Severe Hypoglycemia – Student is unresponsive.

2.4 **Hyperglycemia** is high blood glucose, 11 mmol/L or above.

Extreme Thirst, Hungry, Warm, Flushed Skin, Frequent Urination, Abdominal Pain, Irritability, Headache, Blurred Vison, etc.

Mild Hyperglycemia – Frequent Urination.

Severe Hyperglycemia – Rapid/shallow breathing, Vomiting and Fruity Breath.

2.5 **Health Care Provider** may include Physician, Nurse Practitioner, Registered Nurse, Pharmacist, Respiratory Therapist, Certified respiratory Educator, or Certified Asthma Educator.

2.6 **Principal**

A Principal as defined in the *Education Act*.

2.7 **Parent**

A Parent in this policy refers to: a) parent(s); or guardian(s) with legal custody of a student; b) a student who is 18 years of age or older; or c) a student who is 16 or 17 years of age and has withdrawn from parental control).

2.8 **Student**

A Student in this policy refers to: a) a child under the age of 16; b) a child 16 or 17 years of age and has withdrawn from parental control; or c) a person 18 years or older.

3. GENERAL

3.1 It is the responsibly of the principal, on an annual basis or as required, to notify students, parents and staff of their responsibilities under this policy

3.3 Upon registration of students each school year, the principal shall inform students and parents of their responsibility to provide written notification to the school of the child's diabetic condition. Written notification will be provided in the form, Appendix A – Completed by Health Care Provider, Students and Parents**.**

3.4 It is the responsibility of students and parents to notify the principal of any changes in the child's medical condition, recommended treatment and medication, by providing a new Plan of Care form. Where a parent has provided a Plan of Care form and there are no changes the following year, the students and parent shall provide written confirmation that the authorization continues to be valid. The principal shall place the written confirmation with the existing authorization form in the Ontario Student Record (O.S.R.).

3.5 It is the responsibility of students and parents to ensure that the school has the current treatment plans, emergency contact list and other relevant information for the student on file.

3.6 The principal, together with the students and parents, will develop an individualized Plan of Care for the student.

3.7 The Principal of a school will ensure that all students have easy access to the materials needed to manage their diabetes including; insulin, blood glucose testing, food and drinks and school diabetic kit.

3.8 Each school shall maintain a diabetic kit containing juice, dextrose tabs, granola bar, and sharp containers.

3.9 The principal is responsible for ensuring that all staff and school volunteers are aware of and can clearly identify the students who have a diabetic condition. The principal is responsible for ensuring that all staff and school volunteers are aware of the contents of any student with diabetes individual Plan of Care**.**

3.10 A copy of the Plan of Care for each student with diabetes will be stored in the school office, the student's O.S.R., and in other accessible locations as outlined in the Plan of care. All staff will be notified of the locations. The classroom / homeroom teacher of a student with diabetes will also retain a copy of the Plan of Care.

3.11 It is the responsibility of the classroom / homeroom teacher to educate their students regarding diabetes and relevant components of a classmate's Plan of Care in case of an emergency.

3.12 The principal, with the cooperation of Student Transportation Services Thunder Bay, will inform bus drivers of students with diabetic conditions and will provide a copy of the relevant components of the students' Plan of Care to bus drivers in case of an emergency. It is the responsibility of the bus company to provide appropriate training for their employees

3.13 The principal of a student in Grade 6 will pass the Plan of Care to the receiving Grade 7 School in May of the school year. The same will apply to a student in Grade 8 who is entering into Grade 9.

3.14 The principal of a student leaving a school at any time, shall forward the students Plan of Care to the receiving school.

4. Training

4.1 The school principal will coordinate training for all staff. Training will be available to all individuals in the school, for example, coaches, lunchroom supervisors, custodians, secretaries, student support staff, supply teachers and parent/guardian volunteers. Staff training shall occur annually as soon as possible in the school year.

5. Out-of-Class/School Prevention

5.1 The principal will provide a copy of the relevant components of each diabetic student's Plan of Care and a completed **Transportation Medical Form** to the appropriate bus drivers for excursions.

5.2 The principal, in cooperation with students and parents, will develop the necessary accommodations for when a student with diabetes is expected to participate in excursions off school premises. The principal shall ensure that all supervisors are fully aware of the Plan of Care for all participating students.

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Appendiceses

- Appendix A: Prevalent Medical Condition –Diabetes – Plan of Care
- Appendix B: Transportation Medical Form