



COLLINGWOOD SCHOOL

DIABETES MANAGEMENT PLAN

MISSION:

The Nurses at Collingwood School provide support to students according to the Provincial Standards, *Supporting Students with Type 1 Diabetes in the School Setting, Nursing Support Services*, and in accordance with the *British Columbia College of Nursing Professionals Practice Standards*.

1. PROMOTING AND SUPPORTING STUDENT INDEPENDENCE AND RIGHTS

Standard:

- Students are supported to work towards independence in managing their diabetes care in the school setting, to the extent that is appropriate for their functional and cognitive ability, maturity and experience with their diabetes. See Appendix A.
- Goals toward independence will be developed in consultation between the parent/guardian, school nurses, diabetes care team and student.
- School will provide a supportive and inclusive environment for students with diabetes. Students will have unrestricted access to food and opportunities to participate in physical activities.

Procedure:

- Students are permitted to check blood glucose levels (BG) or sensor glucose levels (SG) and respond to the results in the classroom, at every school location or at any school activity; if preferred by the student, a private location to do BG/SG checks will be provided unless low blood glucose is suspected.
- Students with diabetes require unrestricted access to necessary supplies, i.e., snacks and water anywhere, including the classroom, on field trips or the school bus.
- Students require adequate time to finish meals.
- Students will be encouraged to participate in classroom and school activities.
- Students are permitted unrestricted access to use the washroom.

2. BLOOD GLUCOSE MONITORING

Standard:

- All students with type 1 diabetes (T1D) require routine BG/SG checks at the following times:
 - midmorning/recess
 - before lunch / insulin
 - two hours after lunch is completed
 - before sport or exercise
 - whenever there are signs or symptoms of low or high blood glucose
- More frequent BG/SG checks are not usually indicated. Special considerations regarding BG/SG checks may be required for students that have long commutes to and from school, and/or extracurricular activities after school hours.

Procedure:

- Nurses, or delegated staff/faculty will supervise or assist with BG/SG checks for students who are not yet fully independent in the task.
- Student-specific BG/SG schedules are included in the Individual Care Plan (ICP). Frequency of BG/SG checks will not exceed the parameters listed above, unless otherwise indicated by the student's health care team.

- Delegation of tasks related to BG/SG may include any or all of the following by Nurses, or delegated staff/faculty:
 - Performing or assisting BG/SG checks and intervening appropriately based on results
 - assisting a student, who is independent in the psychomotor skill of blood glucose monitoring, with interpreting the results of BG/SG and intervening appropriately
- Nurses will not delegate the operation or monitoring of Continuous Glucose Monitoring devices (CGM).

3. INSULIN ADMINISTRATION

Standard:

- Schools provide opportunities for students to administer insulin when and where it is needed as per Individual Care Plan (ICP).
- Nurses will not override the calculated dose on an insulin pump, change the number of carbohydrates from that actually consumed, and change the settings on the pump.
- The Diabetes Medication Administration Form must be signed by the physician before any medication can be administered at school.

Procedure:

- School nurses will supervise or assist with administration of rapid insulin via insulin pump or insulin pen for students who are not yet fully independent.
- Insulin will be administered by Nurses before regularly scheduled lunch. For students with unpredictable eating habits, insulin may be administered after food consumption to allow for accurate carbohydrate counting.
- A parent/guardian must be available to administer insulin when food is consumed during a special event.

Insulin Pen:

- For students using an insulin pen:
 - Insulin may be administered at lunchtime only due to the inability to accurately calculate insulin on board
 - The parent must label the student's food with the correct number of carbohydrates and provide a Bolus Calculator Sheet or an InsuLinx® Meter that allows the School Nurse to select an appropriate dose of insulin based on the blood glucose and the number of carbohydrates consumed
 - The parent may send a set number of carbohydrates for snack/lunch each day and provide an appropriate tool (such as a variable dose insulin scale) that allows the School Nurse to select a dose of insulin based on blood glucose
 - For Students who require assistance using an insulin pen a Nurse or delegated staff/faculty member needs to check that the appropriate dose has been selected and is dialled correctly into the insulin pen before self-administration.

Insulin Pump:

- For students using an insulin pump:
 - Insulin can be administered by Nurse or delegated staff/faculty at midmorning/recess, lunch and two hours after lunch
 - Parent/Guardian is responsible for determining each bolus insulin dose. This may be achieved in different ways. The method of determining the bolus insulin dose should be the same every day for each student.
 - The parent must pre-program child-specific parameters into the pump and label the student's food with the correct number of carbohydrates. The number of carbohydrates consumed and the student's BG/SG values are entered into the pump, which calculates the insulin dose that will be given.
 - Nurses will assist and/or supervise in the administration of insulin via insulin pump for students not yet independent.
- **Nurses will not:**
 - Provide insulin pump site care, including filling the reservoir, priming the tubing, or changing the battery

- Calculate an insulin dose using a mathematical formula
- Troubleshoot pump operation

4. FIELD TRIPS, CAMPS AND EXTRA CURRICULAR ACTIVITIES

Standard:

- Parent/Guardians, Nurses and School must follow guidelines set out in the Individual Care Plan (ICP). Parent/Guardian participation may be required as determined by Collingwood.
- If a student is medically cleared to participate in field trips, camps, overnight trips, or any extracurricular activities with Collingwood School, a parent may be required to accompany student if Collingwood Nurses of Collingwood School, in collaboration with the student's medical team, determine that is appropriate.
- A parent/Guardian will be required to attend all Field Trips, Camps and Extra-Curricular Activities if a Student is dependent with their diabetes management and requires assistance in monitoring with BG/SG checks, insulin, carb calculations and/or symptom recognition
- Overnight trips in a remote location with limited access to Emergency Services; out- of-province and/or out-of-country travel will require special consideration which may include a parent/guardian to be in attendance due to increased travel complexity and distance.

Procedure:

- Parent/Guardians will arrange a meeting with the Collingwood Nurses and trip leaders to review the needs of the student and the parental involvement that will be required.
- Nurses will review Individual Care Plan with trip leaders.

5. ROLES AND RESPONSIBILITIES

Standard:

- The *Provincial Standards: Supporting Students with Type 1 Diabetes in the School Setting* state that parental consent and involvement is required for child specific supports to be provided. All documents must be completed and provided to the school annually, or as changes are made to the student's care or equipment.
- Parent/Guardian, Nurses and the School will participate in the development and review of the Diabetes Support Plan and the Individual Care Plan (ICP).

Parent/Guardian Responsibilities:

- Notify the school of their child's diabetes at the onset of his/her enrolment or upon diagnosis, and arrange a meeting with the school principal and nurses.
- Ensure the student wears medical identification.
- Inform the School Nurses as to any significant highs and/or lows which may have occurred overnight.
- Inform School Nurses of blood sugar levels and morning insulin administration upon drop off, in accordance with their age and stage. See Appendix A, as per best practice guidelines.
- Provide all snacks and lunches, as well as an ongoing supply of recommended fast-acting glucose for treating hypoglycemia. For students participating in a school lunch program, parents should work with the school to ascertain the carbohydrate content of menu items potentially consumed.
- Clearly and consistently label all snacks and meals with the correct carbohydrate number.
 - If a student does not routinely consume an entire food item (such as a sandwich), the item should be provided in divided portions with carbohydrates clearly labeled for each portion
 - For young children, parents must provide instructions for food provided during school parties and other activities
- Provide all necessary supplies and equipment in full working order for blood glucose monitoring and insulin administration and replace supplies as needed. See Appendix B.
 - For students using an insulin pump, troubleshoot all pump malfunctions and alarms and ensure the insertion site is functioning, and be available for re insertion of infusion set if it becomes dislodged and the student is not able to self-manage;
 - Provide an emergency glucagon kit with a clearly labelled expiration date and replace as needed;

- Provide supplies to be used in the event of a natural disaster; and
 - Be available (or arrange for a delegate) to respond either by phone or in person at all times
- Changes to diabetes management must be communicated by the parent/guardian to the Nurses before changes can be made to the Individual Care Plan (ICP). In some circumstances, the Nurses may consult with the student's health care team regarding proposed changes to the agreed ICP. The Nurses will then implement the changes to the ICP and train school staff in any new care needs. The parent/guardian is responsible for providing care until the Nurses and school have signed off on the new Individual Care Plan (ICP).

Student Responsibilities:

- Not to keep long acting insulin with daily supplies at school.
- If Independent in diabetes care, to provide BG/SG readings verbally or directly shown to Nurses or staff/faculty, when experiencing a high or low BG/SG and/or being symptomatic.
- To manage diabetes based on their ICP while at school, if deemed independent based on developmental age and stage. See Appendix A.
- To carry a diabetic low kit while at School.
- To safely disposal of lancets and needles.

School Responsibilities:

- To ensure policies and procedures are aligned with the *Provincial Standards: Supporting Students with Type 1 Diabetes in the School Setting*
- To maintain the privacy and confidentiality of the information being recorded in accordance with Personal Information Protection Act.
- For School Nurses to follow Student Specific ICP, and have it easily accessible to staff/faculty.
- To ensure timely notice is provided to parents/guardians of relevant changes in School Policies or of upcoming special events and activities.
- For School Nurses to provide safe practice care in accordance with the British Columbia College of Nursing Professionals standards. To ensure that at least two designated glucagon trained faculty/staff are on school premises during school hours.
- To ensure the School has established a process by which all staff, including teachers on- call, can identify student(s) with Type 1 Diabetes.
- To ensure students have facilities to safely dispose sharps in accordance with Universal Precautions.
- To advise the parent or designate (who must be available by phone or to respond to the School in person, to assist the student) should there be difficulties managing pump operation such as alarms or alerts.

6. DOCUMENTATION

Standard:

Nurses must prepare timely and appropriate documentation and reports of assessments, decisions about students, plans, interventions and student outcomes consistent with the British Columbia College of Nursing Professionals (BCCNP) Professional Standards.

Procedure:

The Individual Care Plan (ICP) will be completed by the Nurses in consultation with the parent/guardian, the School and the treating Physician.

If School Nurses have concerns regarding a student's safety while on an Individual Care Plan the School Nurses will inform parent/guardian. Parent is responsible to provide confirmation from the treating Physician that the student is safe to continue on that ICP.

If at any time the parent/guardian or student fails to comply with the terms of the Diabetes Management Plan and the Individual Care Plan, the parent/guardian and, if appropriate, the student, will be required to meet with a School Nurse, a Head of Campus, and/or the Head of School, to address the issues of non-compliance and seek resolution of any issues concerning the Individual Care Plan. Agreement upon, and compliance with the terms of the Diabetes Management Plan and an Individual Care Plan is a condition of enrollment and attendance at Collingwood. If, after reasonable efforts by the School to agree with the parent/guardian upon the Diabetes Management Plan and Individual Care Plan, agreement is not reached with the parent/guardian, or if a Parent/Guardian fails to comply with the terms of the Diabetes Management Plan or Individual Care Plan, the student's enrollment with Collingwood will be terminated. Parents/guardians are expected to conduct themselves at all times in a manner consistent with the Parent/Guardian Charter contained in the Family Handbook.

I hereby acknowledge that I have read, understand, and agree to abide by the terms and conditions of Collingwood's Diabetes Management Plan and the Individual Care Plan.

Parent/Guardian Name	Parent/Guardian Signature	Date
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Parent/Guardian Name	Parent/Guardian Signature	Date
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Student Name	Student Signature	Date
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School Nurse Name	School Nurse Signature	Date
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Head of School Name	Head of School Signature	Date
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Appendix A

DIABETES AT SCHOOL

Ages and Stages

AGE/STAGE	HOW THEY THINK AND FEEL	SOME TYPICAL DIABETES TASKS
Preschool/kindergarten 4 to 5 years old	<ul style="list-style-type: none"> • Concrete thinkers • Can understand 3-part directions • Ask lots of questions • Cooperate with adult requests 	<ul style="list-style-type: none"> • Wear medical ID bracelet • Choose finger for blood checks • Turn on glucose meter / insert strip • Know which adults are there to help • May start to recognize and tell an adult when signs of low blood sugar • <i>Children this age need supervision to ensure meals and snacks are eaten</i>
Early school-aged 6 to 7 years old	<ul style="list-style-type: none"> • Concrete thinkers • Can count and do simple math • Learning about time • May struggle for control • Forgetful or easily distracted: Need reminders and supervision 	<ul style="list-style-type: none"> • Prick finger for blood check • Start learning about carbohydrate content of foods • May recognize low blood sugar • May begin to help with injections • May give pump bolus <i>with supervision</i> • <i>Children this age need supervision to ensure meals and snacks are eaten</i>
Middle school-aged 8 to 12 years old	<ul style="list-style-type: none"> • Forming social bonds • Want to fit in • More logical and responsible • Curious: Can understand cause and effect • Need reminders and supervision 	<ul style="list-style-type: none"> • Can check blood sugar <i>with supervision</i> • Recognize and treat low blood sugar • More involved with injections or pump boluses • Make food choices according to plan
High school/adolescence 13 to 18 years old	<ul style="list-style-type: none"> • Abstract thinkers • More independent • May rebel or take risks • Self-image is important • Can be self-conscious 	<ul style="list-style-type: none"> • Take part in annual diabetes team meetings • Plan meals and snacks, and eat them on time • Recognize and treat low blood sugar • Ensure emergency kit is on hand • Usually able to do injections or pump boluses, but still need some supervision and review

**While there are many more aspects to development, the ones listed here are especially relevant to the day-to-day tasks involved in managing type 1 diabetes.*

<https://www.diabetesatschool.ca/schools/managing>

Appendix B

EARTHQUAKE KIT FOR SCHOOLS



Disasters can happen at any time, and it is important for school personnel to be aware of what to do in these situations. It is especially important for them to be informed about what to do for children with diabetes. Earthquake kits should contain the same supplies as for all the other children in the classroom, **plus** the following items:

- Package of Crystal Light® or similar sugar-free drink crystals
- Junior juice boxes (4)
- Full package of crackers
- Handi-Snacks® or similar
- Fruit leathers
- Dry cereal
- Pre-packaged tuna and crackers
- Glucose tablets/hard candies/jelly beans
- Energy bars
- Wipes, alcohol swabs, and/or antibacterial gel
- Glucose meter and supplies: batteries, strips, and lancets
- Flashlight and batteries
- Copies of prescriptions, insulin dosages and/or pump settings
- Other prescription medications
- Personal and medical contact lists

Insulin/needles/pens: some considerations

- Insulin is only stable at room temperature for approximately 30 days, even if it is unopened. It is important to note where the earthquake kit is kept at school, so that if you pack insulin in the kit, it needs to be replaced every month. If you have insulin stored in a fridge somewhere else, who will get it in an emergency?
- Is there someone at the school who could give insulin to your child in the event of an emergency (such as designated school staff)?
- If your child is able to administer his/her own insulin, perhaps they could always carry a pen with insulin in it to school in their backpack. (Pen needles or syringes may be reused in case of an emergency)
- If you pack insulin, don't forget syringes and/or pens to give it. Also, younger children may need written, easy-to-understand instructions about their dosages and sliding scales.

Insulin pumps: some considerations

- If you choose to keep pump supplies in the emergency kit, remember to pack rapid-acting insulin, reservoirs, infusion sets and pump batteries
- Don't forget to pack long-acting insulin and a pen or syringes in case the pump fails.
- Younger children may need written, easy-to-understand instructions about basal rates, carb ratios and correction factors, or how to switch to injections.

Find out your child's school policy on how children with medical conditions are identified!

It is also very important for your child to be wearing medical ID at all times, as they may be at a higher priority to receive medical attention.

See also our handout [Diabetes Emergency Survival Pack](#). These are only guidelines. We would also suggest that you have an emergency/earthquake kit at home that contains enough food and diabetes supplies for 2-week period. For further information, see Prepared BC's Household Preparedness Guide and Household Emergency Plan, both available online at

<https://www2.gov.bc.ca/gov/content/safety/emergency-preparedness-response-recovery/preparedbc>

<http://www.bcchildrens.ca/endocrinology-diabetes-site/documents/earthquake.pdf>