

Managing Diabetes in Schools: Administrative Procedures

Procedure Type: Provincial

Regional

Effective Date: September 2022

1. Purpose

The *Managing Diabetes in Schools Policy* (the policy) describes the objective to promote a student's independence and capacity for self-management of their diabetes.

These administrative procedures build on this objective, outlining how the policy will be implemented in the Regional Centres for Education (RCEs) and Conseil scolaire acadien provincial (CSAP).

2. Administrative Procedures

2.1 On Diagnosis of Diabetes

- 2.1.1 **Students and parents/guardians** are responsible for notifying the school of a diabetes diagnosis prior to the first day of school, or upon diagnosis.
- 2.1.2 The **school administrator** will ensure availability to meet with parents/guardians of students with diabetes, ideally within a week of diagnosis. The meeting will enable information to be shared regarding the School Health Partnership service, written consent sought to refer the student to a School Health Partnership nurse (SHP nurse) and so initiate the Program Planning Process and a Student Planning Team meeting.
- 2.1.3 On receipt of the approved referral, the **SHP nurse** will work collaboratively with the **Student Planning Team, including parents/guardians**, to develop the Plan of Care: Diabetes (PoC), which will then be reviewed and approved by the **health care professional (HCP)**.
- 2.1.4 In consultation with the SHP nurse, the **school administrator** will determine the number of school staff required to support the student(s) with diabetes. Tasks outlined in the PoC, and specifically the administration of insulin, will be assigned to at least two school staff, who have access to the student's relevant documentation.
- 2.1.5 The **school administrator** will ensure that school staff are aware of the need for students to attend medical appointments and that these will be supported. The appointment time will be recorded in PowerSchool as a medical reason (MR), as described in the *Provincial Student Attendance and Engagement Policy*.
- 2.1.6 The **school administrator in partnership with RCE/CSAP staff** will ensure that all associated, but non-school personnel, who may be with students in the absence of other school staff (e.g., transportation drivers), are aware of students diagnosed with diabetes and any required actions.

- 2.1.7 The **SHP nurse** will be an available resource and act as a liaison between the parents/guardians, school staff, and the HCP when revisions to the PoC are required.

2.2 Orientation and Training Requirements (Refer to Appendix A for Additional Information)

- 2.2.1 **All school staff in schools with students diagnosed with diabetes** will undertake annual orientation in diabetes and diabetes management: “**Managing Type 1 Diabetes at School: An Online Course for Educators and School Staff.**” The orientation will be self-directed and accessed via the School Health Partnership Moodle site. Attending this orientation will ensure school staff’s knowledge in diabetes remains current and they understand the implications of diabetes on students’ mood, behaviour, and ability to participate in school.
- 2.2.2 **School staff in schools where there are no students with diabetes** are strongly encouraged to undertake the annual orientation in diabetes and diabetes management.
- 2.2.3 **School staff directly supporting students with diabetes with health care tasks**, must also attend an in-person training session on diabetes and diabetes management, which will be provided by the **SHP nurse**. The training will include a theoretical/information sharing component as well as ensuring that teacher assistants are comfortable with, and have opportunities to practice, health care tasks such as blood glucose monitoring (finger poke) and the administration of insulin, while being supervised by the SHP nurse. On completion of the training the “Insulin Injection by Pen – Teaching Checklist” will be signed by the **SHP nurse and the school staff**. The completed checklist will be stored in the staff member’s personnel file.
- 2.2.4 The **school administrator and RCE/CSAP staff** will ensure the necessary resources, and release time for school staff to complete the educational sessions, as advised by the SHP nurse.
- 2.2.5 The **school administrator** will monitor that school staff have completed the level of diabetes management orientation and/or training appropriate to their role and responsibilities.

2.3 Insulin Administration in School

- 2.3.1 The **school administrator** through the creation of a caring and positive school environment will ensure
- 2.3.1.1 religious and cultural considerations are reflected in the student’s PoC
 - 2.3.1.2 students are supported to develop age- and ability-appropriate independence in managing their diabetes
 - 2.3.1.3 students feel able to report issues and concerns to school staff, e.g., signs and symptoms of hypoglycemia or malfunctions of their insulin pump
 - 2.3.1.4 in the event of a needle stick injury, medication error, or near miss¹, members of school staff will follow the Occupational Health and Safety (OHS) reporting process and report the incident to their direct supervisor who will perform an OHS investigation to enable learning

1 A near miss is an unplanned event that did not result in injury, illness, or damage, but had the potential to do so (www.ccohs.ca).

- 2.3.2 Should the required number of trained school staff not be available, the **school administrator** will contact the student's parent(s)/guardian(s) and assess if it is safe for the student to attend school and consider if other options are available to them.
- 2.3.3 The **school administrator in partnership with the RCE/CSAP staff** will ensure that assigned school staff will have access to the required personal protective equipment (PPE) (e.g., gloves) and follow established safe work practices, such as those described in Canadian Centre for Occupational Health and Safety guidance.²
- 2.3.4 If required by the student, the **school administrator** will ensure that the school provides a private area for the student to monitor their glucose, administer insulin, and safely dispose of all sharps.
- 2.3.5 The **school administrator** will ensure that school staff assigned to administer insulin, adhere to the *Guidelines for the Administration of Medication to Students*, including the requirement for a second checker when confirming the calculation of the insulin dose as insulin is considered a high-risk medication.
- 2.3.6 The **school administrator** will ensure that documentation specifically designed for diabetes management is used to record all glucose monitoring and insulin calculations/administration: Glucose Monitoring Record, Glucose and Insulin Administration Record, Student Insulin Plan: Set Doses, and Student Insulin Plan: Insulin-to-Carb Ratio.
- 2.3.7 All completed documentation will be uploaded onto TIENET as part of the student's record.
- 2.3.8 The **parent/guardian** will review the Student Insulin Plan with the **school administrator** on a monthly basis to discuss if they have made changes to the plan, or if in consultation with the HCP, changes have been made to the student's diabetes management (e.g., method of glucose monitoring or administration) which need to be reflected in the PoC and supported by **the SHP nurse**. The **parent/guardian** will sign, date, and provide the revised Student Insulin Plan to the **school administrator** who will ensure that school staff are working to current documents.
- 2.3.9 If no changes have been made to the Student Insulin Plan the **school administrator** will initial the Student Insulin Plan, and ensure school staff are working to current documents.
- 2.3.10 **Parents/guardians** will provide all required equipment to support the student's diabetes management during the school day³ (e.g., blood glucometer, fast acting sugar, intranasal glucagon (Baqsimi®), safety needles, insulin pen, personal cell phone).
- 2.3.11 If the **student** uses an app to support their diabetes management, e.g., continuous glucose monitoring (CGM) sensor app or an insulin dose calculation app, they must have their personal cell phone or CGM receiver with them at all times. **Parents/guardians** must ensure that all equipment is calibrated and maintained and any supplies to support the student's diabetes care (e.g., glucose testing supplies) are in date.

2 Canadian Centre for Occupational Health and Safety, "Routine Practices."
(<https://www.ccohs.ca/oshanswers/prevention/universa.html>).

3 School day refers to instruction hours only.

- 2.3.12 In most cases parents/guardians will not need to provide a second cell phone or CGM receiver for school staff as the student's device will always be with the student. If during the development of the PoC exceptional circumstances are agreed upon, parents/guardians can provide a second cell phone or CGM receiver for the school staff to support the student monitoring their glucose. The second device remains the property of the family and will be taken home each night by the student. If the family is unable to provide a second device, the **school administrator** will work with the family to ensure that a second personal device is available for school staff use.
- 2.3.13 **School staff** must not download any diabetes management apps onto their personal phone, or a school device, because this would result in a student's personal health information being collected and stored on their phone or a school device, contravening the *Personal Health Information Act* (PHIA).
- 2.3.14 Meals/snacks provided by **parents/guardians** for the student's school day, must be accurately labelled with the amount of carbohydrate noted per their PoC.
- 2.3.15 The **school administrator** will ensure that parents/guardians are given advance notice of field trips or special events that may change the student's usual routine during the instructional hours.
- 2.3.16 The **school administrator** will ensure that the student has their essential diabetes supplies with them if they are on a school organized excursion away from the school.
- 2.3.17 The **school administrator in partnership with the RCE/CSAP staff** will ensure that the risk management processes outlined in the *Guidelines for the Administration of Medication to Students* are adhered to (e.g., responding to, and the reporting of, a medication error).

2.4 Emergency Procedures

- 2.4.1 **Parents/guardians** will ensure their child has access to in-date (non-expired) intranasal glucagon during the school day.
- 2.4.2 Wherever possible the student will carry their own intranasal glucagon with them at all times. When this is not possible it will be stored in a centralized and accessible location which will be documented on their PoC.
- 2.4.3 The **school administrator** will ensure that **all school staff** are aware of the location of the student's intranasal glucagon in the case of a severe hypoglycemic emergency.
- 2.4.4 The student's PoC will provide guidance for the administration of intranasal glucagon, including if the parent/guardian has provided consent for school staff to administer the drug.
- 2.4.5 It is strongly recommended that all **coaches and volunteers** who support and facilitate student sessions outside instructional hours complete "**Managing Type 1 Diabetes at School: An Online Course for Educators and School Staff**," which includes training on intranasal glucagon delivery.
- 2.4.6 The training of **designated school staff** in administration of intranasal glucagon will be delivered in the training provided by the **SHP nurse**.

3. Communication and Distribution

- 3.1 **EECD** will communicate the approved policy, administrative procedures, and related guidelines to all RCEs, CSAP, and associated health care partners.
- 3.2 **EECD** will ensure that all RCEs and CSAP receive notification when new or revised procedures are published.
- 3.3 These administrative procedures only apply to instructional hours when students are under the care and supervision of school staff. If students with diabetes are present on the school premises, participating in events outside instructional hours, the administrative procedures do not apply.

4. Authority/Reference

- 4.1 *Inclusive Education Policy (2019)*
- 4.2 *Managing Diabetes in Schools Policy (2022)*

5. Governance and Monitoring processes

- 5.1 All documentation associated with the policy has been developed in conjunction with, and collaboratively among, EECD, IWK, and NSH.
- 5.2 Annually, at the request of EECD, all the teaching resources⁴ will be reviewed in a process led by the **Diabetes Care Program of Nova Scotia** to ensure a standardized educational approach is utilized when providing training in diabetes management in schools.
- 5.3 **EECD** is responsible for the review of the policy and administrative procedures on an annual basis.
- 5.4 **RCEs and CSAP** are responsible for implementing, monitoring, and supporting any revisions to the administrative procedures.

4 Teaching resources: annual training resources and insulin documentation.

Appendix A:

Staff Orientation and Training Requirements

1. Annual Orientation in Diabetes and Diabetes Management

The “**Managing Type 1 Diabetes at School: An Online Course for Educators and School Staff**” has been developed by members of the Canadian Paediatric Society utilizing materials from the Diabetes@School website. The course is self-directed and takes approximately an hour to complete.

All school staff in schools with students diagnosed with diabetes are required to undertake this course as part of their annual orientation. The course raises awareness of, and provides foundational information on, diabetes and diabetes management.

In schools where there are no students with diabetes it is strongly recommended that all school staff complete the online course in diabetes and diabetes management annually.

On completion, learners will be able to:

- a. explain what type 1 diabetes is and why it occurs
- b. understand what is in a student’s diabetes Plan of Care and how to use the Plan of Care at school
- c. describe the daily tasks involved in managing type 1 diabetes
- d. recognize symptoms of both mild and severe low blood sugar and know how to treat them
- e. describe what to do if a student with type 1 diabetes has high blood sugar and is feeling ill
- f. help students with type 1 diabetes be safe, supported, and included at school including students who may wish to fast during religious and cultural festivals

The course will be accessed via the School Health Partnership Moodle site where school staff will be directed to register for a Pedagogy account, which will enable school administrators to monitor staff compliance and completion of the course. The website provides the staff member with a certificate when they have successfully completed the course.

Diabetes Care Program of Nova Scotia will continue to support diabetes training for school staff by advising when updated training resources are available so these can be uploaded onto the School Health Partnership Moodle site for staff to access.

While school staff are becoming familiar with diabetes and diabetes management it is recognized that further support may be necessary. This may be school staff revisiting the online training session for clarification or reaching out to the SHP nurse if specific support or advice is required.

2. Training for School Staff Directly Supporting Students with Diabetes

School staff assigned to support students with health care tasks will predominantly be teacher assistants (TAs). Increasingly TAs will be undertaking the Teacher Assistant Core Curriculum course and will commence their roles with an increased knowledge of many childhood diseases, including diabetes. Their roles and responsibilities will be defined by the *Teacher Assistant Guidelines*.

All TAs assigned health care tasks to support students with diabetes will attend an in-person training session on diabetes and diabetes management which will be provided by the SHP Nurses. This training is required annually.

This annual training will include a theoretical/information sharing component that will include education in:

- a. prevention, identification, and treatment of hypoglycemia (low blood glucose) and hyperglycemia (high blood glucose)
- b. the impact of diabetes on student learning, specifically hyperglycemia and hypoglycemia, which may temporarily affect a student's mood, behaviour, ability to learn, participation in school activities, and may also lead to emergency situations if left untreated
- c. recognition that a student must be granted time to allow for cognitive recovery following a hypoglycemic event, this is especially true during an assessment or examination
- d. the requirement for a readily available diabetes emergency kit that must include a glucose meter or continuous glucose monitor (CGM) receiver, in-date intranasal glucagon, and snacks
- e. recognition that a student may require access to a personal mobile device (documented in their PoC) for the purpose of supporting diabetes management, including exchanging e-messages with parents/guardians
- f. recognition of the importance of required immediate action in the event of a sharps injury and who to contact for further advice

The training will also ensure that school staff are comfortable with, and have opportunities to practice, the following tasks, while supervised by the SHP nurse:

- a. performing capillary blood glucose checks (finger pokes) and monitoring glucose levels (finger pokes and CGM)
- b. insulin administration or supervision (insulin pump or pen); when administration is via an insulin pen the dosage will be determined using an agreed and approved Student Insulin Plan
- c. meal and snack supervision
- d. administration of emergency snacks and monitoring and responding to subsequent blood glucose levels
- e. emergency intranasal glucagon administration

SHP nurses will use *Managing Diabetes In Schools: Teaching Resources* which will be accessed via the SHP Moodle site, to support the delivery of the educational sessions.

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