Guidelines for Supporting Students with Type 1 Diabetes (and Other Diabetes Requiring Insulin) in Schools

Context

The Nova Scotia Department of Education recognizes and endorses the basic right of all students to full and equal participation in education. Providing health care support services to students while they are in the public school system to enable them to attend school is a shared responsibility among schools, parents, students, and health care professionals.

School boards have a responsibility to make provision for the education and instruction of all students enrolled in its schools and programs and teachers have a responsibility to attend to the health, comfort, and safety of students. To address the special health care needs of students with diabetes in school, school boards should follow the program planning process outlined in Policy 2.2 of the Special Education Policy. This process enables schools to involve parents of students with Type 1 Diabetes* in collaborative planning with school based staff and community-based health care professionals, as necessary, in order to develop an Individual Diabetes Care Plan which identifies routine daily supports for the student during the school day, and which must include an Individual Diabetes Emergency Plan for each student with Type 1 Diabetes. These guidelines strive to meet the Standards of Care developed by the Canadian Diabetes Association for students with Type 1 Diabetes in school.

Expectations for school boards and schools:

- develop a timely Individual Diabetes Care Plan in collaboration with parents for students with Type 1 Diabetes; for students with Type 1 Diabetes entering school at Primary, this plan should be developed prior to the opening day of school, and for other students newly diagnosed, or when first brought to the school’s attention. This should occur as soon as possible after their diagnosis is made known to the school.

* For purposes of these guidelines, “Type 1 Diabetes” is used but the principles and expectations apply to all diabetes requiring insulin.
• provide/facilitate general information and orientation for school staff regarding Type 1 Diabetes, including recognizing symptoms of hyperglycemia and hypoglycemia, and share information concerning emergency protocols;
• clarify, as necessary, the roles and responsibilities of school staff, parents, students, and health care professionals;
• acknowledge that parents are experts in the management of their child’s Type 1 Diabetes, including knowledge of appropriate diet and snacks for their child at school;
• provide a supportive, caring, positive, and flexible school environment by promoting independence for students with Type 1 Diabetes, while ensuring their safety; and to provide appropriate accommodation for specific needs (e.g., location for insulin self-administration for older students, safe disposal of sharps, privacy, etc.);
• understand the importance of providing opportunities for students to have snacks and lunch on time; provide appropriate settings and sufficient time for students to do their self-care diabetes routines; and consider potential concerns/issues related to bus transportation;
• acknowledge and understand that hyperglycemia and hypoglycemia may temporarily affect a student’s ability to learn and also their participation in school activities;
• implement and maintain a communication plan, as necessary, between home and school, and among school personnel;
• be aware of the anticipated response time for Emergency Health Services (EHS) in the school’s area when 911 is called in cases of emergency;
• develop an inter-agency agreement between the school board and their respective District Health Authority(ies) for the provision of health care training for school staff and support for students with special health care needs such as Type 1 Diabetes;
• identify, and transfer to specific school staff, specific diabetes health care functions, including monitoring blood glucose levels, monitoring insulin pumps and supplies; support parents in making their arrangements for administering insulin by injection at school (for students unable to self-administer insulin by injection);
• collaborate with their local District Health Authority, Continuing Care, and local diabetes management centres to develop formal interagency agreements regarding the training, supervision and monitoring of school board staff who perform various health care functions, including individual diabetes care for students with Type 1 Diabetes;
• make arrangements for training, supervising, and monitoring school personnel to whom specific diabetes health care functions have been transferred;
• make arrangements with parents and local health care professionals to assist in the provision of general awareness and education for school staff regarding Type 1 Diabetes at the beginning of each school year; general awareness and education may be provided
to school staff by referencing the IWK Health Centre DVD on diabetes at [www.iwk.nshealth.ca](http://www.iwk.nshealth.ca) and the Canadian Diabetes Association at [www.diabetes.ca](http://www.diabetes.ca) for additional resources and information;

- make arrangements, on an individual student basis, with parents and local health care professionals, as necessary, to provide training for monitoring blood glucose levels, monitoring insulin pumps, observing students for signs/symptoms of hyperglycemia and hypoglycemia, and supervising meal and snack times, as required by the student’s Individual Diabetes Care Plan for Type 1 Diabetes (see IWK Health Centre DVD on diabetes);

- adhere to the guiding principle “only as special as necessary” in the development of health care support for students with Type 1 Diabetes, and that this support to be determined on an individual student basis; adherence to this principle will foster the dignity of individual students, independence, and diabetes self-management, as appropriate for their age and stage of development;

- ensure that an Individual Diabetes Care Plan for students with Type 1 Diabetes is developed as recommended by the Canadian Diabetes Association; the Individual Diabetes Care Plan must include parents as members of the student’s planning team and the plan must identify persons responsible for daily monitoring of blood glucose levels, insulin pumps, supervision of meal and snack times, observing signs and symptoms, emergency response procedures, home/school communication plan, and emergency contact information. *Note: Daily routine administration of insulin injections at school is the parent’s responsibility if the student is unable to self-administer insulin. However, schools are expected to support parent/health care team arrangements in order for routine insulin injections to be given at school when the parent is not available;*

- consider diabetes care support needs, in the Individual Diabetes Care Plan, in relation to the length of time students travel on the bus to and from school; the level of support should be determined in collaboration with parents, health care professionals as necessary, and should include consideration of the student’s age and stage of development, the age at which the student’s Type 1 Diabetes was diagnosed, and the current stability of the student’s health condition.

**Recommendations concerning severe hypoglycemia**

It is recommended that:

- in cases of individual students who are high risk for severe hypoglycemia, or, where it is anticipated that Emergency Health Services response time is more than 20 minutes, it is
recommended that at least two school staff be trained, on a voluntary basis, by qualified health care personnel to administer glucagon by injection, if necessary, in emergency situations;

• if it has been agreed that school staff are to be trained to administer glucagon, and if it has been agreed that glucagon be administered by trained school staff in emergency situations, the parents of the child are expected to provide a glucagon kit to the school;

• at parental request, schools make provision for storage of a glucagon emergency kit at the school for use by parents in the event that they are present or arrive before Emergency Health Services.

Attachment

Standards of Care for Students with Type 1 Diabetes in School, Canadian Diabetes Association (2008)

November 5, 2010