

## **REGULATION #9610.3**

### **TYPE 1 DIABETES CARE IN SCHOOLS**

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#### **1. OVERVIEW**

Diabetes support in school settings is determined by the BC Ministry of Health document “*Provincial Standards: Supporting Students with Type 1 Diabetes in the School Setting, March 2015*”.

“With appropriate planning, a student with diabetes can participate in all school activities, and in most cases well managed diabetes will have little or no negative impact on a student’s education or school experience. However, all students with diabetes will have occasional high or low blood glucose. Students whose diabetes is more challenging to manage may experience some disruption of the education. Teachers and school staff should discuss concerns regarding diabetes and its impact on a student’s education with parents/guardians.”

#### **2. DIABETES SUPPORT PLAN AND MEDICAL ALERT INFORMATION AND/OR NURSING SUPPORT SERVICES DELEGATED CARE PLAN**

A safe and supportive environment for students with Type 1 Diabetes (T1D) depends on regular and ongoing communication and coordinated planning and documentation among all parties. Regular and ongoing communication is established between schools, the student, and the parents/guardians to support a safe learning environment.

- 2.1. A *Diabetes Support Plan & Medical Alert Information* form is required for every student with Type 1 Diabetes (T1D) enrolled in the BC Public Education System. The *Diabetes Support Plan & Medical Alert Information* form must be readily accessible to school staff and is developed in collaboration with the student’s Diabetes Care Team, the parents/guardians, and the school.
- 2.2. Students requiring additional assistance in the form of delegated care will have a [Nursing Support Services Delegated Care Plan](#). If delegation is deemed appropriate for an individual student, the Nursing Support Services (NSS) Coordinator completes a NSS Delegated Care Plan in consultation with the parent, the child’s Diabetes Care Team and the school administrator.
- 2.3. When a student is discharged from the NSS program, he or she may still require support from school staff in the form of reminders or confirmation that a task is completed until the student is fully independent in their diabetes management in the school setting. The level of support needed by the student can be documented in the *Diabetes Support Plan and Medical Alert Information* form.

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#### **3. BLOOD GLUCOSE MONITORING**

In the school setting, blood glucose monitoring is recommended at midmorning, lunchtime, two hours after lunch (mid-afternoon), before sport or exercise, and if there are concerns regarding low or high blood glucose. Special considerations regarding blood glucose monitoring may be required for students that have long commutes to/from school.

Students with diabetes:

- Are permitted to check blood glucose levels and respond to the results in the classroom, at every school location or at any school activity.
- Must be given access to all necessary supplies; and
- Must be provided with a private location (if preferred by the student) to do blood glucose monitoring.

*Students who are not able to perform blood glucose monitoring and/or insulin administration can have these tasks performed or supervised by school staff. Please refer to paragraph 1.2 of this regulation.*

#### **4. INSULIN ADMINISTRATION**

Schools will provide opportunities for students to administer insulin when and where it is needed. For students not able to perform the task, NSS Coordinators are available to delegate to school staff the task of insulin administration (via pump or pen) or the supervision of the student. Please refer to paragraph 1.2 of this regulation.

School staff who administer insulin will follow the NSS Delegated Care Plan. Delegated school staff will not be permitted to, or allow a student in their care to:

- 1) override the calculated dose on the insulin pump
- 2) change the number of carbohydrates from that actually consumed
- 3) change the settings on the pump
- 4) take direction from a parent as school staff must vet any changes through NSS.

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#### **5. GLUCAGON**

- 5.1. Where a school has a Type 1 Diabetic child enrolled and the parent wishes to have Glucagon administered in the case of a severe low blood sugar, the school must have trained school personnel. Teaching is provided by the local health authority by way of a request for training through the Public Health Nurse. It is an annual expectation for school staff to receive updates yearly.
- 5.2. Parents must complete the “Request for Administration of Medication at School” form and the “Medication Administration School Plan - Type 1 Diabetes” form and update them annually.
- 5.3. Schools will be responsible for completion of the “*Administration of Medication Record Card*” and “*Medication Administration Incident Report*”.

#### **6. ROLES AND RESPONSIBILITIES**

##### **6.1. Parents/Guardians**

Parental consent and involvement is required for the child specific supports to be provided.

Parents/Guardians:

- 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. If the diabetes is related to a new diagnosis and the student requires support at school, the parents/guardians must ensure that the physician has submitted a referral to the Provincial NSS centralized intake Office.
- Participate in the development of the *Diabetes Support Plan and Medical Alert Information* in collaboration with their health care provider and where applicable the Nursing Support Services Delegated Care Plan.
- Review the student’s *Diabetes Support Plan and Medical Alert Information*.
- Review and sign the *NSS Delegated Care Plan* (if the student receives NSS Delegated Care) annually or in the event of changes in the student’s health status or diabetes regime.
- Ensure the student wears medical identification.

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- Inform the school of any relevant changes to the students lifestyle, health or diabetes management per the *Diabetes Support Plan*.
- Provide, for young children, 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.
- Provide adequate insulin to last the school day.
- Troubleshoot all pump malfunctions (for students using an insulin pump) 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 (texting is not an accepted communication method).
- Be available to do the care at school if neither of the 2 trained EAs are present at school.

#### **6.2. Boards of Education:**

- Ensure district policies and procedures are aligned with the Provincial Standards of Diabetes Care in the School Setting document.
- Ensure that schools are familiar with the Provincial Standards of Diabetes Care in the School Setting document and district policies and procedures related to supports for students with T1D, and that these policies are communicated to the public.
- Ensure that all school staff attend or review the General Information about Diabetes for School Personnel presentation.
- Ensure the poster Managing Low Blood Sugar is posted in visible locations in the school.
- Coordinate and ensure that two designated school personnel receive training on the administration of injectable glucagon if requested by parents.
- Support the completion of the Diabetes Support Plan and Medical Alert Information and support staff in carrying out the directions within that plan.
- Ensure schools have established a process by which all staff, including teachers on call, can identify student(s) with T1D enrolled in the school.
- For students approved to receive Delegated Care through NSS, the School Administrator will:

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- Identify school staff to be trained and monitored in delegated nursing tasks. This includes situations in which there is staff turnover or when a staff person is not competent in performing the task as determined by the delegating nurse.
- Ensure that assigned staff are fully available to attend all necessary initial and ongoing training provided by NSS.
- Ensure that a NSS Delegated Care Plan is accessible to appropriate staff.
- Ensure that only staff trained by the NSS Coordinator perform delegated tasks; and
- Notify parents whenever trained staff are unavailable on a given day.
- Ensure schools' policies address the storage of insulin and all other related supplies including the emergency glucagon kits.

#### **6.3. Health Authorities:**

- Support the NSS Coordinator's role in developing and implementing the NSS Delegated Care Plan in consultation with the parent/guardian;
- Support the NSS Coordinator's role in training and monitoring delegated school staff;
- Provide glucagon administration training annually (or more frequently if required) to designated school staff in a school where a child or youth with T1D attends, and if glucagon administration is requested by the parent; and
- Support the NSS Coordinator's role in determining that delegating the task of insulin administration and/or blood glucose monitoring is in the best interest of the student. This role includes assessing the care needs of the student, the complexity of the task, the environment in which the task will be performed, and the suitability of the school staff person(s) to carry out the task. There may be situations when delegation is not possible.

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