



A POSITION AND POLICY STATEMENT OF DIABETES CARE

1. INTRODUCTION

Diabetes is one of the most common chronic diseases of childhood and an appropriate diabetes care policy is necessary for the students and school's immediate safety, long-term well-being, and optimal academic performance.

An individualized diabetes management plan (DMP) should be developed by the student's health care provider in collaboration with the student and parent / legal guardian to set out the student's diabetes management needs during the school day and at all school related activities.

2. RESPONSIBILITIES OF THE PARENT / GUARDIAN

- . 2.1 The parent / guardian should provide the student with all materials, equipment, supplies (meter, test strips, lancets, lancing device), insulin (backup syringes, pump supplies, etc., if needed) and other medication necessary for diabetes management, including blood glucose monitoring, insulin administration (if needed), glucose tablets, glucagon emergency kit, urine or blood ketone monitoring, and food / snacks;
- . 2.2 The parent / guardian is responsible for the maintenance of the blood glucose monitoring equipment and must provide materials necessary to ensure proper handling and disposal of materials;
- . 2.3 The parent / guardian must provide supplies to treat hypoglycemia, including glucose tablets or a source of quick-acting carbohydrate and glucagon emergency kit;
- . 2.4 The parent / guardian must provide information about diabetes and the performance of diabetes-related tasks;
- . 2.5 The parent / guardian must provide current emergency phone numbers for the parent / guardian and the student's health care provider so that the school, with parental consent, can contact these individuals with diabetes- related questions and / or during emergencies.
- . 2.6 The parent / guardian must provide the school with information about the student's meal / snack schedule;

2.7 The parent / guardian must provide a signed release of confidentiality limited to diabetes-related care so that the health care provider can communicate with the school. Copies should be retained both at the school and in the health care provider's offices.

3. RESPONSIBILITIES OF THE SCHOOL

3.1 The school must provide a location at the school that allows privacy during blood glucose monitoring and insulin administration, if desired by the student and family, or permission for the student to check his or her blood glucose level and take appropriate action to treat hypoglycemia and hyperglycemia in the classroom or anywhere the student is in conjunction with a school activity, if indicated in the DMP.

3.2 The school must give permission for self-sufficient and capable students to carry equipment, supplies, medication and snacks and to perform diabetes management tasks anywhere and at any time.

3.3 The school must give permission for the student to have smartphone or other technology and direct communication access to reach the parent / guardian and health care provider.

3.4 The school must give permission to miss school without consequences for illness, diabetes management, and required medical appointments to monitor the student's diabetes management. This should be an excused absence with a doctor's note, if required by usual school policy.

3.5 The school must give permission for the student to use the restroom and have access to fluids (i.e., water) as necessary.

3.6 The school must provide an appropriate location for insulin and / or glucagon storage, if necessary.

3.7 Under current legislation the school staff are prohibited from administering any medication to students. Unless the Department of Education provides a qualified nurse, all administering of medication and treatments must be conducted by the student themselves or their parent / guardians or appointed medical practitioner.