

ADMINISTRATIVE PROCEDURES

SUBJECT: DIABETES MANAGEMENT

INTRODUCTION

“A broader understanding of diabetes enables schools to better safeguard the health of the children as well as minimize the anxiety of parents/guardians and school personnel.” - Canadian Diabetes Association.

The ultimate responsibility for diabetes management belongs with the child and the family, however school staff can play an important support role as students acquire greater independence in the management of their diabetes.

Toward effective support in the school setting, a number of important areas must be considered. These include: providing a basic understanding of diabetes, identification of role responsibilities including appropriate training for staff, and outlining emergency procedures.

BASIC UNDERSTANDING

Your body gets energy by making glucose from foods like bread, potatoes, rice, pasta, milk and fruit. To use this glucose, your body needs insulin. Insulin is a hormone that helps your body to control the level of glucose (sugar) in your blood. Diabetes is a serious disease that impairs the body’s ability to use food properly. In students with diabetes, insulin is either not produced or does not work efficiently. There are three types of diabetes. Each type requires different management:

Type 1 Diabetes

Type 1 Diabetes, usually diagnosed in children and adolescents, occurs when the pancreas produces little or no insulin. With this type of diabetes glucose builds up in the blood instead of being used for energy. The cause of Type 1 Diabetes remains unknown however, it is not preventable, and it is not caused by eating too much sugar. Approximately 10 per cent of people with diabetes have Type 1 Diabetes.

Insulin therapy is the cornerstone of treatment for Type 1 Diabetes. Insulin can be administered by syringe, pen or pump, according to a regimen prescribed by a doctor.

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Type 2 Diabetes

Type 2 Diabetes, which is prevalent in approximately 90 per cent of people with diabetes, occurs when the pancreas does not produce enough insulin or when the body does not effectively use the insulin that is produced. Type 2 Diabetes usually develops in adulthood, although increasing numbers of children in high-risk populations are being diagnosed.

Therapy for Type 2 Diabetes may involve self monitoring of blood glucose levels, oral medication and in some cases insulin therapy.

Gestational Diabetes

Gestational Diabetes develops in 2-5 per cent of pregnant women. This type of diabetes usually disappears after childbirth but can result in a higher risk of future development of Type 2 Diabetes for the mother.

Signs and Symptoms

When blood glucose is in proper balance, children or adolescents will behave as others. When it is not, diabetes can lead to hypoglycemia or hyperglycemia, which in the most severe cases can be life threatening.

Hypoglycemia (low blood sugar)

This occurs when the amount of blood sugar is lower than an individual's target range. This can develop quickly and requires an immediate response. Be alert for the following symptoms and contact parents if mild symptoms appear, including:

- Cold, clammy or sweaty skin
- Paleness, quietness
- Shakiness or lack of coordination
- Fatigue, dizziness
- Irritability, hostility and poor behaviour

Severe hypoglycemia can be life-threatening and therefore result in the need for an urgent response. Contact parents and refer to the Diabetes Management Plan for emergency response [(Appendices 1(a) and 1(b)]. Symptoms of severe hypoglycemia include:

- Confusion
- Slurred speech
- Staggered gait
- Unresponsiveness

Hyperglycemia (high blood sugar)

This occurs when the amount of blood sugar is higher than the individual's target range for a prolonged period of time. An urgent response to severe high blood sugar levels is not necessary if there are no symptoms. Be alert for the following symptoms and contact parents if mild symptoms appear, including:

- Frequent trips to the washroom to urinate
- Excessive thirst
- Blurred vision
- Hunger

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Severe hyperglycemia can result in the need for an urgent response. Contact parents and refer to the Diabetes Management Plan [Appendices 1(a) and 1(b)] for next steps. Symptoms of severe hyperglycemia include:

- Nausea
- Vomiting
- Extreme thirst
- Frequent/excessive urination
- General malaise

Glucagon

Glucagon is a hormone that raises the level of glucose in the blood. Glucagon injections are only used in a case of severe hypoglycemia.

COMMUNICATION PLAN (ROLES AND RESPONSIBILITIES)SCHOOL PRINCIPALOperational Duties

- (a) Reviews Administrative Procedure: Diabetes Management with entire staff each year in September and throughout the school year as required when there is a student with diabetes in the school.
- (b) Advises teaching staff, including occasional teachers, to review the individual Diabetes Management Plans [Appendix 1(a) and 1(b)] for students in their assigned classrooms.
- (c) Notifies cafeteria staff, lunchroom supervisors, other school-based staff and volunteers of the individual student's Diabetes Management Plan.
- (d) Notifies transportation department with a list of students with diabetes riding the school bus.
- (e) Provides a discreet location where the student may self-monitor and/or self-administer medication.
- (f) Provides a secure location(s) for the student's emergency and other essential supplies and ensures that supplies and equipment are labelled with the student's name.
- (g) Ensures appropriate supervision, including during self-monitoring of medication, as appropriate.
- (h) Communicates procedures for the safe disposal of sharps, lancets and testing strips (Appendix 2).
- (i) Communicates universal precautions for blood and body fluids (Appendix 2).
- (j) Ensures that the parent/guardian is called and emergency action is taken as required when the student has not responded to the actions outlined in the Diabetes Management Plan. Where necessary, arranges transport of student to an emergency medical facility.
- (k) Informs School Council of the Board procedure on Diabetes Management.

Consent and Parental Involvement

- (a) Ensures that upon registration, parent/guardian/ and students are asked to supply information on diabetes.
- (b) Meets with parent/guardian to complete the following: Administration of Prescribed Medication, Diabetes Management Plan.
- (c) Convenes a case conference, which may include parent/guardian, the student if appropriate and school staff, to gather medical information related to the condition including identification and management of an individual student's diabetes. In some instances, CCAC Case Manager and/or Diabetes Educators may also participate in the case conference.

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- (d) Obtains consent from parent/guardian and student with diabetes to share information with staff and other approved individuals (this consent is part of Diabetes Management Plan).
- (e) Works closely with the parent/guardian and student with diabetes to provide ongoing support.
- (f) Requests that parent/guardian provides all required supplies and food for their child with diabetes.
- (g) Ensures that CCAC is contacted for all students who are unable to manage their blood glucose (sugar) monitoring, insulin injections or pump independently (unless this responsibility is assumed by parent/guardian) as well as to request support for training and education of involved school personnel.

Documentation

- (a) Develops and maintains a file for each student including but not limited to current Diabetes Management Plan.
- (b) Ensures that the student's Diabetes Management Plan is posted in a non-public area (i.e. staff room, office, classroom etc.) and the Teacher's Day Book.
- (c) Provides cafeteria staff with a copy of the Diabetes Management Plan in the food preparations area where staff can review it discretely while respecting the privacy and confidentiality of the student.
- (d) Provides the Board's Transportation department with a list of students with diabetes riding the school bus.

Professional Learning

- (a) Ensures that appropriate training on managing diabetes is delivered to school-based staff and others who are in direct contact with students. This should include an understanding of diabetes, recognition of causes, as well as signs and symptoms of hypoglycemia and hyperglycemia.
- (b) Provides information for school staff regarding how to respond to emergency situations regarding diabetes.
- (c) Provides teachers with access to appropriate resources for use in their classrooms regarding diabetic education.

TEACHERS AND CLASSROOM SUPPORT STAFFPreparation

- (a) Reviews and monitors Diabetes Management Plan, including Emergency Response. Ensures that any suggested changes to protocol are referred to administration.
- (b) Leaves information in an organized, prominent and accessible format for occasional teachers.
- (c) Receives information on diabetes management and is familiar with the administration procedure pertaining to diabetes management.
- (d) Participates in case conferences with parent/guardian, principal and health professionals as required.
- (e) Permits students with diabetes to take action to prevent or treat low blood glucose (sugar). Allows flexibility in class routine and school rules as required.
- (f) Informs parent/guardian when the supply of fast acting sugar (oral glucose, juice etc.) is running low.
- (g) Develops open lines of communication and encourages student(s) to indicate low blood sugar when he/she feels the first symptoms or has a general feeling of unwellness.
- (h) Notifies parent/guardian of the child with diabetes of school trips, special events and athletic activities. Takes steps necessary to support the safety of the student.

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- (i) Follows the individual student's Diabetes Management Plan during school-sanctioned excursions and provides it to other individuals as required.

Classroom Support

- (a) Discusses diabetes with the class in age appropriate terms and informs classmates of the location of fast acting sugars.
- (b) Encourages students with diabetes to eat only what they bring from home.
- (c) Ensures that sufficient time is provided for the student to finish lunch and snacks.
- (d) Makes arrangements for a buddy system during recess, on the school bus and on field trips as appropriate.

PARENT/GUARDIAN OF A STUDENT WITH DIABETES

- (a) Informs school of the child's diabetes and completes appropriate forms.
- (b) Participates in a case conference with school principal, teacher, involved health professionals as required.
- (c) Informs school administration regarding any changes in the child's health, lifestyle, diabetes procedures, management and updates emergency contact numbers on an on-going basis.
- (d) Provides and maintains at the school a supply of fast acting sugar (carbohydrates) e.g. oral glucose, juice.
- (e) Provides a safe container for blood sugar monitoring items, insulin injection items and medication
- (f) Provides an appropriate container for sharps (used syringes, insulin pen needles and lancets) and ensures proper disposal of this container.
- (g) Labels all items with child's name.
- (h) Provides and replenishes all necessary diabetic related supplies.
- (i) Teaches child to: wear Medic Alert identification, communicate clearly to adults that he or she has diabetes, report any symptoms of unwellness, participate at an age appropriate level in their Diabetes Management Plan.

STUDENT WITH DIABETES

With an understanding of diabetes as is age appropriate and according to ability:

- (a) Wears his/her Medic Alert identification at all times during the school day.
- (b) Recognizes the symptoms of a low blood sugar reaction.
- (c) Manages symptoms.
- (d) Takes responsibility for following an established eating plan.
- (e) Takes responsibility for bringing and looking after his/her blood glucose (sugar) monitoring and insulin injection apparatus, including proper disposal in an appropriate manner.
- (f) Participates in blood glucose checking, insulin administration and safe disposal of sharps.
- (g) Informs an adult promptly that he/she has diabetes as soon as symptoms of low blood sugar appear or when experiencing feeling of being unwell.
- (h) Self monitors his/her blood glucose regularly with a glucose meter and keeps the results within a target range.

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COMMUNITY CARE ACCESS CENTRE (CCAC) AND SCHOOL SUPPORT HEALTH SERVICES

- (a) Receives referrals from parent/guardian for health support services beyond the capacity, resources and/or requirements of the schools and/or Board.
- (b) Supports students directly or informs supports and consults with appropriate school staff.

DIABETES MANAGEMENT PLAN/EMERGENCY PROCEDURES - SEE APPENDICES 1(a) AND 1(b)

A Diabetes Management Plan will be developed for each student who is identified with diabetes. This plan, developed in consultation with the parent/guardian, will provide all necessary information about the student. It will be implemented in accordance with the specific medical requirements for each student. The plan will include specific emergency steps for severe cases of hypoglycemia.

Severe hypoglycemia (confusion, slurred speech, staggered gait and eventual unresponsiveness) can be life threatening and require a call to 911 for Emergency Medical Services and treatment with injectable glucagon. The parent/guardian should be alerted and if they cannot be reached, school staff should accompany the student to the hospital.

Copies of the Diabetes Management Plan which includes an Emergency Action Plan [Appendices 1(a) and 1(b)], will be located in the main office, and the teacher's day planner. The Emergency Action Plan [Appendix 1(b)] must also be posted as needed (eg., staffroom, cafeteria).

See Appendices 1(a) and 1(b).

GLOSSARY OF TERMS AND RESOURCES. - SEE APPENDIX 2

This section has been included to provide additional information and resources to support staff in their understanding of Diabetes.

Implementation Date: April 1, 2014
Revised: February, 2015

APPENDIX 1(a)



STUDENT DIABETES MANAGEMENT PLAN

STUDENT:				DIABETES TYPE:		
HOMEROOM TEACHER:		GRADE:		SCHOOL YEAR:		
OTHER STAFF:						
PARENT/GUARDIAN:				HOME PHONE:	-	-
				WORK PHONE:	-	-
				CELL PHONE:	-	-

For secondary student please attach copy of timetable to this document.

PART 1 - HYPOGLYCEMIC (LOW BLOOD SUGAR) MANAGEMENT

- Blood sugars below 4.0 or below 6.0 for 5 years and under.
- Student will be allowed extra juice/snacks any time they feel low as per hypoglycemic plan.

Causes:

- Insufficient carbohydrates due to delayed or missed food
- More exercise than usual without a corresponding increase in food
- Too much insulin

Symptoms (select all that apply):

cold, clammy, sweaty skin lack of concentration fatigue	shakiness, poor coordination dizziness irritability, poor behaviour	quietness blurred vision reports feeling low
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Other: _____

Predicted times/activities common to low sugar for my child: _____

PART 2 - HYPERGLYCEMIC (HIGH BLOOD SUGAR) MANAGEMENT

- Blood sugars above 14.0.
- This does NOT require immediate emergency action UNLESS child is vomiting in which case the parent should be contacted immediately.

Causes:

- Too many carbohydrates
- Less than the usual amount of activity
- Not enough insulin
- Illness

Symptoms (select all that apply):

<input type="checkbox"/> thirsty	<input type="checkbox"/> weakness	<input type="checkbox"/> blurred vision
<input type="checkbox"/> need for frequent urination	<input type="checkbox"/> fatigue	
<input type="checkbox"/> mood swings	<input type="checkbox"/> hunger	

Other: _____

Action Required:

- Allow child to drink as much sugar free liquid as desired.
- Do not limit trips to bathroom.
- Inform parents.
- For pump delivery students: Correct with insulin bolus Yes No.

PART 3 - NUTRITION BREAKS

Please check appropriate **routine** and blood sugar checking times:

Regular Day	Balanced Day Programs
Before morning recess (am / pm)	Before 1 st nutrition break (am / pm)
Before lunch (am / pm)	Before 2 nd nutrition break (am / pm)
Before afternoon recess (am / pm)	Other checking times:

- Syringe Delivery
 - Student must be able to eat according to daily schedule.
 - Student must be able to eat all required food sent by parents.
 - Supervision will be required. Yes No.

- Pump Delivery
 - Allow child to drink as much sugar free liquid as desired.
 - Supervision will be required. Yes No.
 - Student must be able to eat all required food sent by parents, or
 - Student may independently adjust bolus to accommodate amount of food/carbohydrates.

Parent/Guardian should be notified of changes to daily snack or activity time.

PART 4 - PHYSICAL ACTIVITY PLAN

To prevent low blood sugar, please indicate what needs to be considered to support your child.

Before physical activity:	
During physical activity:	
After physical activity:	

PART 5 - INSULIN DELIVERY SYSTEM

- My child delivers syringe injections of insulin. Insulin is given by: parent child nurse
- My child requires insulin injections while at school. Insulin is given by: parent child nurse
- My child is on an insulin pump. Pump is monitored by: parent child nurse

Please complete either (a) or (b):

(a) Syringe insulin delivery times and insulin type:

(b) Insulin pump bolus:

- before each snack/meal of carbohydrates
- carbohydrate/insulin ratio _____

Child may unhook pump for a maximum of one hour during intense physical activity Yes No.
 While disconnected, pump will be stored _____.

NOTE: School-based staff do not give injections.

PART 6 - ILLNESS

When students with diabetes become ill at school, the parent/guardian/caregiver should be notified immediately so that they can take appropriate action. Nausea and vomiting (flu-like symptoms) and the inability to retain food and fluids are serious situations since food is required to balance the insulin. This can lead to hypoglycemia or be the result of hyperglycemia.

Comments: _____

PART 7 - SUPPLIES SENT TO SCHOOL BY PARENT/GUARDIAN

7.1 Carbohydrates:

Fast Acting Sugar--please specify (i.e., juice boxes, glucose tablets...): _

Fast Acting Sugars to be stored (provide specific locations):

In _____ classroom: _____

In office: _____

In gymnasium: _____

7.2 Supplies:

Blood glucose meter and strips

Lancing device and lancets

Glucagon needle

Sharps disposal container

7.3 (a) For syringe delivery students:

Insulin pen / syringe

Insulin

OR

7.3 (b) For pump delivery students:

Pump supplies as decided: _____

7.4 Supplies to be stored (please provide specific locations): _____

The teacher should inform the parent/guardian/caregiver when supplies are running low.

PART 8 - EXCURSION PROTOCOL

During all trips off school property the parent will provide an excursion kit which will consist of:

Hypoglycemia/Emergency Kit

Medic Alert

Cell Phone (if the parent/guardian chooses).

PART 9 - COMMUNICATION BETWEEN HOME AND SCHOOL

Agreed upon process for contacting home: _____

The personal information being collected, used and disclosed to school staff and volunteers is in accordance with the Personal Health Information Protection Act for the purposes of addressing the needs of students with diabetes. I agree that the school may post my child's picture, take emergency measures and share this information as necessary with the school staff, students and health care providers.

Parent/Guardian Signature: _____ Date: _____

STUDENT INDEPENDENCE IS THE PRIMARY GOAL WHERE POSSIBLE

APPENDIX 1(b)



DIABETES HYPOGLYCEMIC (LOW BLOOD SUGAR) - EMERGENCY ACTION PLAN

STUDENT NAME: _____	
Teacher: _____ Grade: _____ School Year: _____ Wears Medic Alert: <input type="checkbox"/> Yes <input type="checkbox"/> No	STUDENT PHOTO
LOCATION OF FAST ACTING SUGAR:	
Classroom: _____ Office: _____ Gymnasium: _____	

SYMPTOMS AND ACTIONS	
MILD TO MODERATE	SEVERE
<p>Symptoms:</p> <ul style="list-style-type: none"> cold, clammy or sweaty skin; paleness, quietness; shakiness or lack of coordination; fatigue, dizziness; and irritability, hostility and poor behaviour Other: _____ 	<p>Symptoms:</p> <ul style="list-style-type: none"> confusion; slurred speech; staggered gait; eventual unresponsiveness Other: _____
<p>Actions: Instruct child (or appropriate support person) to test their blood sugar using glucometer.</p> <p>If the reading is BELOW 4 TREAT IMMEDIATELY--Retrieve EmergencyKit-- Give student:</p> <ul style="list-style-type: none"> 175 ml Juice, OR Sugar Pop, OR 3 Glucose Tabs, OR 5 or 6 Lifesavers. <p style="text-align: center;">REPEAT BLOOD SUGAR TEST IN 15 MINUTES</p> <p>If reading is ABOVE 4 and next scheduled snack/meal is LESS than 1 hour--no further action is required.</p>	<p>Actions: DO NOT GIVE FOOD OR DRINK</p> <ul style="list-style-type: none"> Call 911 If unconscious roll student on their side. Inform EMS student has Diabetes (specify type). Call Parent/Guardian/Caregiver for direction. Ensure Glucagon needle is available for EMS or volunteer who has been trained in Glucagon administration. Stay with student until EMS arrives.
<p>If the reading is ABOVE 4 and student feels unwell:</p> <ul style="list-style-type: none"> Stay with student, and Notify parent for further instructions. 	<p>If next snack/meal is MORE than 1 hour student needs a snack (provided by parents) If blood sugar is still BELOW 4 repeat intervention. If after 2 interventions blood sugar is still BELOW 4:</p> <ul style="list-style-type: none"> Stay with student. Notify parent/guardian/caregiver. Repeat above actions.

EMERGENCY CONTACTS - Please Prioritize 1 - 2 - 3			
Name/Relationship	Home #	Work #	Cell #
1.			
2.			
3.			

DIABETES MANAGEMENT - GLOSSARY OF TERMS & RESOURCES

GLOSSARY OF TERMS

Blood Glucose

The amount of sugar in the blood at a given time. Blood glucose levels fluctuate within a normal range but in students with diabetes that fluctuation can be exaggerated well beyond the normal range. People with diabetes should try to keep their blood glucose as close to target range as possible. Maintaining healthy eating habits and an active lifestyle, and taking medication if necessary, will help keep blood glucose levels within that target range.

Blood Glucose monitoring

Students with diabetes should self-monitor their blood glucose regularly with a glucose meter and work to keep the results within a target range. Levels will change depending on food consumption, physical activity, stress, illness, problems with the insulin delivery system and many other unknown factors. To obtain a reading, a drop of blood is placed on a blood glucose strip which is inserted into a blood glucose meter.

Carbohydrate

One of the main sources of energy (calories). All forms of carbohydrate are broken down into glucose during digestion and increase blood glucose. Carbohydrates are found in fruits, vegetables, milk and grains/starches such as rice, potatoes, corn and legumes, and refined sugars.

Diabetic Ketoacidosis (DKA)

An acute and severe complication of diabetes that is the result of high levels of blood glucose and ketones. It is often associated with poor control of diabetes or occurs as a complication of other illnesses. It can be life threatening and requires emergency treatment. Signs and symptoms include fruity odour on the breath, shortness of breath, confusion, nausea, vomiting and weight loss.

Fast-Acting Carbohydrate

A carbohydrate to eat or drink for the treatment of mild to moderate hypoglycemia (e.g. juice, glucose tablets). It is absorbed quickly by the body to correct low blood sugar.

Glucagon

Glucagon is a hormone that raises blood glucose. An injectable form of glucagon is used in an emergency situation to safely treat severe hypoglycemia. Please note that no harm can come from administering glucagon injections.

Glucose

Glucose is a simple sugar produced when carbohydrates are consumed and /or released by the liver or the muscles in the body. It is the primary source of energy for the body.

Hypoglycemia (low blood glucose)

Hypoglycemia is an emergency situation and occurs when the amount of blood glucose has dropped below 4.0 mmol. Symptoms of hypoglycemia can be mild, moderate or severe. Hypoglycemia is most often a result of an individual having injected too much insulin, or eaten too little food, or exercised without extra food. The symptoms of a mild and/or moderate hypoglycemia are usually recognized by the student and may include but are not limited to:

- hunger
- increased heart rate
- shakiness
- headache
- dizziness
- blurred vision
- clammy
- sweaty skin
- irritability
- extreme tiredness
- inability to concentrate
- mood changes

Severe hypoglycemia typically occurs when the amount of blood glucose (sugar) is lower than 2.8 mmol. Left untreated the student may become confused, present with slurred speech and a staggered gait and eventually become unresponsive and in the most severe case become unconscious.

Hyperglycemia (high blood glucose)

Hyperglycemia occurs when the amount of blood sugar is higher than an individual's target range. An urgent response to high blood sugar levels is generally not required, however parents should be notified at the end of the school day (sooner if the parents request this) if school personnel note frequent trips to the bathroom to urinate and /or excessive thirst. Parents should to be called immediately if the student has a stomach ache, nausea, and/or vomiting.

Insulin

Is a hormone that is required to effectively convert glucose to energy for the body to use. With no insulin, glucose builds up in the blood instead of being used for energy. Therefore, students with Type 1 Diabetes must administer insulin by syringe, insulin pen or insulin pump. Students with Type 2 Diabetes whose bodies make insulin but are unable to use it effectively will require life style changes, oral medication and/or insulin.

Ketones

Ketones are an acid created when the body burns its own fat. Ketones are common in persons with Type 1 Diabetes because the body cannot get enough glucose from the blood. The insulin cannot deliver energy to the body's cells, so the body has a survival mechanism that begins burning fat. In most persons with Type 1 Diabetes there may not be a lot of fat to burn. Knowing what their ketone level is helpful in managing blood glucose levels more efficiently.

Sharps

Sharps are items that are potentially contaminated with blood or body fluids that are capable of causing a cut or puncture in the skin. Sharps include used syringes, insulin pen needles, and lancets. These items must be carefully disposed of in appropriate containers which are provided by the parent/guardian. These containers are hard plastic or metal with tight fitting lids. They should be marked "biohazard" and disposed of by parent/guardian through a local pharmacy sharps collection program.

Target Range

Acceptable blood glucose levels are based on the Canadian Diabetes Association's Clinical Practice Guidelines and are personalized for the student by the parent/guardian in collaboration with the individual's diabetes care team.

Type 1 Diabetes

An autoimmune disease, that occurs when the pancreas no longer produces any insulin or produces very little insulin. Type 1 Diabetes usually develops in childhood or adolescence and affects approximately 10% of people with diabetes. There is no cure. It is usually treated with lifelong insulin injections and careful attention to diet and physical activity.

Type 2 Diabetes

A disease that occurs when the pancreas does not produce enough insulin to meet the body's needs and/or the body is unable to respond properly to the actions of insulin (insulin resistance). Type 2 Diabetes usually occurs later in life (although it can occur in children) and affects approximately 90% of people with diabetes. There is no cure. It is treated with careful attention to diet and exercise and usually requires medication (oral antihyperglycemic agents) and or insulin.

Universal Precautions

These are the precautions necessary to avoid contact with blood or body fluids. Universal precautions include: education, proper hand washing, use of protective barriers (ie. gloves), cleaning of contaminated surfaces and safe disposal of contaminated materials (ie. sharps).

RESOURCES

Additional information and materials to support staff and students in their understanding of diabetes can be obtained from the following sources:

- Canadian Diabetes Association: www.diabetes.ca
- Kids with Diabetes in Your Care (Resources from the Canadian Diabetes Association)
- Children with Diabetes at School: www.childrenwithdiabetes.com
- Erie St. Clair CCAC: www.ccac-ont.ca or 1-888-447-4468
- Chatham-Kent Health Alliance Diabetes Education Centre: 519-437-6086
- Bluewater Health Diabetes Education Program: 519-464-4400, Ext. 5589 (Sarnia Site)