



Application Form

Program Objectives

- Recognize and reward schools that undertake sustained implementation of essential In-School Support programs for students living with diabetes (Type 1 and Type 2).
- Motivate schools to take a broad view of the diabetes pandemic including proactive contributions to raise general awareness and support prevention of youth-onset Type 2 diabetes and complications in Type 1 and Type 2.
- Encourage schools to help improve insights regarding the prevalence of youth-onset diabetes across Canada.

Identification & Contact Data [please print or type]

| | | |
|--|-------------------------------------|----------|
| Province/Territory | School Board or Governing Authority | |
| Name of School and Grade Levels included | | |
| Street, City/Town, Postal Code | | |
| Name of Principal | email address | Tel. No. |

Self-Assessment of Program Progress

Our in-school support program for students living with diabetes was initiated on:

Month and Year

and we judge our current status as [choose one option only please]:

| | |
|--|--|
| 1. Early stage (e.g., program framework and formal position statement have been established; school-wide awareness and training of designated staff/teachers is in progress) | |
| 2. Key aspects implemented but more to be done | |
| 3. Fully operational | |

**Please email the complete Application Form and any attachments to
inschoolsupport@bantinglegacy.ca**

**If you have questions or require assistance, please contact
inschoolsupport@bantinglegacy.ca**

Considerations affecting the scale and scope of in-school support for student's living with diabetes

1. Age and Developmental Appropriateness [<https://www.diabetesatschool.ca/schools/managing>]

Programs need to provide support and supervision that match each child's needs and abilities.

How quickly children start doing some of the day-to-day tasks of managing [their] diabetes depends on many factors, including:

- How old they are
- What they are able to do
- How independent they are
- How long since they were diagnosed
- How willing they are to take on diabetes-related tasks

When it comes to diabetes care, it is up to parents and children to decide “who does what”.

Especially in the early years, a child's willingness to be involved in their care may vary from day to day, and depending on circumstances.

2. Diabetes Type [bantinglegacy.ca/in-school-support]

Students living with diabetes carry an additional developmental burden. They face many day-to-day challenges to effectively manage their condition. Whether living with Type 1 or Type 2 diabetes, students at school need varying levels of support in order to be safe and to have a positive and full in-school experience.

Managing diabetes is a 24/7 requirement, is not an easy task and lapses can lead to medical emergencies. The diabetes ‘condition’ is not a consistent, stable process.

Most existing policies or guidelines properly reflect a dominant focus on Type 1. In light of increasing youth-onset Type 2, it is essential to include guidance regarding support for Type 2.

Type 2 diabetes can remain invisible for a long time with the result that at time of diagnosis, cell damage can be in progress. It is estimated that 40% of those living with Type 2 do not know they have the disease.

Recent research indicates that complications can occur earlier and can be more severe for youth with Type 2 versus Type 1; and Type 2 in youth is a more severe disease than Type 2 in adults with an increased risk of early mortality the younger the onset of Type 2.

Emerging experience clearly indicates that not all youth-onset Type 2 cases are responsive to diet and oral medication alone and soon also require insulin. This may be as high as 50% of the cases.

Both types require persistent attention to balancing blood glucose levels as part of preventing or at least delaying diabetes-related complications.

Students living with either type of diabetes are susceptible to hypoglycemia (a blood glucose level that is ‘too low’). The risk is generally lower for those Type 2 cases who do not also require insulin. Even mild or moderate hypoglycemia requires immediate attention to prevent severe hypoglycemia, which involves loss of consciousness or seizure.

Attention to diet, physical activity, frequent blood glucose monitoring and the administration of insulin or oral medication is essential. Students living with diabetes need help to achieve and sustain their disease ‘self-management’ skills, including while in school.

Part A: Overview

| A1. Inclusiveness and School Environment | YES | NO |
|--|------------|-----------|
| 1. Our school is an inclusive community that supports and welcomes students with medical conditions. | | |
| 2. Our staff and teachers are aware of the potential for humiliation and exclusion of students living with diabetes. | | |
| 3. All students living with diabetes have the same opportunities to participate in all school activities, on and off site, as do other students. | | |
| 4. Our school personnel understand the importance of ‘listening to’ and taking into account the views of a student living with diabetes. | | |

| A2. Documented Expectations | YES | NO |
|--|------------|-----------|
| 1. Our school has a formal position statement and/or procedures regarding the in-school support to be provided for students living with diabetes. | | |
| 2. Our position statement is the result of a policy or guideline mandated by a Provincial or Territorial ministry, school board or authority. | | |
| 3. Our position statement is supported by a clear communications plan for staff, parents and others required to ensure related actions are carried out fully. | | |
| 4. Our staff and teachers, including temporary, supply and external support resources (e.g., school bus drivers), are informed of the emergency procedures for students living with diabetes. | | |
| 5. Our staff and teachers, including temporary, supply and external support resources (e.g., school bus drivers), understand and can recognize the various types of technology devices and supplies used by students living with diabetes. | | |

NOTE: the term ‘parent’ implies any person or organization with parental responsibility such as a foster parent, carer, guardian or other legal authority

| A3. Identification of Students living with Diabetes [Type 1 and Type 2] | YES | NO |
|--|------------|-----------|
| 1. All students living with diabetes are required to identify themselves at time of registration for each school year. | | |
| 2. All students living with diabetes are required to provide an Individual Care Plan (ICP) at time of registration. | | |
| 3. All students living with diabetes are urged to wear personalized medical ID. | | |
| 4. Our program includes specific attention to the needs of students living with Type 2 diabetes. | | |
| 5. If the answer to Q4 is “no”, do you have a plan to adjust your program to include Type 2? | | |

| A4. Facilitating Prevention [in addition to embedded curriculum content] | YES | NO |
|--|------------|-----------|
| 1. Our school conducts an annual, school-wide Diabetes Awareness Day. | | |
| 2. Our in-school meal menu includes options for healthy eating. | | |
| 3. Our in-school meal delivery facility displays posters describing healthy eating choices. | | |
| 4. Our school curriculum provides opportunity for, and encourages, modest daily exercise for all students at least 3 times per week. | | |
| 5. Our school has a proactive anti-smoking policy. | | |

***Type 1 Diabetes cannot be prevented.
70% of Type 2 cases can be prevented or delayed;
as can 60% of diabetes-related complications in either type.***

Please consider using the ***Type 2 Diabetes Risk Self-Assessment Questionnaire for Youth (8-18)*** at www.bantinglegacy.ca/survey. This is self-scoring and optimized for access by mobile devices. It is NOT a predictive or diagnostic tool; just a fun way for youth to do a basic check and seek testing from a healthcare provider if the ‘score’ suggests that would be prudent.

Part B. Program Specifics

| B1. Training and Awareness | YES | NO |
|--|------------|-----------|
| 1. We have at least 2 staff and/or teachers, (including ‘back-up’ personnel to cover absences) designated as primary resources to provide support for students living with diabetes. | | |
| 2. We have a diabetes support training program for the designated resources. | | |
| 3. This training is refreshed at least annually including updating of essential training materials. | | |
| 4. All other school personnel are trained to have a general understanding of the requirements to support students living with diabetes. | | |
| 5. Designated support staff know how to recognize and treat hypoglycemia (and administer glucagon in an emergency) | | |
| 6. We have specific, community-based healthcare providers who assist with our training needs. | | |
| 7. Our staff and teachers have clear guidance on liability waivers associated with providing direct assistance to a student living with diabetes. | | |
| <p><i>NOTE: The Diabetes at School website [diabetesatschool.ca] of the Canadian Paediatric Society describes 3 levels of education and provides resources to support achievement of each:</i></p> <p>* Level 1: Diabetes Awareness - basic information that should be reviewed by anyone who comes in contact with a student who has diabetes; i.e., teachers, non-teaching school staff, bus drivers, playground monitors, before- and after-school program staff, extracurricular leaders.</p> <p>* Level 2: Diabetes Literacy - detailed information and resources suitable for classroom teachers and all school personnel who have responsibility for students with diabetes throughout the day.</p> <p>* Level 3: Diabetes Expertise: - materials for school staff who have been designated to provide emergency care and routine support to students with diabetes throughout the day.</p> | | |

| B2. Individual Care Plan (ICP) | YES | NO |
|---|------------|-----------|
| 1. We use a standard template for an Individual Care Plan (ICP) [see note below] | | |
| 2. Our ICP clearly outlines relative roles and responsibilities for parents, school staff, applicable healthcare providers and the student. | | |
| 2. Our ICP template includes what help the student will need in an emergency. | | |
| 3. We have a list of healthcare providers who can assist parents to complete an ICP. | | |
| 4. The completed ICP is provided to all staff and teachers who need to know and with due regard for student privacy. | | |
| 5. Our procedures ensure that the ICP will accompany the student should they need to attend a hospital as a result of an in-school emergency. | | |
| 6. Our procedures ensure that all ICPs are reviewed annually at the start of a school year and when student's needs change. | | |
| <p>Note: Your Province or Territory may have a standard ICP template or equivalent. If not, you can find one recommended by the Canadian Paediatric Society (CPS) at https://www.diabetesatschool.ca/tools/individual-care-plan. The associated 'quick reference sheet' can be found at https://www.diabetesatschool.ca/uploads/docs/quick_reference_sheet_FINAL.pdf</p> | | |

| B3. Communication between School and Parents | YES | NO |
|---|------------|-----------|
| 1. Our procedures include the requirement for an initial face-to-face meeting between parents and involved school staff to discuss the student's medical support needs. | | |
| 2. We provide a specific contact staff person and telephone number for use by parents who have concerns or need to provide updated information for the school regarding the changing needs of their student. | | |
| 3. Our procedures include the requirement to inform parents of field trips, unusual physical activities, special occasions involving food, extracurricular activities or other changes in daily routine that could affect the student's diabetes management needs and hence, require pre-planning. | | |
| 4. Our procedures include the requirement (and assistance) for parents to prepare a reference document for use by supply/substitute teachers that includes a photo of the student, parent contact information, designated school staff who help with diabetes management, location of emergency kits and any other important information. | | |

| B4. Continuity of Care - Support for Transition | YES | NO |
|--|------------|-----------|
| 1. We have a specific procedure to ensure knowledge and experience about the student's diabetes condition are transferred (from/to) when the student moves from elementary to secondary school or from a different school at the same level. | | |
| 2. We have a procedure to remind parents and the student of the importance of early planning for the transition from paediatric to adult healthcare services. | | |

| B5. Accommodations for students living with diabetes | YES | NO |
|---|------------|-----------|
| 1. Our procedures support diabetes management (self- or supported-) care tasks by allowing blood sugar monitoring at anytime or anywhere. | | |
| 2. We provide a convenient, clean safe area for diabetes self-care that supports respect for the student's personal privacy. | | |
| 3. All students are allowed to carry their diabetes management kit, emergency kit and supplies on their person at all times and have rapid access to essential supplies. | | |
| 4. We have procedures and containers for disposal of needles and other sharps and portable containers accompany students on off-site visits. | | |
| 5. We keep an accurate record of all medication administered by, or with the assistance of, a designated staff member or teacher, including the dose, time, date and supervising staff. | | |
| 6. Our procedures ensure that a student experiencing a 'sugar low' (hypoglycemia) is never left alone or prevented from eating or drinking to treat the event. | | |
| 7. We have designated staff to supervise student's meals and snacks to ensure the student eats on time and in full. | | |
| 8. Our procedures include recognition that stress associated with exams, tests and quizzes can cause a 'sugar low' (hypoglycemia) that may require additional time to treat the event and ensure recovery before the student can proceed. | | |
| 9. Our procedures ensure the student has unrestricted bathroom access, as well as access to water at all times. | | |
| 10. Our procedures waive attendance expectations for students living with diabetes who must attend diabetes-related medical appointments. | | |
| 11. We provide clear guidance and supporting facilities for storage of diabetes medication and equipment at school. | | |
| 12. Parents are required to collect all medications and equipment at the end of the school term. | | |

| B6. Recordkeeping, tracking and reporting | YES | NO |
|---|------------|-----------|
| 1. We have a centralized file for all ICPs with a designated staff member responsible. | | |
| 2. We ensure all ICPs are reviewed annually and when student's needs change. | | |
| 3. We seek parental permission before sharing any student's medical information with any other party outside of the school. | | |
| 4. We report the details of enrolled students living with diabetes to a designated governing authority (e.g., ministry, board) | | |
| 5. We compile a cumulative record of the number of students living with diabetes who have attended our school. | | |
| 6. We archive the latest ICP, in accordance with ministry directives for student records, following graduation or departure of the student from our school. | | |

Part C. Additional Information

Please provide the following attachments:

C1. Clarifications of responses to questions [if any]

We welcome additional information relating to any of the questions posed in this Application. In doing so, please refer to the specific section and question you wish to clarify; e.g.,
 “B2. Individual Care Plan (ICP), Question1.”

[The SFBLF Assessment Committee may also request additional information]

C2. A copy of your formal position statement and/or procedures regarding the in-school support to be provided for students living with diabetes.

C3. Other evidence, testimonials or exhibits you choose to provide that would assist with the assessment of the merits of your application.

[We encourage you to include a supporting note from at least one healthcare professional familiar with your program]

C4. Information Resource Needs

If you are seeking Infographics or posters to display in your school or links to helpful resources that would support the implementation/operation of your program, please provide a list or description of your needs and we will do our best to assist.

C5. Anonymous data regarding the students in your school living with diabetes

This is **NOT REQUIRED** but we hope you might be willing to provide data that would help with improving general knowledge about the prevalence of youth-onset diabetes in Canada.

Prevalence data table (one line for each student in your school)

| Diabetes Type | Age at diagnosis | Current Age | Gender | Grade | Ethnicity |
|---------------|------------------|-------------|--------|-------|-----------|
| | | | | | |
| | | | | | |
| | | | | | |

ATTESTATION

I confirm that the responses to questions in this Application are accurate to the best of my knowledge.

Principal's Name

Signature

Date