### Appendix F-5

### OFFICE OF CATHOLIC SCHOOLS DIOCESE OF ARLINGTON QUICK REFERENCE EMERGENCY PLAN and INDEMNIFICATION AGREEMENT

FOR USE WITH DIABETES MEDICAL MANAGEMENT PLAN

### Part A HYPOGLYCEMIA (Low Blood Sugar)

				See reverse for	]	- /			
Student Name				Part B and School			Teacher/grade		
Mother/Guardian				signatures	Father/Guard	an			
Home phone	Work phone	;	Cell		Home phone		Work phone	Cell	
Trained Diabetes Personnel NEVE	R SEND A (	CHILD W	TH SUSPI	ECTED LOW I	Contact Numbe		WHERE ALONE	Σ.	
		<ul> <li>Mis</li> <li>Del</li> <li>Too inte</li> <li>Un</li> </ul>	o much insulin ssed food layed food o much or too ense exercise scheduled rrcise	Symptoms	Onset • Sudde	n			
Notify School Nurse or Trained Diabetes P			nt's usual symptoms  Actions needed Personnel. If possib	eech	Severe  • Loss of consciousness • Seizure • Inability to swallow  Circle student's usual symptoms.  k blood sugar, per Diabetes Medical DR HYPOGLYCEMIA				
	<u> </u>	8							
Mild  • Student may/may not tr  • Provide quick-sugar sor 3-4 glucose talt or 4 oz. juice or 6 oz. regular sor 3 teaspoons of • Wait 10 to 15 minutes.  • Recheck blood glucose • Repeat food if symptom or blood glucose is less to  ——— • Follow with a snack of carbohydrate and protein cheese and crackers).	oda glucose gel ns persist han		per MIL  Wait 10  Recheck  Repeat for blood  Follow we carboby.	Moderate e assists.  dent quick-sugar so D guidelines.  to 15 minutes.  blood glucose.  cood if symptoms pe glucose is less than  with a snack of drate and protein (e	rsist	• Posi • Conidiab • Admas pre • Call	Severe It attempt to give anythmouth. Ition on side, if possible tact school nurse or tracetes personnel. Ininister glucagon via IN scribed.  911. Itact parents/guardian. with student.	e. ined	

# OFFICE OF CATHOLIC SCHOOLS DIOCESE OF ARLINGTON Appendix F-5 QUICK REFERENCE EMERGENCY PLAN and INDEMNIFICATION AGREEMENT

FOR USE WITH DIABETES MEDICAL MANAGEMENT PLAN

## Part B HYPERGLYCEMIA (High Blood Sugar)

Student Name		School	Teacher/grade	
• Too • Illno • Too • Infe	o little insulin ection ereased activity ess		Onset ne—several lays	
Mild  Thirst Frequent urination Fatigue/sleepiness Increased hunger Blurred vision Weight loss Stomach pains Flushing of skin Lack of concentration Sweet, fruity breath Other:  Circle student's usual symptoms.	• Mild sympton • Dry mouth • Nausea • Stomach cram • Vomiting • Other:  Circle student's us	nps	Severe  • Mild and moderate symptoms plus: • Labored breathing • Very weak • Confused • Unconscious  Circle student's usual symptoms.	
<ul> <li>Encourage</li> <li>Contact the administer see</li> <li>If student</li> </ul>	e use of the bathroom.  e student to drink water or ne school nurse or trained of insulin, per student's Diabe is nauseous, vomiting, or le for medical assistance if per perfects orders stated in the student in the student of the student and for helping this student ider (LHCP) or parent or	diabetes personnel to chetes Medical Managem lethargic, call the parent cannot be reached the Diabetes Medical in as directed by this aid school personnel, or use medication, provinguardian orders set for	ent Plan parents/guardian ed.  Management Plan uthorization and the agents from lawsu ded the designated rth in accordance	e attached DMMP. I tits, claim expense, school personnel comply with the provision of the
Parent/Guardian Signature	Telephone	Date		



#### PARENT INFORMATION ABOUT MEDICATION PROCEDURES

- 1. In no case may any health, school, or staff member administer any medication outside the framework of the procedures outlined here in the *Office of Catholic Schools Policies and Guidelines* and *Virginia School Health Guidelines* manual.
- 2. Schools do NOT provide routine medications for student use.
- 3. Medications should be taken at home whenever possible. The first dose of any new medication must be given at home to ensure the student does not have a negative reaction.
- 4. Medication forms are required for each Prescription and Over the Counter (OTC) medication administered in school.
- 5. All medication taken in school must have a parent/guardian signed authorization. Prescription medications, herbals and OTC medications taken for 4 or more consecutive days also require a licensed healthcare provider's (LHCP) written order. No medication will be accepted by school personnel without the accompanying complete and appropriate medication authorization form.
- 6. The parent or guardian must transport medications to and from school.
- 7. Medication must be kept in the school health office, or other principal approved location, during the school day. All medication will be stored in a locked cabinet or refrigerator, within a locked area, accessible only to authorized personnel, unless the student has prior written approval to self-carry a medication (inhaler, Epi-pen). If the student self carries, it is advised that a backup medication be kept in the clinic.
- 8. Parents/guardians are responsible for submitting a new medication authorization form to the school at the start of the school year and each time there is a change in the dosage or the time of medication administration.
- 9. A Licensed Health Care Provider (LHCP) may use office stationery, prescription pad or other appropriate documentation in lieu of completing the DMMP. The following information written in lay language with no abbreviations must be included and attached to this medication administration form. Signed faxes are acceptable.
  - a. Student name
  - b. Date of Birth
  - c. Diagnosis
  - d. Signs or symptoms
  - e. Name of medication to be given in school
  - f. Exact dosage to be taken in school
  - g. Route of medication
  - h. Time and frequency to give medications, as well as exact time interval for additional dosages.
  - i. Sequence in which two or more medications are to be administered
  - i. Common side effects
  - k. Duration of medication order or effective start and end dates
  - 1. LHCP's name, signature and telephone number
  - m. Date of order
- 10. All prescription medications, including physician's samples, must be in their original containers and labeled by a LHCP or pharmacist. Medication must not exceed its expiration date.
- 11. All Over the Counter (OTC) medication must be in the original, small, sealed container with the name of the medication and expiration date clearly visible. Parents/guardians must label the original container of the OTC with:
  - a. Name of student
  - b. Exact dosage to be taken in school
  - c. Frequency or time interval dosage is to be administered
- 12. The student is to come to the clinic or a predetermined location at the prescribed time to receive medication. Parents must develop a plan with the student to ensure compliance. Medication will be given no more than one half hour before or after the prescribed time.
- 13. Students are NOT permitted to self medicate. The school does not assume responsibility for medication taken independently by the student. Exceptions may be made on a case-by-case basis for students who demonstrate the capability to self-administer emergency life saving medications (e.g. inhaler, Epi-pen)
- 14. Within one week after expiration of the effective date on the order, or on the last day of school, the parent or guardian must personally collect any unused portion of the medication. Medications not claimed within that period will be destroyed.