



Section	Administrative Procedure Number
Special Needs Procedures	RCJTC AP.02.02
Administrative Procedure Title	
Type 1 Diabetes Emergency Procedure	
Date	Revised
September 1, 2010	

RCJTC recognizes that, during the trip from home to school and back, it may be necessary to allow students with diabetes the opportunity to self administer the appropriate nourishment in order to avoid insulin shock, and RCJTC supports transportation providers in implementing this measure.

In accordance with the procedure described below, and subject to the approval of the General Manager of RCJTC or designate, drivers may assist the student.

1. The student’s parent/guardian has completed and signed the Diabetes Hypoglycemia Emergency Action Plan.
2. The student carries on his/her person the appropriate nourishment.

When a driver assists, he/she does so in accordance with the policy of RCJTC, and applying the “in loco parentis” principle, not as a health professional.

This request will remain valid until the student’s pathological condition requires a new statement. It is the responsibility of the child’s parent/guardian to notify the General Manager of RCJTC or designate, about any changes and to ensure that appropriate nourishment can be found in its designated place. It is the responsibility of the parent/guardian to inform drivers about the location of the food/drink on the student’s person. It is not the responsibility of the driver to carry or store these foods or drinks.

Each year, the General Manager of RCJTC or designate, shall provide the following information to the transportation operators, who in turn must provide this information to the drivers and the appropriate staff members:

- the name of the students who have been identified as having Type 1 Diabetes;
- their route number;
- the name of their school and any other pertinent information.

Once the Diabetes Hypoglycemia Emergency Action Plan has been completed, the documentation pertaining to each student having Type 1 Diabetes will include:

- legible photocopy of the form;
- a clear photograph of the student;
- his/her name and grade;
- the name of his/her school;
- his/her route number;

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- his/her medical condition;
- the phone number of the parent/guardian and the family doctor; and
- the location of the appropriate nourishment.

When An Episode Occurs

A seat in the first row located across the aisle from the driver's seat may be reserved for each student for whom RCJTC has received a request and a consent form to assist if the student experiences symptoms or insulin shock. This measure is strongly recommended for all students with Type 1 Diabetes.

Whenever a student with Type 1 Diabetes seems to have problems during his/her travel on a vehicle:

1. The driver must:
 - a) stop the vehicle and ensure that it is completely immobilized (stopped and secured);
 - b) ensure that all passengers are safe;
 - c) assess the situation and determine whether the student requires assistance;
 - d) if it proves necessary to assist the student, do so and contact the dispatcher immediately to indicate the location of the occurrence and to request the parents and principal be contacted to meet the student upon their arrival at the school (a.m.) or designated stop (p.m.).
2. The dispatcher must:
 - a) confirm with the driver the time and location of the occurrence;
 - b) inform the principal and/or parent and the RCJTC;
 - c) remain in contact with the driver.

Related RCJTC Policy

P.02 *Special Needs Policy*

Related RCJTC Administrative Procedures

Related RCJTC Forms

F.02.02 *Diabetes Hypoglycemia Emergency Action Plan*

~ S A M P L E ~

DIABETES HYPOGLYCEMIA EMERGENCY ACTION PLAN

Student's Name: _____

Classroom Teacher: _____

Parent/Guardian/Emergency Contacts:
(Prioritize calls, i.e. 1, 2, 3)



____ Parent _____ (H) 613- _____ (W) 613- _____ (C) 613- _____

____ Parent _____ (H) 613- _____ (W) 613- _____ (C) 613- _____

____ Other _____ (H) 613- _____ (W) 613- _____ (C) 613- _____

(Names, please print)

EMERGENCY TREATMENT FOR HYPOGLYCEMIA

Signs and Symptoms:

- Sweating
- Trembling
- Dizziness
- Mood changes
- Hunger
- Headaches
- Blurred vision
- Extreme tiredness/paleness
- Other, please specify: _____

Optimum Level (Range) of Blood Sugar is _____

Location of Sugar Treatment

- With Student
- Other, please specify: _____

WHEN IN DOUBT – TREAT

Select one treatment, provided by parent, from the following:

- 6 oz. (125 ml) of fruit juice/drink (junior juice box) **OR**
- 3 – 4 tsp. (10 – 15 ml) of sugar (3 – 4 packets) **OR**
- 6 oz. (125 ml) of regular pop (not diet type) **OR**
- 3 – 4 tsp. (10 – 15 ml) of honey **OR**
- 4 – 5 glucose tablets

Other _____

CALL PARENTS TO INFORM THEM

Wait 10 – 15 minutes. If there is no improvement, repeat the above treatment.

DO NOT LEAVE THE STUDENT ALONE!

**If the student is unconscious,
having a seizure or unable to swallow
DO NOT give food or drink**

- *Roll the student on his/her side**
- *Call 9-1-1**
- *Inform parents/guardians**

Rte #	AM	PM
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Original – School; Copy – RCJTC

*The personal information you have provided on this form and any other correspondence relating to transportation is collected by the Renfrew County Joint Transportation Consortium (RCJTC) under the authority of the Education Act (R.S.O. 1990 c.E.2) ss. 58.5, 265 and 266 as amended. The information will be used to arrange appropriate transportation, and to give information to employees and transportation providers to carry out their job duties. In addition, the information may be used to deal with matters of health and safety or discipline and is required to be disclosed in compelling circumstances or for law enforcement matters or in accordance with any other Act. The information will be used in accordance with the Education Act, the regulations, and guidelines issued by the Minister of Education governing the establishment, maintenance, use, retention, transfer and disposal of pupil records. For questions about this collection, speak to the **General Manager of the RCJTC, 999 Cecelia St, Pembroke, 613-732-8419.***