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	ian			
Home phone	Work phone Cell		Home phone			Work phone	Cell		
Trained Diabetes		CHILD WIT	——— H SUSPI		Contact Numbe		WHERE ALONE		
		MissecDelayeToo m	d food ed food uch or too e exercise eduled se	Symptoms	Onset • Sudde				
Notify School Nurse or Trained Diabetes P			nt's usual symptoms Actions needed Personnel. If possib	• Inability to swallow Circle student's usual symptoms.					
		8					<u> </u>		
• Provide quick 3-4 g 4 oz. 6 oz. 3 teas • Wait 10 to 15 • Recheck bloo • Repeat food if or blood glucos • Follow with a	ducose tablets or juice or regular soda or spoons of glucose gel minutes. d glucose. f symptoms persist se is less than a snack of nd protein (e.g.,		Per MIL Wait 10 Recheck Repeat for blood Follow v carboby	Moderate e assists. dent quick-sugar sou D guidelines. to 15 minutes. blood glucose. cood if symptoms per I glucose is less than with a snack of drate and protein (e. und crackers).	rsist	• Posi • Con diab • Adn as pre • Call	Severe 't attempt to give anythmouth. tion on side, if possible tact school nurse or tracetes personnel. ninister glucagon via IN scribed. 911. tact parents/guardian.	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	
		insulin d activity	• Over the hours or mptoms	Onset ime—several days	
• Thirst • Frequent urination • Fatigue/sleepines • Increased hunger • Blurred vision • Weight loss • Stomach pains • Flushing of skin • Lack of concentr • Sweet, fruity bre • Other: Circle student's usual	on ss r ration eath	• 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.	
	• Contact the sch administer insuli • If student is nat or call for r emergency plan rej hool personnel to a mnify, and hold ha e., against them for althcare Provider (of the bathroom. ent to drink water or ool nurse or trained of n, per student's Diabel seous, vomiting, or I nedical assistance if I flects orders stated in dminister medication rmless the designate helping this student LHCP) or parent or	diabetes personnel to detes Medical Manager lethargic, call the parent cannot be reached the Diabetes Medical as directed by this description of the medication, provinguardian orders set f	ment Plan e parents/guardian ned. al Management Plan authorization and the or agents from lawsus cided the designated so	e attached DMMP. I its, claim expense, school personnel comply vith the provision of the

School Nurse/Principal/School Health Aide Acknowledgement

Parent/Guardian Signature

Date

Telephone



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.