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 A
HYPOGLYCEMIA (Low Blood Sugar)

		See reverse for			
Student Name	Part B and signatures School Teach			ner/grade	
Mother/Guardian	Father/Guardian				
Home phone Work pho	phone Work phone Cell		Home phone		Cell
Trained Diabetes Personnel NEVER SEND A	CHILD WITH SUSP	ECTED LOW I	Contact Number(s) BLOOD SUGA	R ANYWHERE ALONI	E.
	Causes of Hypoglycemia		Onset • Sudden		
		Symptoms			
		* Seizure • Inability to swallow toms. Circle student's usual symptoms.			
• Student may/may not treat self. • Provide quick-sugar source. 3-4 glucose tablets or 4 oz. juice or 6 oz. regular soda or 3 teaspoons of glucose gel • Wait 10 to 15 minutes. • Recheck blood glucose. • Repeat food if symptoms persist or blood glucose is less than • Follow with a snack of carbohydrate and protein (e.g., cheese and crackers).	per MII Wait 10 Recheck Repeat or bloo Follow carbohy	Moderate ne assists. Ident quick-sugar so LD guidelines. It to 15 minutes. It blood glucose. If to different symptoms ped glucose is less than with a snack of ydrate and protein (e and crackers).	rsist 1	Severe Don't attempt to give anyt by mouth. Position on side, if possibl Contact school nurse or tradiabetes personnel. Administer glucagon via II as prescribed. Call 911. Contact parents/guardian. Stay with student.	e. ained

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	
	Cause Hypergly Too much for Illness Too little ins Infection Decreased ac	v cemia pod sulin	Symptoms		Onset me—several days	
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 sympton	ms	Dry moNauseaStomaciVomitinOther:	h cramps		Mild and r symptoms Labored by Very weak Confused Unconscious Circle student	plus: reathing
• Al • En • Co	low free use of to courage student entact the school inister insulin, postudent is naused call for mediency plan reflect ersonnel to admit and hold harm for them for heave Provider (LH)	to drink was nurse or tra- per student's ous, vomiting lical assistant ets orders sta- ninister mean less the desi- lping this st (CP) or pare	ater or sugar-free of ained diabetes per solubetes Medicang, or lethargic,ace if parent cannot ated in the Diabedication as directed ignated school per tudent use medicatent or guardian of aines	sonnel to claid Managem call the ot be reached tes Medical et by this are resonnel, or ation, provinters set for the set of the set	nent Plan parents/guardian ed. I Management P uthorization and agents from law ded the designate orth in accordance	lan (DMMP), I hereby the attached DMMP. I vsuits, claim expense, ed school personnel comply ce with the provision of the
Parent/Guardian Signature			Telepho	one	 Dat	te



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.