



DIABETES PLAN OF CARE

for

STUDENT NAME _____

GRADE/CLASS _____

Insert Student Photo Above

Teacher(s): _____

School Care Team (min 2 staff): _____

DIABETES SUPPORTS

Method of home – school communication: _____

Any other medical condition or allergy? _____

SAFE STORAGE:

A) INSULIN

Student requires insulin at school by injection. Insulin and necessary equipment is located:

B) DIABETES MANAGEMENT KIT

Student will carry or have readily accessible at all times their Diabetes Management Kit. The Diabetes Management Kit is kept in the student's:

Back pack

Classroom

Other: _____

Additional Diabetes Management kit is also located: _____

DAILY/ROUTINE TYPE 1 MANAGEMENT

ROUTINE	ACTION
<p>BLOOD GLUCOSE MONITORING</p> <p>Student requires trained individual to check BG/read meter</p> <p>Student needs supervision to check BG / read meter</p> <p>Student can independently check BG / read meter</p>	<p>Target Blood Glucose Range _____</p> <p>Time(s) to check BG _____</p> <p>_____</p> <p>Contact Parent(s) / Guardian(s) if BG is: _____</p> <p>Parent(s) / Guardian(s) Responsibilities: _____</p> <p>_____</p>

<p>Student has continuous glucose monitor (CGM)</p> <p>✱Students should be able to check blood glucose anytime, anyplace, respecting their preference for privacy</p>	<p>School Care Team Responsibilities: _____</p> <p>_____</p> <p>Student Responsibilities: _____</p> <p>_____</p>						
<p>NUTRITION BREAKS</p> <p>Student requires supervision during meal times to ensure completion</p> <p>Student can independently manage their food intake</p> <p>✱Students should be able to check blood glucose anytime, anyplace, respecting their preference for privacy</p>	<p>Recommended time(s) for meals/snacks: _____</p> <p>Parent(s) / Guardian(s) Responsibilities: _____</p> <p>_____</p> <p>School Care Team Responsibilities: _____</p> <p>_____</p> <p>Student Responsibilities: _____</p> <p>_____</p> <p>Special instructions for meal days/special events: _____</p> <p>_____</p>						
<p>INSULIN</p> <p>Student does not take insulin at school.</p> <p>Student takes insulin at school by:</p> <p>Injection</p> <p>Pump</p> <p>Insulin is given by:</p> <p>Student</p> <p>Student with supervision</p> <p>Parent(s)/Guardian(s)</p> <p>Trained Individual : _____</p> <p>✱ALL students with Type 1 diabetes use insulin. Some students will require insulin during the school day, typically before meal/nutrition breaks.</p>	<p>Location of insulin: _____</p> <p>_____</p> <p>Required times for insulin:</p> <table border="0" style="width: 100%;"> <tr> <td style="width: 50%;">Before school</td> <td style="width: 50%;">Nutrition Break #1</td> </tr> <tr> <td>Nutrition Break #2</td> <td>Lunch</td> </tr> <tr> <td colspan="2">Other (Specify) _____</td> </tr> </table> <p>Parent(s) / Guardian(s) Responsibilities: _____</p> <p>_____</p> <p>School Care Team Responsibilities: _____</p> <p>_____</p> <p>Student Responsibilities: _____</p> <p>_____</p> <p>_____</p>	Before school	Nutrition Break #1	Nutrition Break #2	Lunch	Other (Specify) _____	
Before school	Nutrition Break #1						
Nutrition Break #2	Lunch						
Other (Specify) _____							

<p>ACTIVITY PLAN</p> <p>✱Physical activity lowers blood glucose. BG is often checked before activity. Carbohydrates may need to be eaten before /after physical activity. A source of fast-acting sugar must always be within student's reach.</p> <p style="text-align: center;">Student requires supervision pre- / post -activity to ensure completion</p> <p style="text-align: center;">Student can independently manage their food intake</p>	<p>Please indicate what this student must do prior to physical activity to help prevent low blood sugar:</p> <ol style="list-style-type: none"> 1. Before activity: _____ 2. During activity: _____ 3. After activity: _____ <p>Parent(s) / Guardian(s) Responsibilities: _____</p> <p>_____</p> <p>School Care Team Responsibilities: _____</p> <p>_____</p> <p>Student Responsibilities: _____</p> <p>_____</p> <p>For special events, notify parent(s)/guardian(s) in advance so that appropriate adjustments or arrangements can be made (e.g. co-curricular activities).</p>
<p>DIABETES MANAGEMENT KIT</p> <p>Parents must provide, maintain, and refresh supplies.</p> <p>This kit must be with the student and accessible at all times. Additional kits may be provided to the school to store in key locations.</p>	<p>Kits will include:</p> <p style="padding-left: 40px;">Blood Glucose meter, BG test strips, and lancets</p> <p style="padding-left: 40px;">Insulin and insulin pen and supplies</p> <p style="padding-left: 40px;">Source of fast-acting sugar (e.g., juice, candy, glucose tabs)</p> <p style="padding-left: 40px;">Carbohydrate containing snacks</p> <p style="padding-left: 40px;">Other (Please list): _____</p> <p>_____</p> <p>Location of Kit(s): _____</p> <p>_____</p>
<p>SPECIAL NEEDS</p> <p>A student with special considerations may require more assistance than outlined in plan.</p>	<p>Comments: _____</p>

EMERGENCY CONTACTS (LIST IN PRIORITY)			
NAME	RELATIONSHIP	DAYTIME PHONE	ALTERNATE PHONE

EMERGENCY PROCEDURES

HYPOGLYCEMIA – LOW BLOOD GLUCOSE (___ mmol/L or less) **no less than 4mmol/L*

DO NOT LEAVE STUDENT UNATTENDED

Usual symptoms of **HYPOGLYCEMIA** for my child are:

shaky	irritable / grouchy	dizzy	trembling
blurred vision	headache	hungry	weak / fatigue
pale	confused	other _____	

Steps to take for mild hypoglycemia (student is responsive)

1. Check blood glucose if below ___ mmol/L, and respond immediately by giving ___ gms of fast acting carbohydrate (e.g. ½ cup of juice, 15 skittles).
2. Contact the parent(s)/guardian(s) and update throughout steps 3 – 6.
3. Re-check blood glucose in 15 minutes.
4. If still below 4mmol/L, repeat steps 1 and 2 until BG is above 4mmol/L. Give a starchy snack if next meal/snack is more than one (1) hour away.
5. Ensure the student is supervised until their BG has increased and is stabilized as indicated on their Diabetes Plan of Care.
6. Document the details on the Medical Incident Record.

Steps to take for SEVERE HYPOGLYCEMIA (student is unresponsive)

1. Place the student on their side in the recovery position.
2. Call 9-1-1. DO NOT give food or drink (choking hazard).
3. Contact parent(s)/guardian(s) or emergency contact.
4. Supervise student until EMS arrives.
5. Transport student to hospital by ambulance and/or follow the direction of medical personnel.

HYPERGLYCEMIA – HIGH BLOOD GLUCOSE (14mmol/l or higher) **no higher than 14mmol/L*

Usual symptoms of **HYPERGLYCEMIA** for my child are:

extreme thirst	frequent urination	headache
hungry	abdominal pain	blurred vision
warm, flushed skin	irritability	other _____

Symptoms of SEVERE HYPERGLYCEMIA (Notify parent(s)/guardian(s) IMMEDIATELY)

rapid, shallow breathing	vomiting	fruity breath
--------------------------	----------	---------------

Steps to take for MILD to SEVERE HYPERGLYCEMIA:

1. Allow student free use of bathroom.
2. Encourage student to drink water only.
3. Inform the parent(s)/guardian(s) if BG is above _____ mmol/L, as noted in Diabetes Plan of Care.
4. Document details on the Medical Incident Record.

AUTHORIZATION / PLAN REVIEW

INDIVIDUALS WITH WHOM THIS PLAN OF CARE IS TO BE SHARED

(Please select any that apply or with whom this plan may be shared)

- | | | |
|---------------------------------------|---------------------------|-------------------------|
| school staff | classmates | transportation provider |
| lunchroom supervisor | relevant occasional staff | relevant volunteers |
| before and/or after care | post copy | |
| food service provider(secondary only) | | |
| other _____ | | |

Authorization for Self-Administration Prescribed Medication by Student Form is completed. **NOTE:** this form is not required for student using an insulin pump.

This plan remains in effect for the 20__ - 20__ school year without change and will be reviewed on or before: _____ . (It is the parent(s)/guardian(s) responsibility to notify the principal if there is a need to change the plan of care during the school year.)

I acknowledge that I am aware and understand my child's medical condition and the risks associated with its care and emergency treatment, and that the Halton District School Board and its staff and volunteers are acting in their role as educators and not health professionals.

Parent/Guardian Signature*

Student Signature

Principal or Designate Signature

Date

Personal information is collected under the authority of the Education Act, R.S.O. 1990, c. E.2 in compliance with the Personal Health Information Protection Act, S.O. 2004, c. 3 and the Municipal Freedom of Information and Protection of Privacy Act, R.S.O. 1990, c. M56. Personal information is collected for purposes of providing professional services, consultation and advice in the context of the Halton District School Board's educational mandate. Questions about this collection may be directed to the Superintendent of Health.

*If the student is 18 years and over, a parent signature may not be required.