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| TYPE 1 DIABETES **Plan of Care** | | |
| **STUDENT INFORMATION** | | |
|  | | Student Photo (optional) |
| Student Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date Of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Ontario Ed. # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Age \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Grade \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Teacher(s)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Any other medical condition or allergy? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | MedicAlert® ID  Yes  No |

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| EMERGENCY CONTACTS (LIST IN PRIORITY) | | | |
| NAME | RELATIONSHIP | DAYTIME PHONE | ALTERNATE PHONE |
| 1. |  |  |  |
| 2. |  |  |  |
| 3. |  |  |  |

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| TYPE 1 DIABETES SUPPORTS | | | |
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| Names of trained individuals who will provide support with diabetes-related tasks: (e.g. designated staff or community care allies.) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
|  | | | |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
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| Method of home-school communication: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
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| Does the student require use of a cellphone to monitor their blood glucose levels?  Yes  No  **Note:** Diabetes Canada recommends that "schools should permit a student living with diabetes to carry their **cell phone as a tool** to help manage their blood glucose levels and prevent emergency events. For many students with type 1 diabetes, a cell phone works with insulin pumps and continuous glucose monitoring systems to provide essential information to inform diabetes treatment decisions." This recommendation is in alignment with [Policy/Program Memorandum 128](https://www.ontario.ca/document/education-ontario-policy-and-program-direction/policyprogram-memorandum-128), **The Provincial Code of Conduct and School Board Codes of Conduct which allows for the use of mobile devices for health and medical purposes.** | | | |
| DAILY/ROUTINE TYPE 1 DIABETES MANAGEMENT | | | |
|  | | | |
| Student is able to manage their diabetes care independently and does not require any special care from the school. | | | |
| Yes | No | |  |
| If Yes, go directly to Emergency Procedures section | | | |
| ROUTINE | | ACTION | |
| **BLOOD GLUCOSE (BG) MONITORING** | | Target Blood Glucose (BG) Range \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
|  | |  | |
| Student has continuous glucose monitor (CGM). | | Time(s) to check BG: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
|  | |  | |
| Student requires trained individual to check BG/read meter. | | Contact Parent(s)/Guardian(s) if BG is: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
|  | |  | |
| Student needs supervision to check BG/read meter. | | Parent(s)/Guardian(s) Responsibilities: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
|  | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| Student can independently check BG/read meter. | |  | |
| School Responsibilities: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
|  | |
|  If symptoms fail to match CGM reading, BG must be checked with meter/fingerstick  Students should be able to check blood glucose anytime, anyplace, respecting their preference for privacy. | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
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| Student Responsibilities: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
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| **NUTRITION BREAKS** | | Recommended time(s) for meals/snacks:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
|  | |  | |
| Student requires supervision during meal times to ensure completion. | | Parent(s)/Guardian(s) Responsibilities:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
|  | |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
|  | |  | |
| Student can independently manage his/her food intake. | | School Responsibilities:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
|  | |
|  | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
|  Reasonable accommodation must be made to allow student to eat all of the provided meals and snacks on time. Students  should not trade or share food/snacks with other students. | |  | |
| Student Responsibilities:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
|  | |
| Special instructions for meal days/ special events:\_\_\_\_\_\_\_\_\_\_\_\_ | |
|  | |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |

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| ROUTINE | ACTION (CONTINUED) | |
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| **INSULIN** | Location of insulin (if not using an insulin pump): \_\_\_\_\_\_\_\_\_\_\_\_\_ | |
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| Student does not take insulin at school. | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
|  | Required times for insulin:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| Student takes insulin at school by: |  | |
| Injection | Before school: | Morning Break: |
| Pump  Insulin Pen |  | |
|  | Lunch Break: | Afternoon Break: |
| Insulin is given by: |  | |
| Student independently | Other (Specify):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| Student with |  | |
| supervision | Parent(s)/Guardian(s) responsibilities:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| Parent(s)/Guardian(s) |  | |
| Trained Individual | School Responsibilities: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| 🟏 All students with Type 1 diabetes use insulin. Some students will require insulin during the school day, typically before meal/nutrition breaks. |  | |
| Student Responsibilities: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
|  | |
| Additional Comments:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
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| **PHYSICAL ACTIVITY PLAN**  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 students’ reach. | Please indicate what this student must do prior to physical activity to help prevent low blood sugar: | |
|  | |
| 1. Before activity: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
|  | |
| 1. During activity: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
|  | |
| 1. After activity: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
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| Parent(s)/Guardian(s) Responsibilities: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
|  |  | |
| School Responsibilities: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
|  | |
| Student Responsibilities:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
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| For special events, notify parent(s)/guardian(s) in advance so that appropriate adjustments or arrangements can be made. (e.g. extracurricular, Terry Fox Run) | |
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| ROUTINE | ACTION (CONTINUED) | |
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| **DIABETES MANAGEMENT KIT** | Diabetes Management Kits will be available in different locations and may include: | |
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| Parents/Guardians must provide, maintain, and refresh supplies. School must ensure this kit is accessible all times. (e.g. field trips, fire drills, lockdowns) and advise parents when supplies are low. | Blood Glucose meter, BG test strips, and lancets | |
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| Insulin/Syringes, insulin pens and supplies. | |
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| Source of fast-acting sugar (e.g. juice, candy, glucose tabs.) |  |
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|  | Carbohydrate-containing snacks (e.g. granola bar, crackers) | |
|  | |
| Batteries for BG meter  Other (Please list) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
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| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
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| **Location of Kit:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
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|  | Comments: | |
| **SPECIAL NEEDS** |
| A student with special considerations may require more assistance than outlined in this plan. |
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| EMERGENCY PROCEDURES | | | | | |
| HYPOGLYCEMIA – LOW BLOOD GLUCOSE | | | | | |
| ( 4 mmol/L or less) | | | | | |
| 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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
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| Steps to take for Mild Hypoglycemia (student is responsive) | | | | | |
| 1. Check blood glucose, give \_\_\_\_\_\_grams of fast acting carbohydrate (e.g. ½ cup of juice, 15 skittles) | | | | | |
| 1. Re-check blood glucose in 15 minutes. | | | | | |
| 1. If still below 4 mmol/L, repeat steps 1 and 2 until BG is above 4 mmol/L. 2. When blood glucose (BG) is above 4 mmol/L, give a starchy snack (e.g. bread, granola bar, cookies, crackers) if next meal/snack is more than one (1) hour away. | | | | | |
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| Steps for Severe Hypoglycemia (student is unresponsive) | | | | | |
| 1. Place the student on their side in the recovery position. | | | | | |
| 1. Call 9-1-1. Do not give food or drink (choking hazard). Supervise student until emergency medical personnel arrives. | | | | | |
| 1. Contact parent(s)/guardian(s) or emergency contact | | | | | |
| HYPERGLYCEMIA — HIGH BLOOD GLOCOSE | | | | | |
| (14 MMOL/L OR ABOVE) | | | | | |
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| Usual symptoms of hyperglycemia for my child are: | | | | | |
|  | | | | | |
| Extreme Thirst | | Frequent Urination | | Headache | |
| Hungry | | Abdominal Pain | | Blurred Vision | |
| Warm, Flushed Skin | | Irritability | | Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
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| Steps to take for Mild Hyperglycemia | | | | | |
| 1. Allow student free use of bathroom | | | | | |
| 1. Encourage student to drink water only | | | | | |
| 1. Inform the parent/guardian if BG is above \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |
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| Symptoms of Severe Hyperglycemia (Notify parent(s)/guardian(s) immediately) | | | | | |
| Rapid, Shallow Breathing | | Vomiting | | Fruity Breath | |
|  | | | | | |
| Steps to take for Severe Hyperglycemia | | | | | |
| 1. If possible, confirm hyperglycemia by testing blood glucose | | | | | |
| 1. Call parent(s)/guardian(s) or emergency contact | | | | | |
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| HEALTHCARE PROVIDER INFORMATION (OPTIONAL) | |
| **Healthcare provider may include**: Physician, Nurse Practitioner, Registered Nurse, Pharmacist, Respiratory Therapist, Certified Respiratory Educator, or Certified Asthma Educator.  Healthcare Provider’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
|  | |
| Profession/Role: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
|  | |
| Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
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| Special Instructions/Notes/Prescription Labels: | |
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| If medication is prescribed, please include dosage, frequency and method of administration, dates for which the authorization to administer applies, and possible side effects.  🟏This information may remain on file if there are no changes to the student’s medical condition. | |

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| AUTHORIZATION/PLAN REVIEW | | | |
| INDIVIDUALS WITH WHOM THIS PLAN OF CARE IS TO BE SHARED | | | |
| 1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 3.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
|  |  |  | |
| 4.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 5.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 6.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| Other individuals to be contacted regarding Plan Of Care: | | | |
| Before-School Program | Yes  No | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
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| After-School Program | Yes  No | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
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| School Bus Driver/Route # (If Applicable) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
|  | | | |
| Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
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| **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.) | | | |
|  | | | |
| Parent(s)/Guardian(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | Signature | |  |
|  | | | |
| Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | Signature | |  |
|  | | | |
| Principal: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | Signature | |  |