

|  |
| --- |
| **PREVALENT MEDICAL CONDITION — TYPE 1 DIABETESPlan of Care** |
| **STUDENT INFORMATION** |
|  | Student Photo (optional) |
| Student Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date Of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Ontario Ed. # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Age \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Grade \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Teacher(s)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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

|  |
| --- |
| **TYPE 1 DIABETES SUPPORTS**  |
|  |
| Names of trained individuals who will provide support with diabetes-related tasks: (e.g. designated staff or community care allies.) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  |
| Method of home-school communication: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |
| Any other medical condition or allergy? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

|  |
| --- |
| **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 page five (5) — Emergency Procedures |
| **ROUTINE** | **ACTION** |
| **BLOOD GLUCOSE MONITORING**  | Target Blood Glucose Range \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  |  |
| ❒ Student requires trained individual to check BG/ read meter. | Time(s) to check BG: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  |  |
| ❒ Student needs supervision to check BG/ read meter. | Contact Parent(s)/Guardian(s) if BG is: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  |  |
| ❒ Student can independently check BG/ read meter. | Parent(s)/Guardian(s) Responsibilities: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| ❒ Student has continuous glucose monitor (CGM) |  |  |
| School Responsibilities: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  |
| 🟏 Students should be able to check blood glucose anytime, anyplace, respecting their preference for privacy. | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  |
| Student Responsibilities: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |
| **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:\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

|  |  |
| --- | --- |
| **ROUTINE** | **ACTION (CONTINUED)** |
|  |  |  |
| **INSULIN**  | Location of insulin: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  |  |
| ❒ Student does not take insulin at school. | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | Required times for insulin:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| ❒ Student takes insulin at school by: |  |
|  ❒ Injection | ❒ Before school: | ❒ Morning Break:  |
|  ❒ Pump |  |  |
|  | ❒ Lunch Break: | ❒ Afternoon Break: |
| ❒ Insulin is given by: |  |
|  ❒ Student | ❒ 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 |
|  |  |
| Parent(s)/Guardian(s) Responsibilities: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  |  |
|  | School Responsibilities: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  |  |
|  | Student Responsibilities: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  |  |
|  | 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) |
|  |
|  |  |
|  |  |

|  |  |
| --- | --- |
| **ROUTINE** | **ACTION (CONTINUED)** |
|  |  |  |
| **DIABETES MANAGEMENT KIT** | Kits will be available in different locations but will include: |
|  |  |  |
| Parents 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 |
|  |  |
| ❒ Insulin and insulin pen and supplies. |
|  |  |
| ❒ Source of fast-acting sugar (e.g. juice, candy, glucose tabs.) |  |
|  |  |
|  | ❒ Carbohydrate containing snacks |
|  |  |  |
|  |  ❒ Other (Please list) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  |
|  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  |
|  | Location of Kit: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  |
| **SPECIAL NEEDS** | Comments: |
|  |
| A student with special considerations may require more assistance than outlined in this plan.  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

|  |
| --- |
| **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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  |  |  |
| 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. Give a starchy snack if next meal/snack is more than one (1) hour away.
 |
|  |
| 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)** |
|  |
| Usual symptoms of hyperglycemia for my child are: |
|  |
| ❒ Extreme Thirst | ❒ Frequent Urination | ❒ Headache |
| ❒ Hungry | ❒ Abdominal Pain | ❒ Blurred Vision |
| ❒ Warm, Flushed Skin | ❒ Irritability  | ❒ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |
| 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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 |
|  |
| 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
 |
|  |
|  |

|  |
| --- |
| **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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |
| Special Instructions/Notes/Prescription Labels: |
|  |
|  |
| 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. |

|  |
| --- |
| **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 | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  |  |
| After-School Program | ❒ Yes ❒ No | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  |  |
| School Bus Driver/Route # (If Applicable) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  |  |
| Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  |  |
| **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 |  |