

TYPE 1 DIABETES Plan of Care

STUDENT INFORMATION

Student Name: _____ Date of Birth: _____

Ontario Ed. #: _____ Age: _____

Teacher(s): _____ Grade: _____

Other Medical Condition/Allergies: _____

 MedicAlert ID? ☐ Yes ☐ No

 Student Photo
(optional)

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): _____

Methods of home-school communication: _____

 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](#), **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 page five (5) — Emergency Procedures

ROUTINE	ACTION
BLOOD GLUCOSE MONITORING ☐ Student requires trained individual to check BG/read monitor ☐ Student needs supervision to check BG/read monitor ☐ Student has continuous glucose monitor (CGM)* ☐ Student can independently check BG/read monitor ** *If symptoms fail to match CGM reading, BG must be checked with meter/fingerstick **Student should be able to check blood glucose anytime, anyplace, respecting their preference for privacy	Target Blood Glucose Range: _____ Time(s) to check BG: _____ _____ Contact Parent(s)/Guardian(s) if BG is: _____ Parent(s)/Guardian(s) Responsibilities: _____ _____ School Responsibilities: _____ _____ Student Responsibilities: _____ _____
NUTRITION BREAKS ☐ Student requires supervision during meal times to ensure completion ☐ Student can independently manage his/her food intake *Reasonable accommodation must be made to allow student to eat all of the provided meals and snacks on time. Student should not trade or share	Recommended Time(s) for Meals/Snacks: _____ Parent(s)/Guardian(s) Responsibilities: _____ _____ School Responsibilities: _____ _____ Student Responsibilities: _____ _____ Special Instructions for Meal Days/Special Events: _____

food/snacks with other students.	_____
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ROUTINE	ACTION (CONTINUED)
INSULIN ☐ Student does not take insulin at school ☐ Student takes insulin at school by: ☐ Injection ☐ Pump ☐ Insulin Pen ☐ Insulin is given by: ☐ Student (independently) ☐ Student with supervision ☐ Parent(s)/Guardian(s) ☐ Trained Individual *All students with Type 1 diabetes use insulin. Some students will require insulin during the school day, typically before meal/nutrition breaks	Location of Insulin (if not using an insulin pump): _____ Required Times for Insulin: _____ ☐ Before school: ☐ Morning Break: ☐ Lunch Break: ☐ Afternoon Break: ☐ Other (Specify): _____ Parent(s)/Guardian(s) Responsibilities: _____ School Responsibilities: _____ 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. *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).	Please indicate what this student must do prior to physical activity to help prevent low blood sugar: 1. Before Activity: _____ 2. During Activity: _____ 3. After Activity: _____ Parent(s)/Guardian(s) Responsibilities: _____ School Responsibilities: _____ Student Responsibilities: _____

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ROUTINE	ACTION (CONTINUED)
DIABETES MANAGEMENT KIT 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.	Diabetes Management Kits will be available in different locations but will include: ☐ Blood glucose monitor, BG test strips, and lancets ☐ Insulin/Syringes, insulin pen and supplies. ☐ Source of fast-acting sugar (e.g. juice, candy, glucose tabs) ☐ Carbohydrate containing snacks (e.g. Granola bar, crackers, etc.) ☐ Batteries for BG meter ☐ Other (Please list) _____ Location of Kit: _____
SPECIAL NEEDS A student with special considerations may require more assistance than outlined in this plan.	Comments:

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).
2. Re-check blood glucose in 15 minutes.
3. 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 1 hour away.
4. 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.

Steps 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. Administer nasal glucagon (if applicable). *
4. Supervise student until emergency medical personnel arrives.
5. Contact parent(s)/guardian(s) or emergency contact.

*School personnel are not responsible for treating severe low blood glucose with **injectable** glucagon. Where necessary, arrangements will be made at the school to safely store an accessible supply of injectable glucagon for emergency services to administer.

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.
2. Encourage student to drink water only.
3. 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.
2. 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: _____

If medication is prescribed and will be administered at school, it is necessary to complete the following documents:

1. Form 314-A1 Physician's Authorization and Request for the Administration of Prescribed Medication
2. Form 314-A3 Authorization and Request for Administration of Epi-Pen, Glucagon, Emergency Seizure Medication

Are forms 314-A1 and Forms 314-A3 required for this student? ☐ Yes ☐ No

If a designated medical procedure (Nasal Glucagon, Glucose monitoring, etc.) is required and will be administered at school, it is also necessary to complete:

1. Form 314- B1 Authorization and Request for the Administration of Medical Procedures

Is form 314- B1 required for this student? ☐ Yes ☐ No

TRANSPORTATION

Plan for Student Transportation

Individual Student Boarding	Individual Student Securement	Individual Student De-Boarding

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Roles

School Staff	Parent/Guardian	Student	Transportation Provider	Operator/Driver
-Create and monitor this plan with parents/guardians, student, TriBoard, and school staff. -Advise TriBoard and parents/guardians of relevant issues while at school during the day. -Help identify tools, or strategies that may help the driver and/or monitor while transporting the student.	-Communicate with the school any medical or other conditions affecting the safe transportation of the student for completion of this plan. -Communicate any changes to any medical or other conditions that might affect transportation. -Communicate with the school and driver any tool or strategies that will help the driver deliver and monitor the needs of the student while transporting them.	-Follow the bus rules and strategies listed on this plan. -Advise the driver of any medical emergency, or health issues that they are experiencing while being transported. -Communicate with the driver if a listed strategy on this plan needs to be addressed or revisited for their comfort (if possible).	-Ensure that all drivers and monitors staffed to transport the student are aware of the strategies listed in this plan. -Ensure that all temporary staff that transport the student are aware of the strategies listed in this plan. -Ensure that all temporary staff that transport the student are fully briefed on this plan. -Ensure that proper training of staff is in place regarding boarding, securing, and de-boarding practices to transport student.	-Ensure that the student is transported safety according to needs listed on this plan. -Follow TriBoard and School Board policies and procedures for transporting students with disabilities. -Communicate with school staff and parents/guardians any concerns, or adjustments that need to be made to this plan.

AUTHORIZATION / USE OF INFORMATION / 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: _____

All bus drivers are certified in the administration of First Aid, CPR, and Epi-Pen. These are the only medical procedures a driver may perform. In the event of a student showing signs of medical distress during travel on the school bus, the driver will stop the vehicle in the first safe location, assess the situation, determine if an epi-pen needs to be administered, immediately contact the Bus Operator to request emergency services. The driver will remain with the student until the arrival of the emergency services team. Should a bus driver have occasion to administer First Aid, CPR, or an EpiPen, he/she does so in applying the "in loco parentis" principle, not as a health care professional. Visit triboard.ca for complete procedure details. (Tri-Board)

I consent to the disclosure and use of the personal information collected herein to persons, including persons who are not the employees of the Limestone District School Board through the posting of photographs and medical information of my child (Plan of Care/Emergency Procedures) in the following key locations:

☐ classroom ☐ other: _____

☐ office

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): _____
Signature

Student: _____
Signature

Principal: _____
Signature

☐ **Please Note: Checked box indicates that this student has an additional Plan of Care**