Board Logo

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| TYPE 1 DIABETES**Plan of Care** (Sample) |
| **STUDENT INFORMATION** |
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| Insert Photo |

 |
| 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  |
|  |
| 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |
| 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. | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |
| 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:\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

|  |  |
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| ROUTINE | ACTION (CONTINUED) |
|  |  |
| **INSULIN**  | Location of insulin (if not using an insulin pump): \_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  |
| [ ]  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:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  |
| **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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 |
|  |
| 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) |
|  |  |
| **DIABETES MANAGEMENT KIT** | Diabetes Management Kits will be available in different locations and may include: |
|  |  |
| 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 |
|  |
| [ ]  Insulin/Syringes, insulin pens and supplies. |
|  |
| [ ]  Source of fast-acting sugar (e.g. juice, candy, glucose tabs.) |  |
|  |
|  | [ ]  Carbohydrate-containing snacks (e.g. granola bar, crackers) |
|  |
| [ ]  Batteries for BG meter[ ]  Other (Please list) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |
| **Location of Kit:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |
|  | 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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |
| 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.
 |
|  |
| 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
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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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |
| 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 | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |
| 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 |  |