DIABETES
Plan of Care

STUDENT INFORMATION

Date created _____

Student Name _____

DOB _____ Age _____ Grade _____

School _____

Teacher(s) _____

Any other medical condition or allergy? _____

_____

MedicAlert® ID ☐ Yes ☐ No

Student Photo (optional)

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
☐ Page	☐ 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 blood glucose is above 4 mmol/L.
4. When blood glucose 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 to take for Severe Hypoglycemia (student is unresponsive, incoherent, irritable or aggressive)

1. If available, administer nasal Glugagon by a trained adult (from YRDSB form);

2. Place the student on their side in the recovery position;
3. Call 9-1-1. Do not give food or drink (choking hazard). Supervise student until emergency medical personnel arrives; and
4. 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;
2. Encourage student to drink water only; and
3. Inform the parent/guardian if blood glucose 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; and
3. If student loses consciousness, call 9-1-1.

EMERGENCY CONTACTS (LIST IN PRIORITY)

NAME	RELATIONSHIP	DAYTIME PHONE	ALTERNATIVE PHONE
1.			
2.			
3.			

Staff are required to use the Medical Incident Record Form (located on SSNET under *Health Care Plan* section) to document medical incidents and medical emergencies.

Medical Incident: A circumstance that requires an immediate response and monitoring, as the incident may progress to an emergency requiring contact with emergency medical services

Medical Emergency: An acute injury or illness that poses an immediate risk to a person's life or long-term health and requires assistance and contact with medical emergency services

This form can be found by accessing the student's Health Care Plan in SSNET. Each incident should be recorded on the form.

TYPE 1 DIABETES SUPPORTS

Method of home-school communication: _____

Does the student require use of a cellphone to monitor their blood glucose level? ☐ 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 (go directly to Emergency Procedures section)

☐ No

ROUTINE	ACTION
BLOOD GLUCOSE MONITORING ☐ Student has Continuous Glucose Monitor (CGM). ☐ Student requires trained individual to check blood glucose/read meter. ☐ Student needs supervision to check blood glucose /read meter. ☐ Student can independently check blood glucose /read meter. ✹If symptoms fail to match CGM reading, blood glucose must be checked with meter/fingerstick ✹✹Students should be able to check blood glucose anytime, anyplace, respecting their preference for privacy.	Target Blood Glucose Range: _____ Time(s) to check Blood Glucose: _____ Contact Parent(s)/Guardian(s) if blood glucose is: _____ _____ Parent(s)/Guardian(s) Responsibilities: _____ _____ School Responsibilities: _____ _____ Student Responsibilities: _____ _____

ROUTINE	ACTION
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 ☐ Trained Individual ✷All students with Type 1 diabetes use insulin. Some students will require insulin during the school day, typically before meals/nutrition breaks.	Location of insulin (if not using an insulin pump): _____ _____ Required times for insulin (at school): _____ _____ ☐ Morning Break: _____ ☐ Other (Specify): _____ Parent(s)/Guardian(s) Responsibilities: _____ _____ School Responsibilities: _____ _____ Student Responsibilities: _____ _____ Additional Comments: _____ _____
ROUTINE	**ACTION**
PHYSICAL ACTIVITY PLAN Physical activity lowers blood glucose. Blood glucose 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: _____ 2. During activity: _____ 3. After activity: _____ Parent(s)/Guardian(s) Responsibilities: _____ _____ School Responsibilities: _____ _____

	Student Responsibilities: _____ _____ For special events school will notify parent(s)/guardian(s) via signed permission form in advance so that appropriate adjustments or arrangements can be made (e.g. extracurricular, Terry Fox Run)
ROUTINE	**ACTION**
DIABETES MANAGEMENT KIT Parent(s)/Guardian(s) must provide, maintain, and refresh supplies. School must ensure this kit is accessible at all times (e.g. field trips, fire drills, lockdowns) and advise parents when supplies are low in writing.	Diabetes Management Kits will be available in different locations and may include: ☐ Blood Glucose meter, blood glucose 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 blood glucose meter. ☐ Other (Please list): _____ _____ **Location of Kit**: _____
ROUTINE	**ACTION**
ADDITIONAL CONSIDERATIONS A student with additional considerations may require more assistance than outlined in this plan. Please attach/provide any additional information regarding your child's diabetes management needs.	Comments: _____ _____ _____ _____ _____

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:

_____

_____

If medication is prescribed, an Administration of Medication form (662.1) is required by the school.

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 in writing if there is a need to change the plan of care and administration of medication (if applicable) during the school year.

I/We hereby request that the York Region District School Board, its employees or agents, as outlined, administer the above procedure to my/our child. The York Region District School Board employees are expected to support the student's daily or routine management, and respond to medical incidents and medical emergencies that occur during school, as outlined in board policies and procedures. Parent(s)/guardian(s) and students acknowledge that the employees of the York Region District School Board, who will administer the related procedures, are not medically trained. At all times it remains the responsibility of the parent(s)/ guardian(s) to ensure that clear instructions and current physician's orders are provided to the principal.

Parent/Guardians(s) _____ Date _____
(Signature)

Student _____ Date _____
(Signature)

Principal _____ Date _____
(Signature)

Personal information on this form is collected under the authority of the Education Act, R.S.O. 1990, c. E.2. and Personal Health Information Protection Act, 2004, S.O. 2004, c. 3., and managed in accordance with the Municipal Freedom of Information and Protection of Privacy Act, R.S.O., 1990, c. M.56. It will be used for the purposes of establishing and supporting daily or routine management and emergency procedures for diabetes. Questions or concerns about the collection, use, and sharing of this information should be directed to your school principal or the Board's Privacy Office, 60 Wellington Street West, Aurora, Ontario,

L4G 3H2 (905-727-3141).

Distribution:
Original: Secure location accessible by school staff
Original: Scanned and uploaded to SSNET
Original: Scanned and sent to Student Transportation Services Copy:
Parent/Guardian Copy: File in the OSR

RETAIN: Current school year + 1 year
Relevant Forms:
Self-Administration of Medication Staff Administration of Medication
Medical Incident Record (accessed via SSNET under Health Care Plan