UPPER GRAND DISTRICT SCHOOL BOARD

TYPE 1 DIABETES
Plan of Care

518-3

STUDENT INFORMATION

Name _____ Date of Birth _____

Ontario Ed #(OEN)_____ Age _____

Grade _____ Teacher(s)_____

_____

Any other medical condition or allergy? _____

_____ MedicAlert® ID ☐ Yes ☐ No

_____

Insert Photo

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: _____

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 Emergency Procedures section

ROUTINE	ACTION
BLOOD GLUCOSE (BG) MONITORING ☐ Student has continuous glucose monitor (CGM).* ☐ Student requires trained individual to check BG/read meter. ☐ Student needs supervision to check BG/read meter. ☐ Student can independently check BG/read meter.** * If symptoms fail to match CGM reading, BG must be checked with meter/fingerstick ** Students should be able to check blood glucose anytime, any place, respecting their preference for privacy.	Target Blood Glucose (BG) 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. Students should not trade or share food/snacks with other students.	Recommended time(s) for meals/snacks:_____ Parent(s)/Guardian(s) Responsibilities:_____ _____ School Responsibilities:_____ _____ Student Responsibilities:_____ Special instructions for meal days/ special events:_____ _____

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:_____
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: _____ 2. During activity: _____ 3. 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 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.	Diabetes Management Kits will be available in different locations and may include: ☐ 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:** _____
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.
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). Supervise student until emergency medical personnel arrives.
3. 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
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: _____

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. _____

INSTRUCTIONS FOR TRANSPORTATION PROVIDER

Is the student a bus student? ☐ No ☐ Yes* **NOTE**: Bus drivers do not have access to the Plan of Care and provide limited care.

***SEE NEXT PAGE FOR BUS PROCEDURES**

_____

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

DIABETES PLAN OF CARE – Instructions for Transportation Provider

1. Do not leave student unattended
2. Emergency Procedures for Hypoglycemia – Low Blood Glucose (4 mmol/L or less)
   a. Mild Hypoglycemia – symptoms are present and student is responsive:
      i. Notify dispatch so they can call school/principal to notify parent/guardian
      ii. Bus driver will instruct the student to check their blood glucose levels
      iii. Student will take the required amount of fast-acting carbohydrate (student will have this with them)
   b. Severe Hypoglycemia – student is unresponsive or unable to swallow:
      i. Bring the bus to a stop in a safe location
      ii. Notify dispatch to call 9-1-1. Dispatch will also call the school/principal to notify parent/guardian or emergency contact.
      iii. Place student on their side in the recovery position
      iv. Do not give food or drink (choking hazard). Supervisor the student until EMS arrives.
3. Emergency Procedures for Hyperglycemia – High Blood Glucose (14 mmol/L or above)
   a. Severe Hyperglycemia
      i. Symptoms of severe hyperglycemia:
         1. Rapid, shallow breathing
         2. Vomiting
         3. Fruity breath
      ii. If symptoms are present, bring the sus to a stop in a safe location and notify dispatch to call 9-1-1
         - Dispatch will also contact the school/principal, who will notify parent/guardian or emergency contact

Student-specific instructions for bus driver must include:

- Is the student able to manage their diabetes care independently Y ◯ N ◯

- Where will the supplies/emergency kit be kept with the student while on the bus?

- What are the usual symptoms for the student when experiencing hypoglycemia or hyperglycemia?

- For hypoglycemia, what and how much fast-acting carbohydrate should be given in the event of low blood glucose?

Transportation Services Acknowledgement by Parent/Guardian of Bus Student

I understand that student transportation is a service provided by the board to eligible students and is not a right or entitlement.

I acknowledge that the school bus driver's primary responsibility is the safe operation of the vehicle and the safety of all passengers. I understand that drivers are not medical professionals and cannot provide ongoing medical supervision while driving.

In the event of a medical concern or emergency, I understand that the driver will follow established procedures, which may include safely stopping the bus and contacting emergency services. I acknowledge that while every effort will be made to respond to my child's medical needs, the level of response may be limited by the driver's responsibility to maintain the safety of all passengers.

I confirm that I have provided all relevant medical information and supports required for my child's safe transportation, as outlined in this Plan of Care.

Parent/Guardian Initials: _____ Date: _____