



**Prevalent Medical Conditions: Student Diabetes Plan of Care**

Student Information		
Student Name:	Date of Birth:	STUDENT PICTURE HERE 2 " X 3"
Address:		
Ontario Ed. #:	Age:	
Grade:	Teacher(s):	

**B. To be completed by the parent/guardian (please sign at the bottom)**

<p><b>SIGNS AND SYMPTOMS OF <u>LOW</u> BLOOD SUGAR ARE:</b></p> <ul style="list-style-type: none"><li>• Sweating</li><li>• Trembling</li><li>• Dizziness</li><li>• Mood changes</li><li>• Hunger</li><li>• Headaches</li><li>• Blurred Vision</li><li>• Extreme tiredness/paleness</li></ul> <p>Other, please specify: _____</p> <p>If the student exhibits any of the above symptoms or feels unwell, or says, they are "low"</p> <p>DO NOT leave the student alone</p> <p>DO NOT allow the student to use stairs</p> <p><b>ACTION</b></p> <p>Ask student to check their blood sugar</p> <p>If the reading is <b>below 4.0</b> on the meter, student should take one of the following:</p> <ul style="list-style-type: none"><li>*15 grams of glucose in the form of glucose tablets (this is the preferred method)</li><li>*15 mL (3 teaspoons) of sugar dissolved in water</li><li>* 5 cubes of sugar</li><li>* 150 mL (2/3 cup) of fruit juice or regular soft drink</li><li>* 6 Life Savers</li><li>* 15 mL (1 Tablespoon) of honey or _____</li></ul> <p>If unable to check blood sugar – provide fast-acting sugar, (see above)</p>	<p><b>SIGNS AND SYMPTOMS OF <u>HIGH</u> BLOOD SUGAR ARE:</b></p> <ul style="list-style-type: none"><li>• Extreme thirst</li><li>• Warm, flushed skin</li><li>• Blurred vision</li><li>• Hunger</li><li>• Frequent urination</li><li>• Abdominal pain</li><li>• Headache</li></ul> <p>Other, please specify: _____</p> <p>If student exhibits any of the above symptoms, feels unwell, or says they are "high" (above 14.0) AND the student has either of the following:</p> <ul style="list-style-type: none"><li>• Vomiting</li><li>• Rapid, shallow breathing</li><li>• Fruity breath</li></ul> <p><b>ACTION</b></p> <ol style="list-style-type: none"><li>1. If possible, confirm high blood sugar by testing blood glucose</li><li>2. Contact parent/guardians or emergency contact</li></ol>
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**Emergency Administration of Glucagon**

In an emergency, where a student is severely hypoglycemic (i.e. student is unable to swallow or unconscious) trained staff who have volunteered to administer glucagon may do a glucagon injection.

In a hypoglycemic emergency whereby:

1. Student is unconscious/unable to swallow
2. Parent/Guardian has provided consent for glucagon administration
3. A glucagon kit (not expired) is available
4. Staff member has volunteered to administer a glucagon injection and has received training

In the event of a hypoglycemic emergency with the above criteria being met

1. Perform a glucagon injection
2. Call 911
3. Contact parent/guardian/emergency contact

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In the event of a hypoglycemic emergency, with the above criteria being met, I, parent/guardian of [Student Name]: give permission for my child to receive glucagon injection.	
Parent Signature:	
Print Parent Name:	
Date:	

**WHEN TO CALL 911**

**If student has low blood sugar level AND:  
*Unresponsive, Unconscious, Having a Seizure***

1. Roll student on their side
2. Call 9-1-1
3. Inform EMS student has type 1 diabetes
4. DO NOT give food or drink

**If student has HIGH blood sugar level AND:  
*Unwell/Vomiting***

1. Notify parents
2. Call 9-1-1 (if unable to contact parents)
3. Inform EMS student has type 1 diabetes

I agree that the school may post my child's picture, take emergency measures and share this information as necessary, with the staff of the school and healthcare providers.

Date: \_\_\_\_\_

Parent's signature: \_\_\_\_\_

<b>NAME OF STUDENT:</b>	
<b>CLASSROOM TEACHER:</b>	
ROUTINE	MANAGEMENT
<b>1. BLOOD SUGAR CHECKING</b>  <input type="checkbox"/> My child can independently check blood sugar / read meter  <input type="checkbox"/> My child needs supervision to check blood sugar / read meter	Parent please check appropriate routine blood sugar checking times: Balanced Day or Other <input type="checkbox"/> Before 1 <sup>st</sup> nutrition break ( time ) <input type="checkbox"/> Before Morning Break ( time ) <input type="checkbox"/> Before 2 <sup>nd</sup> nutrition break ( time ) <input type="checkbox"/> Before Lunch ( time ) <input type="checkbox"/> Before Afternoon Break ( time ) As a secondary student my child will manage their own blood sugar testing at appropriate times which are routine. Healthy blood sugar range: _____  Call parent if blood sugar _____ _____
<b>2. NUTRITION BREAKS / Secondary class breaks and Lunch</b>	<ol style="list-style-type: none"> <li>1. Student must be able to eat on time.</li> <li>2. Student must be able to eat <u>all of the required food</u> prepared by parent at each break.</li> <li>3. Supervision may be required.</li> </ol> My child is +14 years of age and is able to manage their food intake appropriately. **Communication with the parent if the child does not eat required food is important _____ _____
<b>3. INSULIN</b>  <input type="checkbox"/> My child does not take an insulin injection at school  <input type="checkbox"/> My child takes insulin at school: <input type="checkbox"/> by injection	Insulin by injection / insulin pump to be administered at the following times  Balanced Day or Regular Day <input type="checkbox"/> Before 1 <sup>st</sup> nutrition break ( time ) <input type="checkbox"/> Before Morning Break ( time ) <input type="checkbox"/> Before 2 <sup>nd</sup> nutrition break ( time ) <input type="checkbox"/> Before Lunch ( time ) <input type="checkbox"/> Before Afternoon Break ( time )



**Brant Haldimand Norfolk  
Catholic District School Board**

**Administrative Procedure**

Appendix: K  
Plan of Care - Diabetes

<input type="checkbox"/>	by insulin pump	NOTE: Educators do not give injections or operate insulin pumps
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Appendix: K  
Plan of Care - Diabetes

<input type="checkbox"/> Insulin is given by <input type="checkbox"/> Child <input type="checkbox"/> Parent <input type="checkbox"/> Nurse	As a secondary student, my child will manage their own insulin injection as required. _____
<b>4. EXERCISE PLAN</b> (to help prevent a low blood sugar)	Please indicate what your child must do prior to exercise to help prevent a low blood sugar (i.e. take juice) 1. Before exercise: _____ 2. During exercise: _____ 3. After exercise: _____ Child's blood testing meter kit and fast acting sugar should always be on hand during exercise activities.
<b>5. ILLNESS</b>	Call parent if student vomits. If parents not reached within 30 minutes, call 911 to transfer to nearest hospital. Inform EMS student has type 1 diabetes.
<b>6. SUPPLIES TO BE KEPT AT SCHOOL</b> (Responsibility of the parent)	<input type="checkbox"/> Fast acting sugar, carbohydrate snack in emergency – "low kit" <input type="checkbox"/> Blood glucose meter and test strips, lancets. <input type="checkbox"/> Insulin pen, pen needles or syringes, insulin (in case of pump failure)

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	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
After-School program	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
School Bus Driver/Route # (if applicable)		
Food services (if applicable)		
<b>This plan remains in effect for the 20YY – 20YY school year without change and will be reviewed on or before: [Enter Date]. (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).</b>		

Parent/Guardian: \_\_\_\_\_  
Signature

Date: \_\_\_\_\_

Student (if 18 years or older): \_\_\_\_\_  
Signature

Date: \_\_\_\_\_

Principal: \_\_\_\_\_  
Signature

Date: \_\_\_\_\_

**Information Collection Authorization**

*Notice of Collection: The personal information you have provided on this form and any other correspondence relating to your involvement in our programs is collected by the District School Board under the authority of the Education Act (R.S.O. 1990 c.E.2) ss. 58.5, 265 and 266 as amended and in accordance with Section 29(2) of the Municipal Freedom and Protection of Privacy Act, 1989. The information will be used to register and place the student in a school, or for a consistent purpose such as the allocation of staff and resources and to give information to employees to carry out their job duties. In addition, the information may be used to deal with matters of health and safety or discipline and is required to be disclosed in compelling circumstances or for law enforcement matters or in accordance with any other Act. The information will be used in accordance with the Education Act, the regulations, and guidelines issued by the Minister of Education governing the establishment, maintenance, use, retention, transfer and disposal of pupil records. If you have any questions, please contact the school principal and/or the Freedom of Information Officer, Brant Haldimand Norfolk Catholic District School Board, 322 Fairview Drive, Brantford, ON, N3T 5M8 (Telephone 519-756-6505, Ext. 234)*