

ACCESSIBILITY:

To request this file in large print, please email aoda@wcdsb.ca or call (519) 578-3660.

Student Name

Grade

Place Student
Photo Here

Date of Birth

Room

Medic Alert ID: Y N

EMERGENCY CONTACTS (LIST IN PRIORITY OF CONTACT)

1. Name	Relationship	Daytime Phone	Alternate Phone
2. Name	Relationship	Daytime Phone	Alternate Phone
3. Name	Relationship	Daytime Phone	Alternate Phone

ROUTINE/MANAGEMENT

1. Blood Sugar Checking

- My child can independently check blood sugar / read meter
- My child needs supervision to check blood sugar / read meter

Supervisor:

* Students should be free to check blood sugar anytime, anyplace, respecting their preference for privacy.

Management

- Blood Sugar Checking Times :
- Target Blood Sugar Range:
- Call parent if blood sugar:
- Location of Fast Acting Sugar at the school:

2. Lunch/Nutrition Breaks

- Student **requires supervision** during meal times to ensure completion (based on age/developmental ability).
- Student can **independently** manage his/her food intake.
- Student must be given the time and opportunity to eat as needed.

Management

- Recommended times for meals and snacks:
- Special Instructions for Meal Days and Special Events:

3. Insulin

- My child does not take an insulin injection at school.
- My child takes insulin at school:
 - By injection.
 - By insulin pump

Insulin is given by:

- Student
- Student with supervision
- Parent/Guardian
- Nurse

Management

- Location of Insulin:
- Required times for Insulin:

NOTE: Educators do not give injections or operate insulin pump.

4. Oral Medication

Management

- Name of Medication:
- List time(s) medication is to be taken:
- List side effects that may affect child's day at school:

5. Physical Activity Plan

Physical activity lowers blood sugar and is often checked before activity.

Child's blood testing metre kit and fast acting sugar should always be on hand during physical activities.

Management

Please indicate what your child must do prior to exercise to help prevent a low blood sugar (i.e., take juice).

1. Before activity:
2. During activity:
3. After activity:

For special events, notify parent(s)/guardian(s) in advance so that appropriate adjustments may be made (e.g., extracurricular, Terry Fox Run, Play Days, long walks etc.)

6. Illness

Management

- Call parent if student vomits.
- If child continues to vomit and parent(s)/guardian(s) cannot be reached:

7. Diabetes management kit

Parents must provide and maintain and refresh supplies. This kit must be accessible at all times. (e.g. field trips, fire drills, lockdowns) The school must advise parents when supplies are low.

Management

Location of Kit:

Kit will include:

- Blood Glucose meter, test strips, lancets
- Insulin and insulin pen supplies
- Sources of fast-acting sugar (e.g., juice, candy, glucose tabs).
- Carbohydrate containing snacks
- Alcohol Wipes
- Other:

8. Additional Information

A student with special considerations may require more assistance than outlined in this plan.

Notes:

IDENTIFICATION AND EMERGENCY TREATMENT PLAN

Hypoglycaemia (Low Blood Sugar)

Signs and Symptoms of a Low Blood Sugar are:

(Check (✓) all that apply)

- | | | | | |
|---|------------------------------------|---|---|-----------------------------------|
| <input type="checkbox"/> Sweating | <input type="checkbox"/> Trembling | <input type="checkbox"/> Dizziness | <input type="checkbox"/> Mood Changes | <input type="checkbox"/> Confused |
| <input type="checkbox"/> Hunger | <input type="checkbox"/> Headaches | <input type="checkbox"/> Blurred Vision | <input type="checkbox"/> Extreme Tiredness / Paleness | |
| <input type="checkbox"/> Other, please specify: | | | | |

If the student exhibits any of the above symptoms or feels unwell, looks unwell or says they are "low":

- DO NOT leave student alone
- DO NOT allow student to use stairs

ACTION

1. Ask student to check their blood sugar
2. If the reading is **below 4.0** on the meter give, **fast acting sugar immediately:**
 - 3 glucose tablets **or** 6oz (175 ml) of juice / pop (not diet)
 - 5 - 6 lifesavers **or**
3. Wait 15 minutes - Repeat blood sugar check
4. If blood sugar is still below **4.0** repeat above ACTION and call parent
5. If blood sugar is above **4.0** and next meal/snack is greater than 1 hour away, follow-up with a snack (provided by parent), otherwise no further action required.

WHEN TO CALL 911

If student is...

- **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. Notify parents.
- **Unwell / Vomiting**
 1. Notify parents.
 2. Call 9-1-1 (if unable to contact parents).
 3. Inform EMS student has Type1 diabetes.

DO NOT give food or drink.

Hyperglycaemia (High Blood Sugar)

Signs and Symptoms of a High Blood Sugar are:

(Check (✓) all that apply)

- | | | | |
|---|---|---|---|
| <input type="checkbox"/> Extreme Thirst | <input type="checkbox"/> Dry Mouth | <input type="checkbox"/> Frequent Urge to Urinate | <input type="checkbox"/> Tiredness/Weakness |
| <input type="checkbox"/> Difficulty Concentrating | <input type="checkbox"/> Blurry Vision | <input type="checkbox"/> Mood Swings | <input type="checkbox"/> Headache |
| <input type="checkbox"/> Hungry | <input type="checkbox"/> Abdominal Pain | <input type="checkbox"/> Warm/Flushed Skin | |
| <input type="checkbox"/> Other, please specify: | | | |

If the student exhibits any of the above symptoms:

- Ask student to check their blood sugar.
- If blood glucose is greater than _____, notify parent.
- If unable to check blood sugar, remain with student and call parent.

ACTION

- Provide extra water
- Allow student to have open bathroom privileges

Signs and Symptoms of Hyperglycaemia Emergency:

- | | | |
|--|--|---|
| <input type="checkbox"/> Nausea and vomiting | <input type="checkbox"/> Severe abdominal pain | <input type="checkbox"/> Rapid, shallow breathing |
| <input type="checkbox"/> Increasing sleepiness or lethargy | <input type="checkbox"/> Other | |

Steps to take for severe Hyperglycaemic:

When blood sugar is at or above:

ACTION

CONSENT FOR STUDENT TO CARRY AND SELF-ADMINISTER DIABETES INTERVENTION MEDICATION(S)

We agree that:

(Student Name)

- May **carry** his/her prescribed Diabetes Intervention Medication while at school and during school-related activities.

Exception: My child is in JK or SK, so theirs will be with the teacher at all times. (parent initial)

- May **self-administer** his/her prescribed Diabetes Intervention Medication while at school and during school-related activities.

- Requires assistance** with administering his/her prescribed Diabetes Intervention Medication while at school and during school-related activities.

- We will inform the school of any change in medication or delivery device. The medications **cannot** be beyond the expiration date.

Signature of Parent/Guardian

Date

Signature of Student (if Student Age 18 and Over)

Date

Signature of Principal

Date

AUTHORIZATION/CONSENT

The following will be shared with appropriate school staff and others and/or posted:

- Student Plan of Care – on file in Office and Classroom Teacher
 Identification and Emergency Treatment Plan – posted in classroom
 Identification and Emergency Treatment Plan (STSWR) – shared with Student Transportation Services of Waterloo (if applicable)
 At-a-Glance – posted in Staff Room(s); Health Room; First Aid Room; Office (as applicable)

Signature of Parent/Guardian

Date

Signature of Student (if Student Age 18 and Over)

Date

Signature of Principal

Date

PLAN REVIEW

This plan remains in effect for the school year and will be reviewed annually.

Please Note:

- 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.
- Where there has been no change in the child's condition or treatment strategy from the previous year, parents may authorize continuation of the Diabetes Emergency Treatment Plan without proof of diagnosis – 'copy of the prescription' - with initials below.

There has been no change in condition or treatment strategy from previous year. Parent initial:

Disclaimer

Information on this form is collected pursuant to the board's responsibilities set out in the Education Act and protected in accordance with the Municipal Freedom of Information and Protection of Privacy Act. Information on this form will be used by the principal, classroom teacher and central board office staff for the purposes of providing emergency medical information and support. Questions regarding the collection of this information should be directed to the principal of the school.

To be Completed by: Parent/Guardian

Description of Use: Original: OSR; Copies: 1. Classroom Teacher(s); 2. Coaches; 2. Office Medical Binder;
4. SupplyTeacher Binder (Retention: Updated Annually)