

**ST. CLAIR CATHOLIC DISTRICT SCHOOL BOARD  
POLICIES AND PROCEDURES  
SECTION C: STUDENTS**

Appendix G

| <b>PREVALENT MEDICAL CONDITION — TYPE 1 DIABETES</b> |                     |
|--|---------------------|
| Plan of Care   |                     |
| <b>STUDENT INFORMATION</b>                           |                     |
| Student Name _____                                   | Date Of Birth _____ |
| Ontario Ed. # _____                                  | Age _____           |
| Grade _____  | Teacher(s) _____    |

| <b>EMERGENCY CONTACTS (LIST IN PRIORITY)</b> |              |               |                 |
|--|--------------|---------------|-----------------|
| NAME   | RELATIONSHIP | DAYTIME PHONE | ALTERNATE PHONE |
| 1.   |              |               |                 |
| 2.   |              |               |                 |
| 3.   |              |               |                 |

| <b>TYPE 1 DIABETES SUPPORTS</b>  |
|--|
| <p>Names of trained individuals who will provide support with diabetes-related tasks: (e.g. designated staff or community care allies.)</p> <hr/> <p>Method of home-school communication: _____</p> <p>Any other medical condition or allergy? _____</p> |

# ST. CLAIR CATHOLIC DISTRICT SCHOOL BOARD POLICIES AND PROCEDURES SECTION C: STUDENTS

## 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 page five (5) — Emergency Procedures

| ROUTINE   | ACTION  |
|---|---|
| <p><b>BLOOD GLUCOSE MONITORING</b></p> <p><input type="checkbox"/> Student requires trained individual to check BG/ read meter.</p> <p><input type="checkbox"/> Student needs supervision to check BG/ read meter.</p> <p><input type="checkbox"/> Student can independently check BG/ read meter.</p> <p><input type="checkbox"/> Student has continuous glucose monitor (CGM)</p> <p>* Students should be able to check blood glucose anytime, anyplace, respecting their preference for privacy.</p> | <p>Target Blood Glucose Range _____</p> <p>Time(s) to check BG: _____</p> <p>_____</p> <p>Contact Parent(s)/Guardian(s) if BG is: _____</p> <p>Parent(s)/Guardian(s) Responsibilities: _____</p> <p>School Responsibilities: _____</p> <p>Student Responsibilities: _____</p> |
| <p><b>NUTRITION BREAKS</b></p> <p><input type="checkbox"/> Student requires supervision during meal times to ensure completion.</p> <p><input type="checkbox"/> Student can independently manage his/her food intake.</p> <p>* 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</p>   | <p>Recommended time(s) for meals/snacks: _____</p> <p>Parent(s)/Guardian(s) Responsibilities: _____</p> <p>School Responsibilities: _____</p> <p>Student Responsibilities: _____</p> <p>Special instructions for meal days/ special events: _____</p>                         |

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| ROUTINE  | ACTION (CONTINUED)  |
|--|---|
| <p><b>INSULIN</b></p> <p><input type="checkbox"/> Student does not take insulin at school.</p> <p>Student takes insulin at school by:</p> <p><input type="checkbox"/> Injection<br/><input type="checkbox"/> Pump</p> <p>Insulin is given by:</p> <p><input type="checkbox"/> Student<br/><input type="checkbox"/> Student with supervision<br/><input type="checkbox"/> Parent(s)/Guardian(s)<br/><input type="checkbox"/> Trained Individual</p> <p>* All students with Type 1 diabetes use insulin. Some students will require insulin during the school day, typically before meal/nutrition breaks.</p> | <p>Location of insulin: _____<br/>_____</p> <p>Required times for insulin: _____</p> <p><input type="checkbox"/> Before school: <span style="margin-left: 200px;"><input type="checkbox"/> Morning Break:</span></p> <p><input type="checkbox"/> Lunch Break: <span style="margin-left: 150px;"><input type="checkbox"/> Afternoon Break:</span></p> <p><input type="checkbox"/> Other (Specify): _____</p> <p>Parent(s)/Guardian(s) responsibilities: _____</p> <p>School Responsibilities: _____</p> <p>Student Responsibilities: _____</p> <p>Additional Comments: _____</p> |
| <p><b>ACTIVITY PLAN</b></p> <p>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.</p>  | <p>Please indicate what this student must do prior to physical activity to help prevent low blood sugar:</p> <p>1. Before activity: _____</p> <p>2. During activity: _____</p> <p>3. After activity: _____</p> <p>Parent(s)/Guardian(s) Responsibilities: _____</p> <p>School Responsibilities: _____</p> <p>Student Responsibilities: _____</p> <p>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)</p>  |

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| ROUTINE  | ACTION (CONTINUED)  |
|--|---|
| <p><b>DIABETES MANAGEMENT KIT</b></p> <p>Parents 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.</p> | <p>Kits will be available in different locations but will include:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Blood Glucose meter, BG test strips, and lancets</li> <li><input type="checkbox"/> Insulin and insulin pen and supplies.</li> <li><input type="checkbox"/> Source of fast-acting sugar (e.g. juice, candy, glucose tabs.)</li> <li><input type="checkbox"/> Carbohydrate containing snacks</li> <li><input type="checkbox"/> Other (Please list) _____</li> </ul> <p>_____</p> <p>Location of Kit:</p> |
| <p><b>SPECIAL NEEDS</b></p> <p>A student with special considerations may require more assistance than outlined in this plan.</p>   | <p>Comments:</p>  |

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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:

- |   |  |                                      |                                       |
|---|--|--------------------------------------|---------------------------------------|
| <input type="checkbox"/> Shaky          | <input type="checkbox"/> Irritable/Grouchy | <input type="checkbox"/> Dizzy       | <input type="checkbox"/> Trembling    |
| <input type="checkbox"/> Blurred Vision | <input type="checkbox"/> Headache          | <input type="checkbox"/> Hungry      | <input type="checkbox"/> Weak/Fatigue |
| <input type="checkbox"/> Pale           | <input type="checkbox"/> Confused          | <input type="checkbox"/> 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. Give a starchy snack 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 EMS 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:

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Extreme Thirst     | <input type="checkbox"/> Frequent Urination | <input type="checkbox"/> Headache       |
| <input type="checkbox"/> Hungry             | <input type="checkbox"/> Abdominal Pain     | <input type="checkbox"/> Blurred Vision |
| <input type="checkbox"/> Warm, Flushed Skin | <input type="checkbox"/> Irritability       | <input type="checkbox"/> 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)

- |   |                                   |  |
|---|-----------------------------------|--|
| <input type="checkbox"/> Rapid, Shallow Breathing | <input type="checkbox"/> Vomiting | <input type="checkbox"/> 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

