DIABETES – TYPE 1 – PREVALENT MEDICAL CONDITION POLICY

MLCP endeavours to offer an environment supportive of diabetics.

Reduction of Risk

Monitor sugar intake and levels where appropriate. Ensure that large sugar content snacks and drinks are on site.

Communication

It is the responsibility of the administration to inform staff of diabetics and staff must familiarize themselves with diabetic persons and the plans for each one. Specific information is posted in the medicine cupboard in the Kitchen. Students are also highlighted on the prevalent medical condition lists posted in each classroom. MLCP endeavours to maintain emergency contact information on hand for emergency response use.

Development of the Plan

Each person's plan is developed in conjunction with the parent/person on their Type 1 Diabetes – Prevalent Medical Condition Individual Plan of Care form.

Training

The First Aid CPR training will cover areas required and Senior Staff will introduce or refamiliarize new or replacement staff with medication administration annually or as needed. Training can also be made available by a physician or the child's parent on the individual procedures to follow in the event the person has a diabetic reaction. Staff is to familiarize themselves with the posted lists and corresponding persons.

Signs, symptoms and triggers will be reviewed at least annually to ensure that staff is aware of:

- Triggers
- Symptoms

- Emergency procedures for each child
- Administration of prescribed medication
- Provide medical attention as noted
- Call 911
- Call parents
- Make a note of replacements
- Document incident as required

Should there be a diabetic reaction the incident shall be reviewed with all involved parties. There should be identification of the exposure, evaluation of responses and plans for moving forward. All staff, students and volunteers must sign the MLCP Diabetes – Type 1 – Prevalent Medical Condition Policy.

TYPE 1 DIABETES – PREVALENT MEDICAL CONDITION PLAN

INDIVIDUAL STUDENT PLAN OF CARE

Name:	Birth Date:	Age:
Mother: (if applicable)	Contact #:	
Father: (if applicable)	Contact #:	

EMERGENCY CONTACTS LISTED BY 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:

Any other medical condition or allergy?:

DAILY/ROUTINE TYPE 1 DIABETES MANAGEMENT

This person 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
BLOOD GLUCOSE MONITORING ☐ Individual requires trained individual to check BG/read meter. ☐ Individual needs supervision to check BG/read meter. ☐ Individual can independently check BG/read meter. ☐ Individual has continuous glucose monitor (CGM) * Students/staff/volunteers should be able to check blood glucose anytime, anyplace, respecting their preference for privacy.	Target Blood Glucose Range: ____________________ Time(s) to check BG: ____________________ ____________________ Contact Parent(s)/Guardian(s) or Emergency Contact if BG is: ____________________ Parent(s)/Guardian(s)/Individual(s) Responsibility: ____________________ ____________________ School Responsibilities: ____________________ ____________________

NUTRITION BREAKS	
☐ Individual requires supervision during meal times to ensure completion. ☐ Individual can independently manager his/her food intake. * Reasonable accommodation must be made to allow Individual to eat all of the provided meals and snacks on time. Individuals should not trade or share food/snacks with others.	Recommended time(s) for meals/snacks: ____________________ Individual(s) Responsibility: ____________________ ____________________ School Responsibilities: ____________________ ____________________ Student Responsibilities: ____________________ ____________________ Special instructions for meal days/special events: ____________________ ____________________

ROUTINE	ACTION (Continued)
INSULIN ☐ Individual does not take insulin at school/work. ☐ Individual takes insulin at school by: ☐Injection ☐Pump ☐ Insulin is given by: ☐Self ☐Self with supervision ☐Parent(s)/Guardian(s) ☐Trained Individual * All Individuals with Type 1 diabetes use insulin. Some Individuals will require insulin during the day, typically before meal/nutrition breaks.	Location of insulin: ______________________ ______________________ Required times for insulin: ______________________ ☐Before School: ☐Morning Break: ☐Lunch Break: ☐Afternoon Break: ☐Other (Specify): ______________________ Parent(s)/Guardian(s) Responsibilities: ______________________ School Responsibilities: ______________________ Student/Individual Responsibilities: ______________________ Additional Comments: ______________________ ______________________

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 individuals' reach.	Please indicate what this person 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/Individual Responsibilities: ______________________ For special events, notify parent(s)/guardian(s)/individual(s) in advance so that appropriate adjustments or arrangements can be made. (e.g. extracurricular, Terry Fox Run)

ROUTINE	ACTION (Continued)
DIABETES MANAGEMENT KIT The Individual 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.	Kits will be available in different locations but will include: ☐Blood Glucose meter, BG test strips, and lancets ☐Insulin and insulin pen and supplies ☐Source of fast-acting sugar (e.g. juice, candy, glucose tabs) ☐Carbohydrate containing snacks ☐Other (Please list): ______________________________ ______________________________ Location of Kit: ______________________________

SPECIAL NEEDS	
An Individual with special considerations may require more assistance than outlined in this plan.	Comments:

Montessori Learning Centre

"Knowledge with Understanding"

EMERGENCY PROCEDURES

HYPOGLYCEMIA – LOW BLOOD GLUCOSE
(4mmol/L or less)
DO NOT LEAVE INDIVIDUAL UNATTENDED

Usual symptoms of Hypoglycemia for my child/the individual are:

☐**Shaky**	☐**Irritable/Grouchy**	☐**Dizzy**	☐**Trembling**
☐**Blurred Vision**	☐**Headache**	☐**Hungry**	☐**Weak/Fatigue**
☐**Pale**	☐**Confused**	☐**Other** ____________________	

Steps to take for Mild Hypoglycemia (Individual 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 person on their side in the recovery position.
2. Call 9-1-1. Do not give food or drink (chocking hazard). Supervise individual until EMS arrives.
3. Contact parent(s)/guardian(s) or emergency contact.

HYPERGLYCEMIA – HIGH BLOOD GLUCOSE
(14mmol/L or above)

Usual symptoms of Hyperglycemia for my child/the Individual are:

☐**Extreme Thirst**	☐**Frequent Urination**	☐**Headache**	☐**Hungry**
☐**Abdominal Pain**	☐**Blurred Vision**	☐**Warm, Flushed Skin**	☐**Irritability**
☐**Other** ____________________			

Steps to take for Mild Hyperglycemia

1. Allow the Individual free use of bathroom.
2. Encourage the Individual to drink water only.
3. Inform the parent/guardian/emergency contact 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 individual's medical condition.

AUTHORIZATION/PLAN REVIEW

INDIVIDUALS WITH WHOM THIS PLAN OF CAREIS 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

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)/individual(s) responsibility to notify the principal if there is a need to change the plan of care during the school year.

Parent(s)/Guardians(s)/Individual(s) Signature & Date **Student's Signature & Date**

Principal Signature & Date