



Warlingham School Individual Care Plan for Students with Type 1 Diabetes
DAILY AND EMERGENCY PROCEDURES

PERSONAL DETAILS	Name: _____	STUDENT PHOTO			
	Date of birth: _____ Age: _____ Yrs _____ Months _____				
	School years: 20_____ to 20_____				
	Home address: _____ _____ _____				
	Medical contact: _____				
	Hospital or Clinic Address: _____ _____				
	Phone: _____				
CONTACTS	Designated staff to provide support with diabetes care (minimum 2):				
	1. _____				
	2. _____				
	3. _____				
	Please supply the details of 3 contacts that can be used in an emergency				
		Name	Relationship	Preferred phone	Alternate phone
	1st				
2nd					
3rd					

DAILY AND EMERGENCY PROCEDURES CONT..

THE SCHOOL must ensure a kit is accessible at all times during the school day. We advised that the student carry a personal kit for all external activities.

It is the responsibility of the **PARENT** to maintain/refresh supplies when requested or at the start of the new academic year.

EMERGENCY KITS / SUPPLIES

CONTENTS (check all that apply)	With student	Office	Other location(s)
Blood glucose meter, test strips, lancets			
Fast-acting sugar (juice, glucose tabs, candy) for low blood sugar			
Carbohydrate snack(s)			
Glucagon (expiry date: ____/____)			
Sharps disposal container			
Ketone strips/meter			
Insulin pen, pen needles, insulin (in case of pump failure)			
Extra batteries for meter			
Parents' names and contact numbers			
Other:			

Parents/ Guardians are required to fill in the quick-reference sheet shown below, which outlines the routine tasks that must be carried out each day. Indicate which, if any, tasks the student needs help with.

DAILY SCHEDULE OF ROUTINE DIABETES-RELATED TASKS

TIME	Meal/snack	Blood glucose (BG) check	Insulin	Comments

Use these abbreviations to indicate what level of support (if any) is needed for the various tasks:

A – Assistance required; S – Supervision needed; I – Independent

EMERGENCY KIT LOCATION(S): _____

MILD HYPOGLYCEMIA (Low blood sugar): Check, Treat, Repeat

If BG is under 4 mmol/L: Treat, then repeat BG check after 10-15 minutes

Treat again if still under 4 mmol/L

Treat and repeat this cycle until the BG is 4 or more

Daily Routine & Monitoring

BLOOD GLUCOSE/SUGAR (BG) MONITORING	Student's target blood sugar (BG) range _____ to _____ mmol/L		
	Always check blood sugar when student shows symptoms of hypoglycemia. If you are not able to check, treat as if blood sugar is low.		
	Student's blood sugar should be checked at these times each day:		
	Upon arrival to school	Break time	Lunchtime
	In between lesson change over P4 & 5	Before leaving school	Before sports activities
	Other times (please specify)		
	Home-school communication method:		
	Call parent if blood sugar is: <div style="margin-left: 20px;"> <input type="checkbox"/> Below _____ <input type="checkbox"/> Above _____ </div> Does student wear a continuous glucose monitor (CGM)? <div style="margin-left: 20px;"> <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Yes, sometimes. </div>		
NUTRITION BREAKS	<input type="checkbox"/> Student can eat snacks and lunch at regular school times. If not, specify when the student should eat _____ Student requires a snack before: <div style="margin-left: 20px;"> <input type="checkbox"/> End of day/getting on bus <input type="checkbox"/> Physical activity (see next section) </div>		

	ROUTINE	MANAGEMENT
	BG meter and fast-acting sugar should ALWAYS be accessible during physical activities. <div style="background-color: yellow; padding: 5px;"> Risk of low blood sugar increases during/after physical activity. </div> <div style="background-color: yellow; padding: 5px;"> The student may need extra BG check(s) and/or extra food. </div> <div style="margin-top: 10px;"> <input type="checkbox"/> Student can make decisions about physical activities independently <input type="checkbox"/> Student needs supervision/guidance around physical activity </div>	<div style="background-color: yellow; padding: 5px;"> Parents to advise school when there will be increased physical activity e.g. sports day, sponsored walk </div> <div style="margin-top: 10px;"> <input type="checkbox"/> No action needed before activity <input type="checkbox"/> Check blood sugar before regular physical activity classes Check blood sugar before unplanned activity If blood sugar is: Under 4 mmol/L, treat for low blood sugar <ul style="list-style-type: none"> Between 4 mmol/L and _____, give a snack before activity Above _____, no snack is needed before activity For students on a pump: <div style="margin-left: 20px;"> <input type="checkbox"/> No specific pump adjustments needed <input type="checkbox"/> Suspend/disconnect pump for activity. <input type="checkbox"/> Other _____ </div> </div>

EMERGENCY PROCEDURE FOR LOW BLOOD SUGAR (HYPOGLYCEMIA)

MILD-TO-MODERATE LOW BLOOD SUGAR													
ACTIONS	<div style="display: flex; align-items: center;"> <div style="margin-right: 10px;"> Check </div> <div style="border: 1px solid #4682b4; padding: 5px;"> <ul style="list-style-type: none"> If BG is under 4 mmol/L OR If BG is under 5 mmol/L with symptoms </div> </div> <div style="margin-top: 10px;"> Treat </div> <div style="border: 1px solid #4682b4; padding: 5px;"> <ul style="list-style-type: none"> Immediately give ____ grams of fast-acting sugar (See below for student preferences and amounts) </div> <div style="margin-top: 10px;"> Repeat </div> <div style="border: 1px solid #4682b4; padding: 5px;"> <ul style="list-style-type: none"> After 15 minutes, check BG again: If still under 4 mmol/L, treat again as above. Repeat cycle every 10 to 15 minutes until BG is above 4 mmol/L </div>												
SYMPTOMS	<p style="text-align: center;">Please tick below your son/daughter's usual symptoms of low blood sugar.</p> <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tr> <td style="padding: 2px 5px;">Shakiness</td><td style="padding: 2px 5px;">Headache</td><td style="padding: 2px 5px;">Irritability/grouchiness</td></tr> <tr> <td style="padding: 2px 5px;">Hunger</td><td style="padding: 2px 5px;">Paleness</td><td style="padding: 2px 5px;">Weakness/fatigue</td></tr> <tr> <td style="padding: 2px 5px;">Confusion</td><td style="padding: 2px 5px;">Blurred Vision</td><td style="padding: 2px 5px;">Lack of concentration</td></tr> <tr> <td style="padding: 2px 5px;">Tiredness</td><td style="padding: 2px 5px;">Tearful</td><td style="padding: 2px 5px;">Sweating</td></tr> </table> <p style="color: red; font-weight: bold; margin-top: 10px;">SEVERE LOW BLOOD SUGAR</p> <p>Symptoms</p> <ul style="list-style-type: none"> Unresponsive or unconscious Having a seizure So uncooperative that you can't give juice or sugar by mouth <p>School Actions</p> <ol style="list-style-type: none"> Place the student in recovery position Have someone call 999. Then call parents Stay with the student until ambulance arrives. Do not give food or drink (choking hazard). Please tick below to give your consent if you wish us to give glucagon at this point. <p><input type="checkbox"/> Yes, give Glucagon (only by a trained member of staff if available) Dose _____</p> <p>Directions</p> <ol style="list-style-type: none"> Remove cap Inject liquid from syringe into dry powder bottle Roll bottle gently to dissolve powder Draw fluid dose back into the syringe Inject into outer mid-thigh (may go through clothing) <p style="margin-left: 40px;">Once student is alert, give juice or fast-acting sugar</p> <p><input type="checkbox"/> No, do not give Glucagon</p>	Shakiness	Headache	Irritability/grouchiness	Hunger	Paleness	Weakness/fatigue	Confusion	Blurred Vision	Lack of concentration	Tiredness	Tearful	Sweating
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PROCEDURE FOR HIGH BLOOD SUGAR (HYPERGLYCEMIA)

DEFINITION	<p>Hyperglycemia = high blood glucose/sugar (BG). Levels may vary by individual.</p> <p>High blood sugar is usually the result of extra food or inadequate insulin, but not always. BG also rises during illness or stress, and can be due to technical problems (pump failure, missed meal bolus, etc.).</p>									
SYMPTOMS	<p style="text-align: center;">The student may use these words to describe a high blood sugar:</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">Usual symptoms of high blood sugar for this student are:</p> <table><tr><td><input type="checkbox"/> Extreme thirst</td><td><input type="checkbox"/> Frequent urination</td><td><input type="checkbox"/> Headache</td></tr><tr><td><input type="checkbox"/> Hunger</td><td><input type="checkbox"/> Abdominal pain</td><td><input type="checkbox"/> Blurred vision</td></tr><tr><td><input type="checkbox"/> Warm, flushed skin</td><td><input type="checkbox"/> Irritability</td><td><input type="checkbox"/> Other: _____</td></tr></table> <p style="text-align: center;">Usual symptoms of SEVERE high blood sugar:</p> <p><input type="checkbox"/>Rapid, shallow breathing <input type="checkbox"/>Vomiting <input type="checkbox"/>Severe abdominal pain <input type="checkbox"/>Fruity-smelling breath</p>	<input type="checkbox"/> Extreme thirst	<input type="checkbox"/> Frequent urination	<input type="checkbox"/> Headache	<input type="checkbox"/> Hunger	<input type="checkbox"/> Abdominal pain	<input type="checkbox"/> Blurred vision	<input type="checkbox"/> Warm, flushed skin	<input type="checkbox"/> Irritability	<input type="checkbox"/> Other: _____
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<input type="checkbox"/> Warm, flushed skin	<input type="checkbox"/> Irritability	<input type="checkbox"/> Other: _____								
ACTION	<p>Check BG. Even students who do their own checks may need help if they are unwell.</p> <ul style="list-style-type: none">If student starts to feel ill - Call parent immediately if student is unwell, has severe abdominal pain, nausea, vomiting or symptoms of severe high blood sugar. A parent should pick up the student from school if blood sugar is high and they feel unwell, regardless of how old or independent they are.No symptoms of illness: If the student feels well and the BG is under _____ no immediate treatment is needed. Note the blood sugar reading. In the meantime:<ul style="list-style-type: none">Allow free access to the washroom and encourage them to drink water/sugar-free fluids.Allow student to eat their usual meal or snack (they may choose carbohydrate-free snacks).Request that student return every 30 minutes to re-test ketone level.Allow student to resume activity as normal.Insulin corrections by pump: If the student is on an insulin pump, a correction can be given (see insulin section of this plan). If BG has not decreased 2 hours after the correction, call parent.									
<p style="text-align: center;">When BG is above _____ mmol/L, call parent</p>										

KETONES	<input type="checkbox"/> This student does not check for ketones at school.			
	<input type="checkbox"/> If BG is above _____, check ketones using urine sticks <input type="checkbox"/> OR ketone blood meter <input type="checkbox"/>			
		Urine stick	Blood meter	Action
	If ketones are	Negative to small	Less than 0.6	Proceed as for hyperglycemia above
Moderate to large		At or above 0.6	May indicate pump failure or extra insulin needed. Call parents for instructions.	
After testing, if ketones are detected, we will phone parents to inform them and request that they be collected. This will allow for closer monitoring at home.				

INSULIN MANAGEMENT															
GENERAL	<input type="checkbox"/> Student does not take insulin at school.														
	<i>Complete this section only if student takes insulin at school.</i>														
	<input type="checkbox"/> Student takes insulin at school by:														
	<input type="checkbox"/> pen injection														
	<input type="checkbox"/> pump														
	<input type="checkbox"/> syringe														
	<input type="checkbox"/> Insulin is given by:														
	<input type="checkbox"/> Student, independently														
	<input type="checkbox"/> Student, with supervision														
	<input type="checkbox"/> Other _____														
Insulin by injection/ pump is done at the following times:															
<table border="1" style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Before breakfast <input type="checkbox"/> <input type="checkbox"/> Before morning snack <input type="checkbox"/> <input type="checkbox"/> Before lunch <input type="checkbox"/> <input type="checkbox"/> Before afternoon snack <input type="checkbox"/> <input type="checkbox"/> Other _____ <input type="checkbox"/> <input type="checkbox"/> </td> <td style="width: 50%; vertical-align: top;"> <table border="1" style="width: 100%;"> <tr> <td style="width: 50%;"></td> <td style="width: 50%; text-align: center;">Time</td> </tr> <tr><td></td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td></td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td></td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td></td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td></td><td style="text-align: center;"><input type="checkbox"/></td></tr> </table> </td> </tr> </table>		<input type="checkbox"/> Before breakfast <input type="checkbox"/> <input type="checkbox"/> Before morning snack <input type="checkbox"/> <input type="checkbox"/> Before lunch <input type="checkbox"/> <input type="checkbox"/> Before afternoon snack <input type="checkbox"/> <input type="checkbox"/> Other _____ <input type="checkbox"/> <input type="checkbox"/>	<table border="1" style="width: 100%;"> <tr> <td style="width: 50%;"></td> <td style="width: 50%; text-align: center;">Time</td> </tr> <tr><td></td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td></td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td></td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td></td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td></td><td style="text-align: center;"><input type="checkbox"/></td></tr> </table>		Time		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
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<input type="checkbox"/> For students using an insulin pump:															
<input type="checkbox"/> Insulin can be given anytime the student is eating															
<input type="checkbox"/> There must be 2 hours between correction doses															

INSULIN VIA PUMP	<p>The basic steps are:</p> <ol style="list-style-type: none"> 1. Check BG before the student eats. The reading will: <ul style="list-style-type: none"> <input type="checkbox"/> Be sent to the pump by the meter. <input type="checkbox"/> Need to be manually entered into the pump. 2. Enter the total number of carbohydrates to be eaten (provided by parent or the student) 3. The pump will calculate the amount of insulin to be given. <p>If BG is above _____ mmol/L:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Check ketones <input type="checkbox"/> Call parent <input type="checkbox"/> Other _____
INSULIN VIA SYRINGE	<p>Type of insulin used: _____</p> <p>Student is required to double-check the insulin dose before injecting to make sure the appropriate dose is selected and is dialed correctly into the pen.</p> <ul style="list-style-type: none"> <input type="checkbox"/> The student is able to select the appropriate dose. Designated staff should double-check the dose. <input type="checkbox"/> Parents agree the student can give their own insulin, without an adult double-checking the dose.

CONSENT / AUTHORISATION	<p>Authorisation by parents/guardians – please read carefully.</p> <p>Consent to release information: I authorise and provide consent to the school staff to use and/or share information in this plan for purposes related to the education, health and safety of my child. This may include:</p> <ol style="list-style-type: none"> 1. Displaying my child’s photograph on paper notices or electronic format(s) in staff areas around school so that staff will be aware of my child’s medical condition. 2. Sharing information in special circumstances to protect the health and safety of the student. <p style="text-align: right;">Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Consent to transfer to hospital: I consent in advance, to my child’s being transported to a hospital if required, based on the judgment of school staff. I also permit a staff member to accompany my child during transport.</p> <p style="text-align: right;">Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Consent to treatment: I am aware that school staff are not medical professionals and perform all aspects of the plan to the best of their abilities and in good faith. I approve of the management steps and responses outlined in this care plan, including administering glucagon if indicated.</p> <p style="text-align: right;">Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Agreement to provide glucagon: School staff, parents/guardians agree that glucagon can be given in the event of severe hypoglycemia. Note: School personnel must sign below to indicate pre-agreement to provide this emergency injection.</p> <p>Yes, glucagon can be given <input type="checkbox"/> No, glucagon cannot be given <input type="checkbox"/></p> <p>Agreed by staff name: _____</p>
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Parent/guardian signature: _____ Date: _____

Staff implementing care plan

Name _____ **Signed** _____

Job title _____

ANNUAL RENEWAL

When requirements change significantly, complete a new Individual Care Plan and share with all involved.

A copy of the original plan will be sent to their parent/guardian at the start of a new academic year. This will allow them to make any changes or to confirm the plan should stay the same.

Once the parent / guardian have reviewed this, the school should place a new dated copy (regardless of whether or not there has been any changes) on file and update their systems.

☐ This plan remains in effect for the period _____ to _____ school year without change.

Or

☐ We the parent/ guardian of _____
Have made changes to our son/daughter's Diabetic Care Plan and these changes should be implemented immediately.

Parent/guardian: _____ Date: _____

Staff in charge of Care Plan Process : _____ Date: _____