

Measures have been taken, by the Utah Department of Health, Bureau of Health Promotions, to ensure no conflict of interest in this activity

CNE/CEU's are available for this live webinar. You must take the pre and post tests. 80% is required on the post test to receive CNE/CEU's. Certificates will be emailed out to you within two weeks.

Back to School with Diabetes

A Balancing Act



September 17, 2014

Objectives



- Participant will understand laws protecting the diabetic students from discrimination in school setting
- Participant will learn what they can do to help prepare the student for return to school
 - Required school forms
 - When there is no school nurse
 - The 504 process
- Participant will understand school management of the diabetic student
 - Student self management program
 - Training of school staff
 - Follow-up of school provided care

Demographics

About 208,000 Americans under age 20 are estimated to have diagnosed diabetes, approximately 0.25% of that population

Around 660 students in Utah have a diagnosis of diabetes

More than 18,000 youth diagnosed each year in 2008 and 2009



Type 1



Currently, at least 1 out of 3 people will develop the disease in their lifetime

More than 5,000 youth diagnosed each year in 2008 and 2009



Type 2

Effective Diabetes Management in the School Setting is Crucial

- For immediate safety
- For long-term health
- To ensure that the student with diabetes is ready to learn and participate fully in school activities
- To minimize the possibility that diabetes-related emergencies will disrupt classroom activities

Educating your Parents

Parents will need to:

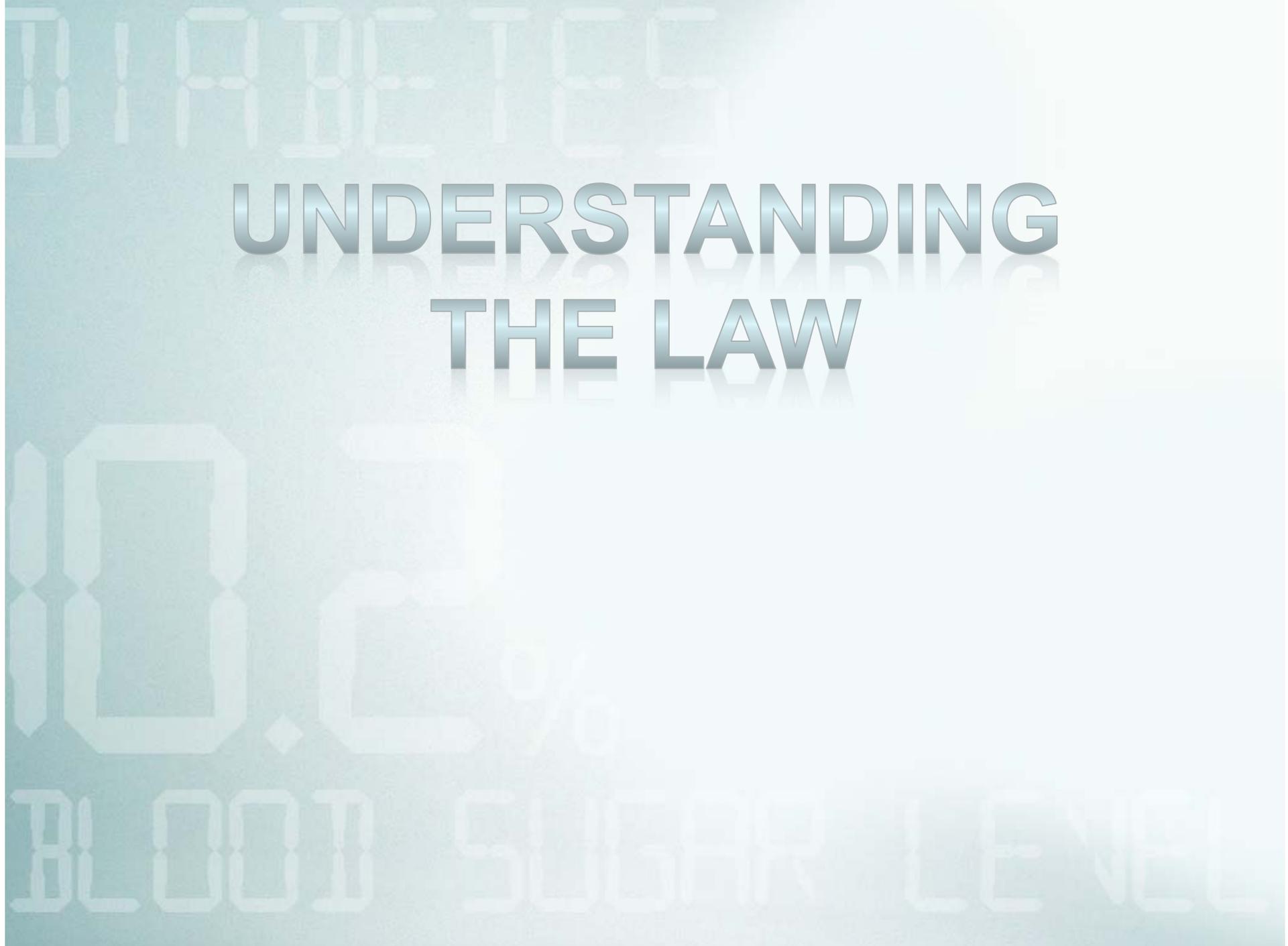
- Understand their child's rights
- Develop a *positive partnership* with their school
 - Communicate
 - Be available
 - Check in with the teacher regularly
- Provide
 - Information/Medical Orders
 - Snacks
 - Supplies
 - Emergency direction

Common Goal: Safe At School

Parents and schools have the same goal: to ensure that students with diabetes are safe at school and that both health and learning are fully supported.

- See more at: <http://www.diabetes.org/living-with-diabetes/parents-and-kids/diabetes-care-at-school/resolving-challenges/#sthash.8AVucXld.dpuf>

UNDERSTANDING THE LAW



Federal and State Laws



1. Section 504 of the Rehabilitation Act of 1973 (504)
2. Individuals with Disabilities Education Act of 1991 (IDEA)
3. Americans with Disabilities Act (ADA)
4. Utah Nurse Practice Act, R156-31b-701-701 (allows delegation of care by an RN)

GET
“ACCOMMODATIONS”
IN WRITING
IHP, IEP OR 504

REQUIRED SCHOOL FORMS

The Provider DMMO

MANDATORY

Ideally for all diabetic students, in reality, when assistance is needed

All sections should be completed and signed by medical provider

Parent must also sign the form

Insert name and address of Institution:		Utah Department of Health/Utah Office of Education Licensed Independent Provider's (LIP) Diabetes Medication/Management Orders In Accordance with Utah Code 53A-11-603 and 53A-11-604	
STUDENT INFORMATION			
Name or Label:	Name of School:	School Fax:	For School Year:
Date of Birth:	<input type="checkbox"/> Type 1 Diabetes	<input type="checkbox"/> Type 2 Diabetes	Age at diagnosis:
TO BE COMPLETED BY LIP			
In accordance with these orders, an Individualized Health Care Plan (IHCP) must be developed by the School Nurse, Student, and Parent, to be shared with appropriate school personnel, and cannot be shared with any individual outside of those public education employees without parental consent. As the student's LIP, I confirm the student has a diagnosis of diabetes mellitus and it is "medically appropriate for the student to possess and self-administer diabetes medication and the student should be in possession of diabetes medications at all times". Per my assessment, I recommend:			
<input type="checkbox"/> Student is capable to carbohydrate count meals and snacks for insulin adjustment, carry, and self-administer diabetes Medication/insulin. <input type="checkbox"/> Student requires a trained adult to supervise carbohydrate counting of meals and snacks for insulin adjustment and self-administration of diabetes medication/insulin. <input type="checkbox"/> Student requires a trained adult to carbohydrate count meals and snacks for insulin adjustment and administer diabetes medication/insulin during periods the student is under the control of the school. <input type="checkbox"/> This student may participate in ALL school activities, including sports and field trips, without restriction. <input type="checkbox"/> This student may participate in school activities with the following restrictions: _____			
PROCEDURES			
Emergency Glucagon Administration Immediately for severe hypoglycemia: unconscious, semi-conscious (unable to control airway), or seizing.	Glucagon Dose: <input type="checkbox"/> 1.0 mg/1.0 ml	Route: IM	Possible side effects: Nausea and Vomiting
Blood Glucose Testing Target range for blood glucose (BG) is: <input type="checkbox"/> 100 to 200 <input type="checkbox"/> 80 to 150 <input type="checkbox"/> Other: _____			
<input type="checkbox"/> Before Meals <input type="checkbox"/> Before Exercise <input type="checkbox"/> After Exercise <input type="checkbox"/> Before going home <input type="checkbox"/> Other <input type="checkbox"/> If symptomatic (See student's specific symptoms in Individualized Health Care Plan, IHCP) <input type="checkbox"/> If BG is less than _____, follow management per Diabetes Emergency Action Plan (page 2) <input type="checkbox"/> Student should not exercise if BG is below _____ mg/dl, or above _____ mg/dl.			
"Free" Snacks (no insulin coverage)			
<input type="checkbox"/> No routine snacks at school <input type="checkbox"/> 15 gram carb snack at _____ am and/or _____ pm <input type="checkbox"/> 15 gram carb snack before PE <input type="checkbox"/> Other: _____			
Insulin Administration			
<input type="checkbox"/> Apidra <input type="checkbox"/> Humalog <input type="checkbox"/> Novolog Delivery Device: <input type="checkbox"/> Insulin Vial/Syringe <input type="checkbox"/> Insulin Pen <input type="checkbox"/> Insulin Pump		Route: Subcutaneous	Possible side effects: Hypoglycemia
<input type="checkbox"/> Insulin to Carbohydrate Ratio (I:C): _____ unit for every _____ grams of carbohydrate before meals <input type="checkbox"/> Correction Dose only to be administered at meal times: _____ unit for every _____ mg/dl for blood sugars above _____ mg/dl			
When to give Insulin:			
Snacks (special occasions/parties): <input type="checkbox"/> No coverage for snacks <input type="checkbox"/> Use I:C ratio			
If using insulin pump, carbohydrate ratio and correction dose are calculated by pump. These doses are provided as information for special circumstances. Basal insulin for pump use:			
_____ am/pm : _____ units per hour, _____ am/pm : _____ units per hour, _____ am/pm : _____ units per hour _____ am/pm : _____ units per hour, _____ am/pm : _____ units per hour, _____ am/pm : _____ units per hour			
Additional Pump Orders:			
<ul style="list-style-type: none"> - Student may be disconnected from pump for a maximum of 60 minutes, or per Diabetes Emergency Action Plan. - If unable to use pump after 60 minutes contact parent/guardian, and if BG is over 250 mg/dl give correction dose via syringe. - If able to re-connect pump, administer correction dose as calculated by pump. 			
Additional Orders <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> See attached			
Licensed Health Care Provider Signature:	Date:	Office:	Fax:
TO BE COMPLETED BY PARENT OR GUARDIAN			
I understand that a school team, including parent or guardian, may make decisions about implementation and assistance in the school based on consideration of the above recommendations, available resources, and the student's level of self-management. I acknowledge that these orders signed by the LIP will be used by the school nurse, and shared with appropriate school staff, to develop an IHCP for my child's diabetes management at school.			
Parent/Guardian signature:	Date:	Best contact information:	Emergency contact Name: _____ Cell: _____

DMMO Provider Sections

TO BE COMPLETED BY LIP

In accordance with these orders, an Individualized Health Care Plan (IHCP) must be developed by the School Nurse, Student, and Parent, to be shared with appropriate school personnel, *and cannot be shared with any individual outside of those public education employees without parental consent.* As the student's LIP, I confirm the student has a diagnosis of diabetes mellitus and it is "medically appropriate for the student to possess and self-administer diabetes medication and the student should be in possession of diabetes medications at all times". Per my assessment, I recommend:

- Student is capable to carbohydrate count meals and snacks for insulin adjustment, carry, and self-administer diabetes medication/insulin.
- Student requires a trained adult to supervise carbohydrate counting of meals and snacks for insulin adjustment and self-administration of diabetes medication/insulin.
- Student requires a trained adult to carbohydrate count meals and snacks for insulin adjustment and administer diabetes medication/insulin during periods the student is under the control of the school.
- This student may participate in ALL school activities, including sports and field trips, without restriction.
- This student may participate in school activities with the following restrictions: _____

PROCEDURES

Emergency Glucagon Administration

Immediately for severe hypoglycemia: unconscious, semi-conscious (unable to control airway), or seizing.

Glucagon Dose:

1.0 mg/1.0 ml

Route:

IM

Possible side effects:

Nausea and Vomiting

Blood Glucose Testing

(Fasting) 70-100 100-150 150-200 200+

BLOOD SUGAR LEVEL

...with conscious (able to control) or eating.

Blood Glucose Testing Target range for blood glucose (BG) is: 100 to 200 80 to 150 Other: _____

Before Meals Before Exercise After Exercise Before going home Other

If symptomatic (See student's specific symptoms in Individualized Health Care Plan, IHCP)

If BG is less than _____, follow management per Diabetes Emergency Action Plan (page 2)

Student should not exercise if BG is below _____ mg/dl, or above _____ mg/dl.

"Free" Snacks (no insulin coverage)

No routine snacks at school 15 gram carb snack at _____ am and/or _____ pm 15 gram carb snack before PE Other: _____

Insulin Administration

Apidra Humalog Novolog

Delivery Device: Insulin Vial/Syringe Insulin Pen Insulin Pump

Route:

Subcutaneous

Possible side effects:

Hypoglycemia

Insulin to Carbohydrate Ratio (I:C): _____ unit for every _____ grams of carbohydrate before meals

Correction Dose only to be administered at meal times: _____ unit for every _____ mg/dl for blood sugars above _____ mg/dl

When to give Insulin:

Snacks (special occasions/parties): No coverage for snacks Use I:C ratio

If using insulin pump, carbohydrate ratio and correction dose are calculated by pump. These doses are provided as information for special circumstances. Basal insulin for pump use:

_____ am/pm : _____ units per hour; _____ am/pm : _____ units per hour; _____ am/pm : _____ units per hour

_____ am/pm : _____ units per hour; _____ am/pm : _____ units per hour; _____ am/pm : _____ units per hour

Additional Pump Orders:

- Student may be disconnected from pump for a maximum of 60 minutes, or per Diabetes Emergency Action Plan.
- If unable to use pump after 60 minutes contact parent/guardian, and if BG is over 250 mg/dl give correction dose via syringe.
- If able to re-connect pump, administer correction dose as calculated by pump.

Additional Orders Yes No See attached

Licensed Health Care Provider Signature:

Date:

Office:

Fax:

TO BE COMPLETED BY PARENT OR GUARDIAN

I understand that a school team, including parent or guardian, may make decisions about implementation and assistance in the school based on consideration of the above recommendations, available resources, and the student's level of self-management. I acknowledge that these orders signed by the LIP will be used by the school nurse, and shared with appropriate school staff, to develop an IHCP for my child's diabetes management at school.

Parent/Guardian signature:

Date:

Best contact information:

Emergency contact

Name: _____

Cell: _____

The Emergency Action Plan



DIABETES EMERGENCY ACTION PLAN					
Student Name: _____ DOB: _____ Grade: _____					Picture
Parent/Guardian: _____ Phone(s): _____					
CHECK BLOOD GLUCOSE					
Below 70 (or) (Hypoglycemia)	70 – 90	91 – 125	126 – 250	Above 250 (or) (Hyperglycemia)	
ONSET: Sudden	or --	or --	or --	ONSET: Over time – several hours or days	
<p>*SEVERE HYPOGLYCEMIA Comatose Inability to swallow Unable to control airway Loss of consciousness Seizure</p>	<p>MODERATE HYPOGLYCEMIA Blurry Vision Confusion Weakness Headache Sleepiness Behavior change Poor coordination Slurred speech</p>	<p>MILD HYPOGLYCEMIA Hunger Weakness Painness Irritability Dizziness Sweating Crying Anxiety Shakiness Headache Poor concentration Personality change Drowsiness</p>	<p>If exercise is planned before a snack or meal (including recess) the student must have a snack before participating.</p> <p>Student is fine.</p>	<p>MILD/MODERATE HYPERGLYCEMIA Thirst Frequent Urination Stomach pains Fatigue/sleepiness Flushing of skin Increased hunger Blurred vision Lack of concentration Sweet, fruity breath Dry mouth</p>	<p>*SEVERE HYPERGLYCEMIA <u>Mild and moderate symptoms plus:</u> Labored breathing Confused Very weak Unconscious</p>
<p>ACTIONS FOR SEVERE HYPOGLYCEMIA</p> <ol style="list-style-type: none"> 1. Don't attempt to give anything by mouth. 2. Position on side, if possible. 3. Contact trained diabetes personnel. 4. Disconnect insulin pump. 5. Administer glucagon, if prescribed. 6. Call 911. 7. Contact parents/guardian. 8. Stay with student. 	<p>ACTIONS FOR MODERATE HYPOGLYCEMIA</p> <ol style="list-style-type: none"> 1. Give student 15 grams fast-acting sugar source. 2. Wait 10 to 15 minutes. 3. Recheck blood glucose. 4. Repeat 15 grams carbohydrate if symptoms persist OR blood glucose is less than 70. 5. Follow with a snack of 15 gram carbohydrate and a protein (e.g. cottage and crackers). 	<p>ACTIONS FOR MILD HYPOGLYCEMIA</p> <p>If student's blood sugar result is immediately following strenuous activity, give an additional 15 grams of fast-acting carbohydrate.</p>		<p>ACTIONS FOR MILD/MODERATE HYPERGLYCEMIA</p> <ol style="list-style-type: none"> 1. Allow liberal bathroom privileges. 2. Encourage student to drink water or sugar-free drinks. 3. Check blood glucose & administer insulin per physician orders. 4. Contact parent if blood sugar is over 300 mg/dl. 	<p>ACTIONS FOR SEVERE HYPERGLYCEMIA</p> <ol style="list-style-type: none"> 1. If student vomits or is lethargic call parent. 2. If parent is unavailable contact 911.
<p>Causes of Hypoglycemia: Too much insulin, missed food, delayed food, or exercise</p>				<p>Causes of Hyperglycemia: Too much food, too little insulin, illness, stress, or decreased activity</p>	
<p>FAST ACTING SUGAR SOURCES: 3-4 glucose tablets OR 4 ounces juice OR 6 ounces regular soda OR 3 teaspoons glucose gel OR 3 teaspoons sugar in water</p>					
<p>Never send a child with suspected low blood glucose anywhere alone!!! Never provide insulin coverage for carbohydrate/glucose being used to treat hypoglycemia. *Severe symptoms are a life-threatening emergency. Adapted with permission from National Association of School Nurses H.A.N.D.S. ® 2008</p>					
				7/29/13	Page 2/2

MD Provider completes an Emergency Action Plan as part of the DMMO *specific* to the student

Communication with School Nurse

- Best practice: fax forms to school “attention school nurse”
 - Instruct parent to provide forms to the school nurse ASAP if not able to fax
 - Most all ***District Public Schools*** in Utah have an assigned school nurse
 - Student may not be allowed back into school until proper paper work is complete
- School Nurse will then be responsible for:
 - developing IHP with parent and student
 - training school staff
 - delegation of their RN license to school staff for administration of insulin
 - Follow-up
 - Communication with MD, Diabetic Educator, Parents, School Staff

Consent to Exchange Information

Consent for Disclosure of Confidential Information

Student's name: _____ Date of consent: _____
Date of birth: _____

We are asking that you authorize the persons or agencies named below to disclose to each other confidential information regarding the above named student.

<p>_____ Name and title of school staff representative</p> <p>_____ Name of school</p> <p>_____ Address</p> <p>_____ FAX #</p>	AND	<p>_____ Representative/Agency</p> <p>_____ Name of Representative Agency</p> <p>_____ Address</p> <p>_____ FAX #</p>
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<p>RECORDS TO BE RELEASED/DISCLOSED</p> <p><input type="checkbox"/> Independent Evaluations, Medical Records, Psychiatric Eval.</p> <p><input type="checkbox"/> Vocational Testing, ITP</p> <p><input type="checkbox"/> Other Records of outside agency _____ Name of Outside Agency</p>	<p>PURPOSE OF RELEASE/DISCLOSURE</p> <p><input type="checkbox"/> To assist the IEP committee in educational planning</p> <p><input type="checkbox"/> Other _____</p>
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Please check the appropriate boxes below:

Yes No I have been fully informed in my native language or other mode of communication and understand the school's request for my consent, as described above. This information will be disclosed upon receipt of my written consent.

Yes No I understand that my consent is voluntary and may be revoked anytime. However, I understand that revocation is not retroactive (i.e., it does not negate an action that has occurred after the consent was given and before the consent was revoked).

Yes No I give my permission for the identified records to be released/disclosed to the above named person(s) / agency(ies).

<p>_____ Signature of Parent, Guardian, Surrogate Parent or Adult Student</p> <p>_____ Signature of Interpreter, if used</p>	<p>_____ Date</p> <p>_____ Date</p>
--	---

Please return this form to:

_____ of _____
School Staff Representative School

HIPAA considerations:
Consultation with the school nurse about a student client is consider continuity of care and is not a HIPAA violation

Confidentiality Best Practice:
Written Consent

The HIPAA/FERPA Twist

Once medication logs, IHP, DMMO are entered into the students permanent record (or CUM file) they fall under FERPA protection and require a consent to disclose information from the parent

The IHP



Individualized Health Care Plan (IHP)

Student: _____
 Grade: _____
 Dates: _____
 School Year: _____
 IHP Completed by and Date: _____
 IHP Review Dates: _____
 Nursing Assessment Review: _____
 Nursing Assessment Completed by and Date: _____

Nursing Diagnosis	Sample Interventions and Activities	Date Implemented	Sample Outcome Indicator	Date Evaluated
Managing Potential Diabetes Emergencies (risk for unstable blood glucose)	Establish and document student's routine for maintaining blood glucose within goal range including while at school: Blood Glucose Monitoring • Where to check blood glucose: <input type="checkbox"/> Classroom <input type="checkbox"/> Health room <input type="checkbox"/> Other • When to check blood glucose: <input type="checkbox"/> Before breakfast <input type="checkbox"/> Mid-morning <input type="checkbox"/> Before lunch <input type="checkbox"/> After lunch <input type="checkbox"/> Before snack <input type="checkbox"/> Before PE <input type="checkbox"/> After PE <input type="checkbox"/> 2 hours after correction dose <input type="checkbox"/> Before dismissal <input type="checkbox"/> As needed <input type="checkbox"/> Other: _____ • Student Self-Care Skills: <input type="checkbox"/> Independent <input type="checkbox"/> Supervision <input type="checkbox"/> Full assistance • Brand/model of BG meter: _____ • Brand/model of CGM: _____		Blood glucose remains in goal range Percentage of Time 0% 25% 50% 75% 100% 1 2 3 4 5	

Diabetes Medical Management Plan (DMMP) – page 4
INSULIN THERAPY

Insulin delivery device: syringe insulin pen insulin pump

Therapy at school:
 Insulin Therapy
 Therapy

Therapy
 Coverage/C

verage:
 drate Ratio:
 ulin per
 ulin per

Carbohydr
 carbohydrate
 carbohydrate

Factor/Ins
 mg/dL

Correction D

Target Blood
 Factor/Ins

head of calcul
 mg/dL

mg/dL

mg/dL

mg/dL

mg/dL

- Developed by the school nurse or provider
- Used to document and communicate student's health care needs
- Contains strategies for progression towards student self-management

Progression Towards Self Management

AADE American Association of Diabetes Educators

PharmD, CDE
Diabetes Educator
Ensuring the safe and effective use of diabetes medications and devices for 20 yrs.

ABOUT US ABOUT DIABETES EDUCATION PROFESSIONAL RESOURCES POLICY & ADVOCACY AADE FOUNDATION MEMBER CENTER

ABOUT DIABETES EDUCATION

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AADE™ Handouts
AADE™ Videos/Guides/Booklets
AADE/NDP Resources

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Find a Diabetes Educator

Questions, Comments, Concerns?
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f t in p YouTube

AADE7™ SELF-CARE BEHAVIORS HANDOUTS

These handouts provide some basic information about the seven different areas to focus on when you are trying to manage your diabetes. Each one includes some facts, tips, advice and activities that will get you started on your self-care and reinforce some of the lessons you learn in your diabetes education sessions.

They are provided in both English and Spanish (Universal Spanish, not targeted to one particular dialect), and we have the English versions available in an audio file (.m4a) for visually impaired persons: [Healthy Eating](#), [Being Active](#), [Monitoring](#), [Taking Medication](#), [Problem Solving](#), [Reducing Risks](#) and [Healthy Coping](#).

HEALTHY EATING	UNA ALIMENTACIÓN SALUDABLE
BEING ACTIVE	MANTENERSE ACTIVO
MONITORING	CONTROL
TAKING MEDICATION	TOMAR MEDICAMENTOS
PROBLEM SOLVING	RESOLUCIÓN DE PROBLEMAS
REDUCING RISKS	REDUCCIÓN DE RIESGOS
HEALTHY COPING	AFRONTAMIENTO SALUDABLE

*The English handouts were developed in honor of the 2009 National Diabetes Education Week; the Spanish handouts in honor of 2010 National Diabetes Education Week. They are supported by an educational grant from Lilly USA, LLC.

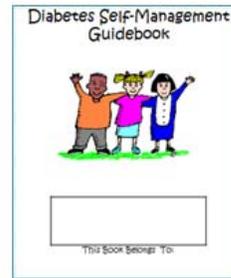
© 2010 American Association of Diabetes Educators. You may print and distribute the handouts, but the AADE logo must be maintained on all copies.

- Healthy Eating
- Being Active
- Monitoring
- Taking Medication
- Problem Solving
- Reducing Risks
- Healthy Coping

http://www.diabeteseducator.org/DiabetesEducation/Patient_Resources/AADE7_PatientHandouts.html

Creating an Individualized Self-Management Program for the Diabetic Student

Steps to Self-Management
Developed by
Margo Hill, RN
Davis County Lead School
Nurse



Wall of Fame



<http://www.choosehealth.utah.gov/healthcare/continuing-education/school-nurses-webinar-series.php>

Emergency and Disaster Plan Needs

IHP outlines the who, what, where, when for the student's diabetes care tasks and includes

- Hypo-Hyperglycemia Emergency Action Plan from MD
- Disaster Plan



Emergency Action Plan		Disaster Plan Considerations																									
<p>DIABETES EMERGENCY ACTION PLAN</p> <p>Student Name: _____ Parent/Guardian: _____ Phone: _____ DOB: _____ Grade: _____</p> <p>Picture: _____</p> <p>CHECK BLOOD GLUCOSE</p> <table border="1"> <thead> <tr> <th>Below 70 (severe hypoglycemia)</th> <th>70 - 90 (mild hypoglycemia)</th> <th>91 - 125 (mild hypoglycemia)</th> <th>126 - 250 (moderate to severe hyperglycemia)</th> <th>Above 250 (severe hyperglycemia)</th> </tr> </thead> <tbody> <tr> <td> <p>SEVERE HYPOLYCEMIA</p> <p>Confusion Inability to swallow Unable to swallow safely Loss of consciousness Seizure</p> </td> <td> <p>MODERATE HYPOLYCEMIA</p> <p>Sweat Shakiness Nausea Headache Blurred vision Rapid heartbeat Dizziness Anxiety Irritability Personality change Confusion</p> </td> <td> <p>MILD HYPOLYCEMIA</p> <p>Hunger Paleness Weakness Dizziness Sweating Cringing Anxiety Irritability Personality change Confusion</p> </td> <td> <p>MODERATE HYPOLYCEMIA</p> <p>Thirst Frequent urination Blurred vision Fatigue Nausea Flushing of skin Increased hunger Blurred vision Lack of concentration Headache Dry mouth</p> </td> <td> <p>SEVERE HYPOLYCEMIA</p> <p>Seizure Comatose Labored breathing Confused Very weak Unresponsive</p> </td> </tr> <tr> <td> <p>ACTIONS FOR SEVERE HYPOLYCEMIA</p> <ol style="list-style-type: none"> 1. 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Don't attempt to give anything by mouth 2. Position on side, if possible 3. Contact nearest diabetes personnel 4. Discontinue insulin pump 5. Administer glucose, if prescribed 6. Call 911 7. Contact parent/guardian 8. Stay with student 	<p>ACTIONS FOR MODERATE HYPOLYCEMIA</p> <ol style="list-style-type: none"> 1. Give student 15 grams fast-acting sugar source 2. Wait 10 to 15 minutes 3. Recheck blood glucose 4. Repeat 15 gram carbohydrate if symptoms persist OR blood glucose is less than 70 5. Follow with a snack of 15 gram carbohydrate and a protein carbohydrate snack 	<p>ACTIONS FOR MILD HYPOLYCEMIA</p> <p>If student's blood sugar reaches or is dangerously following symptoms to occur, give an additional 15 grams of fast-acting carbohydrate.</p>	<p>ACTIONS FOR MODERATE HYPOLYCEMIA</p> <ol style="list-style-type: none"> 1. Allow three bathroom privileges 2. Encourage student to drink water or sugar-free drinks 3. Check blood glucose & administer insulin per physician orders 4. Contact parent if blood sugar is over 300 mg/dl 	<p>ACTIONS FOR SEVERE HYPOLYCEMIA</p> <ol style="list-style-type: none"> 1. If student vomits or is unresponsive or a seizure occurs 2. If parent is unavailable, contact 911 	<p>CAUSES OF HYPOLYCEMIA</p> <p>Too much insulin, missed food, delayed food, or exercise</p>			<p>CAUSES OF HYPOLYCEMIA</p> <p>Too much food, too little insulin, stress, illness, or decreased activity</p>		<p>FAST ACTING SUGAR SOURCES</p> <p>24 glucose tabs OR 4 glucose juice OR 4 glucose regular soda OR 2 teaspoons glucose per OR 2 teaspoons sugar in water</p> <p>Never send a child with uncorrected low blood glucose anywhere alone!!</p> <p>Never provide insulin coverage for carbohydrate/glucose being used to treat hypoglycemia.</p> <p>Adapted with permission from National Association of School Nurses (NASN), 11/10/11</p>					<p>Lock Down: Students are secured in a locked room, no communication allowed.</p> <ul style="list-style-type: none"> • Length of time unknown • Place: may not be locked down in an assigned room • Test kits, quick sugar, snacks, water <p>Fire Drill/Evacuation: No access to reentry of building until all clear.</p> <ul style="list-style-type: none"> • Considerations the same as above
Below 70 (severe hypoglycemia)	70 - 90 (mild hypoglycemia)	91 - 125 (mild hypoglycemia)	126 - 250 (moderate to severe hyperglycemia)	Above 250 (severe hyperglycemia)																							
<p>SEVERE HYPOLYCEMIA</p> <p>Confusion Inability to swallow Unable to swallow safely Loss of consciousness Seizure</p>	<p>MODERATE HYPOLYCEMIA</p> <p>Sweat Shakiness Nausea Headache Blurred vision Rapid heartbeat Dizziness Anxiety Irritability Personality change Confusion</p>	<p>MILD HYPOLYCEMIA</p> <p>Hunger Paleness Weakness Dizziness Sweating Cringing Anxiety Irritability Personality change Confusion</p>	<p>MODERATE HYPOLYCEMIA</p> <p>Thirst Frequent urination Blurred vision Fatigue Nausea Flushing of skin Increased hunger Blurred vision Lack of concentration Headache Dry mouth</p>	<p>SEVERE HYPOLYCEMIA</p> <p>Seizure Comatose Labored breathing Confused Very weak Unresponsive</p>																							
<p>ACTIONS FOR SEVERE HYPOLYCEMIA</p> <ol style="list-style-type: none"> 1. Don't attempt to give anything by mouth 2. Position on side, if possible 3. Contact nearest diabetes personnel 4. Discontinue insulin pump 5. Administer glucose, if prescribed 6. Call 911 7. Contact parent/guardian 8. Stay with student 	<p>ACTIONS FOR MODERATE HYPOLYCEMIA</p> <ol style="list-style-type: none"> 1. Give student 15 grams fast-acting sugar source 2. Wait 10 to 15 minutes 3. Recheck blood glucose 4. Repeat 15 gram carbohydrate if symptoms persist OR blood glucose is less than 70 5. Follow with a snack of 15 gram carbohydrate and a protein carbohydrate snack 	<p>ACTIONS FOR MILD HYPOLYCEMIA</p> <p>If student's blood sugar reaches or is dangerously following symptoms to occur, give an additional 15 grams of fast-acting carbohydrate.</p>	<p>ACTIONS FOR MODERATE HYPOLYCEMIA</p> <ol style="list-style-type: none"> 1. Allow three bathroom privileges 2. Encourage student to drink water or sugar-free drinks 3. Check blood glucose & administer insulin per physician orders 4. Contact parent if blood sugar is over 300 mg/dl 	<p>ACTIONS FOR SEVERE HYPOLYCEMIA</p> <ol style="list-style-type: none"> 1. If student vomits or is unresponsive or a seizure occurs 2. If parent is unavailable, contact 911 																							
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72-hour Disaster Kit

Supplied by Parents

- Blood glucose testing kit: meter, testing strips, lancets,
- batteries for the meter
- Urine and/or blood ketone test strips
- Insulin, syringes, and/or insulin pens and supplies
- Insulin pump and supplies, including syringes, pens, and insulin in case of pump failure
- Other medications
- Antiseptic wipes or wet wipes
- Water
- Hypoglycemia treatment supplies (enough for three episodes): quick-acting glucose and carbohydrate snacks with protein
- Glucagon emergency kit

DIABETES
IN THE CASE OF
NO SCHOOL NURSE
U.C.%
BLOOD SUGAR LEVEL

The Parent Advocate

Every parent, whether their child is healthy or has a chronic illness like diabetes or asthma, should:

- Find out exactly who's in charge of medical care at their school and that person's qualifications
- Ask about the school's policy or guideline on how, what, when and by whom any medications may be given to their child



Utah State Code

R392-200-9. Health and Safety

1.(a)The governing body shall have a written plan or policy available for review upon request by the local health department that states how a nurse or doctor can be contacted at any time the school is in session. Prior agreement shall have been made with the doctor or nurse to ensure availability

Utah Code R156-31b-701a (d)

a registered nurse may delegate to an unlicensed person who has been properly trained regarding a diabetic student's IHP...

Must Consider

Availability
Responsibility
Liability

Designate a “go to person” in the school: the health aide, teacher administrator must understand responsibilities

School Staff Training

Ideally, all school staff that may have contact with the student would be trained on General Diabetes Awareness

Teachers

PE

Specials: library, art, music

Dietary

Transportation

Janitors



American Diabetes Association: Safe at School training series

<http://www.diabetes.org/living-with-diabetes/parents-and-kids/diabetes-care-at-school/>

MEDICATION ADMINISTRATION TRAINING

Utah Nurse Practice Act

Utah Code R156-31b-701a (d)

a registered nurse may delegate to an unlicensed person who has been properly trained regarding a diabetic student's IHP:

(i) the administration of a scheduled dose of insulin;
and

(ii) the administration of glucagon in an emergency situation, as prescribed by the practitioner's order or specified in the IHP.

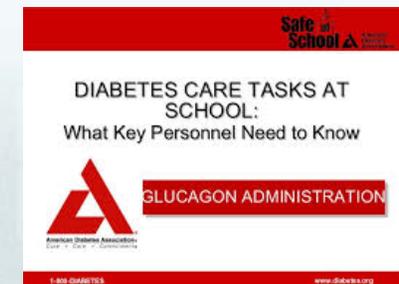
Teaching Carb Counts, Blood Glucose Correction, the administration of Insulin, and Glucagon

Selected school staff that volunteer to be trained

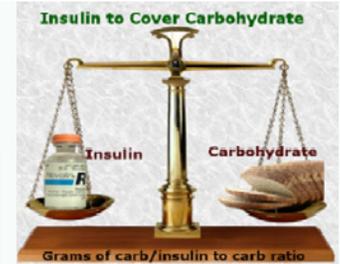
- *May not be forced to volunteer*
- Consider
 - availability of school nurse
 - fieldtrip coverage

Training by an RN,

this type of training is delegation of licensure



Scheduled Dose of Insulin



- is defined according to the student's DMMO and written into the student's IHP.
- is the student's daily mealtime dose



- mealtime dose is the **only time** a manual insulin correction dose may be given during school hours to correct a high blood glucose

- Pump exception: May provide a correction Dose when blood glucose is tested and the pump recommends and calculates a correction dose

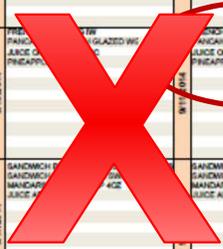


Utah's Lunch Time Dilemma

Putting carb counts on school meal menus is not mandatory in Utah

SEPTEMBER 2014 HOT BREAKFAST IN THE CLASSROOM CARBOHYDRATE COUNT MENU

Monday	Tuesday	Wednesday	Thursday	Friday
NO STUDENT ATTENDANCE LABOR DAY!	NO HOT BREAKFAST BFASST KIT CHEROKEE WIG BAKT APPLESAUCE CLIP	NO HOT BREAKFAST BFASST GOLDEN GRAHAM WIG T3C APPLESAUCE CLIP-00	NO HOT BREAKFAST BFASST KIT TRIX WIG BECT APPLESAUCE CLIP-00	NO HOT BREAKFAST BFASST KIT CRACKERS/LUNFLBKT APPLESAUCE CLIP-00
FRENCH TOAST WIG W PANCAKE SANDWICH GLAZED W JUICE ORANGE 4OZ GC PINEAPPLE CLIP 4H4OZ	FRENCH TOAST WIG W PANCAKE SANDWICH GLAZED W JUICE ORANGE 4OZ GC PINEAPPLE CLIP 4H4OZ	FRENCH TOAST WIG W PANCAKE SANDWICH GLAZED W JUICE ORANGE 4OZ GC PINEAPPLE CLIP 4H4OZ	FRENCH TOAST WIG W PANCAKE SANDWICH GLAZED W JUICE ORANGE 4OZ GC PINEAPPLE CLIP 4H4OZ	FRENCH TOAST WIG W PANCAKE SANDWICH GLAZED W JUICE ORANGE 4OZ GC PINEAPPLE CLIP 4H4OZ
SANDWICH BREAKFAST SAUSG V SANDWICH SPASTOLIDER SWEST MANDARIN ORANGE CLIP 4OZ JUICE APPLE 4.23OZ	SANDWICH BREAKFAST SAUSG V SANDWICH SPASTOLIDER SWEST MANDARIN ORANGE CLIP 4OZ JUICE APPLE 4.23OZ	SANDWICH BREAKFAST SAUSG V SANDWICH SPASTOLIDER SWEST MANDARIN ORANGE CLIP 4OZ JUICE APPLE 4.23OZ	SANDWICH BREAKFAST SAUSG V SANDWICH SPASTOLIDER SWEST MANDARIN ORANGE CLIP 4OZ JUICE APPLE 4.23OZ	SANDWICH BREAKFAST SAUSG V SANDWICH SPASTOLIDER SWEST MANDARIN ORANGE CLIP 4OZ JUICE APPLE 4.23OZ
WAFFLE MAPLE WIG W 7Z SANDWICH PESTA EGG & CHG W APPLESAUCE CLIP-00 JUICE GRAPE WHITE 4 OZ	WAFFLE MAPLE WIG W 7Z SANDWICH PESTA EGG & CHG W APPLESAUCE CLIP-00 JUICE GRAPE WHITE 4 OZ	WAFFLE MAPLE WIG W 7Z SANDWICH PESTA EGG & CHG W APPLESAUCE CLIP-00 JUICE GRAPE WHITE 4 OZ	WAFFLE MAPLE WIG W 7Z SANDWICH PESTA EGG & CHG W APPLESAUCE CLIP-00 JUICE GRAPE WHITE 4 OZ	WAFFLE MAPLE WIG W 7Z SANDWICH PESTA EGG & CHG W APPLESAUCE CLIP-00 JUICE GRAPE WHITE 4 OZ



Daily Choices:	Monday	Tuesday	Wednesday	Thursday	Friday
	NO SCHOOL LABOR DAY	Popcorn Chicken Fresh Steamed Broccoli Black Bean Salsa Tortilla Chips Fresh Grapes Candy Chip Cookie Milk	Lasagna Garlic Parmesan Breadstick Garden Fresh Green Salad Fresh Pineapple Chunks Milk	Herb Roasted Turkey & Gravy Baked Sweet Potato Carrot Sticks Fresh Strawberries Whole Grain Dinner Roll Milk	"Deep Sea" Fish Sticks Steamed Peas Tater Puffs Fresh Watermelon Chunks Whole Grain Dinner Roll Milk
	Oven Roasted Chicken "Cowboy" Baked Beans Fresh Corn on the Cob Fresh Honeydew Chunks Whole Grain Dinner Roll Milk	Spicy Sichuan Chicken Whole Grain Brown Rice Oriental Vegetables Carrot Sticks Fresh Watermelon Chunks Milk	Enchiladas Refried Bean Casserole Steamed Corn Fresh Strawberries Whole Grain Cinnamon Roll Milk	"Baked Potato Bar" with all the Fixin's Fresh Strawberries & Melons Milk	Chicken Fried Beef Steak Mashed Potatoes & Gravy Fresh Steamed Carrots Fresh Grapes Whole Grain Dinner Roll Milk
	Chicken Nuggets "Cowboy" Baked Beans Finger Salad Fresh Watermelon Chunks Whole Grain Dinner Roll Milk	Hawaiian Haystack Whole Grain Brown Rice Steamed Peas Fresh Honeydew Chunks Whole Grain Dinner Roll Milk	"New" "Hamburger Bistro Bar" Build your own Burger choices of cheeses & toppings Seasoned Potato Wedges Fresh Grapes Milk	Angelica's Chicken Fiesta Salad Fresh Pineapple Chunks Candy Chip Cookie Milk	"Baja" Fish Taco with Lemon Slice & Tartar Sauce Fresh Steamed Carrots Fresh Strawberries Milk
	"All American" Sloppy Joe Finger Salad "Cowboy" Baked Beans Fresh Honeydew Chunks Milk	Mandarin Orange Chicken Fried Rice Oriental Vegetables Carrot Sticks Fresh Grapes Milk	"Ocean" Fish Wedge with Lemon & Tartar Sauce Rice Pilaf Fresh Steamed Broccoli Carrot Sticks Fresh Strawberries Milk	Pork Roast Dinner Mashed Potatoes & Gravy Fresh Steamed Carrots Fresh Watermelon Chunks Whole Grain Dinner Roll Milk	"Firehouse" Chili Whole Grain Breadstick Finger Salad Fresh Cantaloupe Chunks Milk
28 USDA is an equal opportunity provider and employer.	29 Oriental Chicken Rice Bowl Steamed Summer Squash Fresh Steamed Carrots Fresh Honeydew Chunks Milk	30 "Oodles of Noodles" Pasta Bar Choice of 2 kinds of noodles & Marinara or Alfredo Sauce & choice of toppings Garden Fresh Green Salad Fresh Watermelon Chunks Garlic Parmesan Breadstick Milk			

BLOOM

USOE Special Meals, Accommodations Form

Medical Statement to Request Special Meals, Accommodations, and Milk Substitutions

1. School/Agency	2. Site	3. Site Manager & Telephone Number	
4. Name of Student		5. Age or Grade	
6. Name of Parent or Guardian		7. Telephone Number	
8. Check One Box: <input type="checkbox"/> Student has a disability which requires a special meal or accommodation. (Refer to definitions on reverse side of this form.) A licensed medical/physician must sign this form.			
<input type="checkbox"/> Student does not have a disability , but is requesting a special meal or accommodation due to food intolerance(s) or other medical reasons. Food preferences are not an appropriate use of this form. Schools and agencies participating in federal nutrition programs may accommodate reasonable requests. A licensed medical physician, physician's assistant, registered nurse, nurse practitioner, or registered dietitian must sign this form.			
<input type="checkbox"/> The student does not have a disability . A fluid milk substitution is being requested for the student. Schools and agencies participating in federal nutrition programs may choose to accommodate this request by providing a USDA approved fluid milk substitute. A licensed medical physician, physician's assistant, registered nurse, nurse practitioner, registered dietitian, parent, or guardian must sign this form.			
9. State the disability or medical condition requiring a special meal, accommodation, or fluid milk substitute.			
10. If student has a disability, provide a brief description of the major life activity affected by the disability.			
11. Diet prescription and/or accommodation: (Please describe in detail to ensure proper implementation.)			
12. Indicate texture: <input type="checkbox"/> Regular <input type="checkbox"/> Chopped <input type="checkbox"/> Ground <input type="checkbox"/> Pureed			
13. Specific foods to be omitted and substituted. You may attach a sheet with additional information.			
A: Foods to be Omitted		B: Foods to be Substituted	
14. Adaptive Equipment Needed:			
15. Signature of Preparer	16. Printed Name	17. Telephone Number	18. Date
19. Signature of Medical Authority and Credentials	20. Printed Name	21. Telephone Number	22. Date
23. To be completed by the LEA/School: <input type="checkbox"/> Additional information needed <input type="checkbox"/> Approves request <input type="checkbox"/> Denies request			
LEA Comments:			

Utah State Office of Education Child Nutrition Programs Revised 5/13

USDA is an equal opportunity provider and employer.

Find form at: <http://www.schools.utah.gov/cnp/National-School-Lunch-Program/GettingStarted4.aspx>

Medical Statement to Request Special Meals, Accommodations, and Milk Substitutions

Instructions

This form must be kept on file at the school site. The following instructions are provided to assist in completing this form. If you have specific questions, please contact (name) at (phone).

- Check One:** Check (y) a box to indicate whether a participant has a disability, non-disability, or need for a fluid milk substitute. The appropriate authority must sign based on the request.
- State Disability or medical condition requiring a special meal, accommodation, or fluid milk substitute:** Describe the medical condition that requires a special meal, accommodation, or fluid milk substitute (e.g., juvenile diabetes, allergy to peanuts, PKU, etc.).
- If Student has a disability, provide a brief description of the major life activity affected by the disability:** Describe how the physical or medical condition affects the disability. For example, "Allergy to peanuts causes a life-threatening reaction."
- Diet prescription and/or accommodation:** Describe a specific diet or accommodation that has been prescribed by a physician, or describe the diet modification requested for a non-disabling condition. For example, "All foods must be either in liquid or pureed form. Participant cannot consume any solid foods."
- Indicate texture:** Check (y) a box to indicate the type of food texture required. If no texture modification is needed, check regular.
- Specific foods to be omitted and substituted:** List specific foods to be omitted and substituted. Attach a sheet with additional information if needed.
- Foods to be Omitted:** List specific foods to be omitted. For example, "peanut butter"
- Foods to be Substituted:** List specific foods to be substituted. For example, "peanut free soy butter or sunflower butter"
- Adaptive Equipment Needed:** Describe specific equipment required to assist the participant with dining. Examples could include: Sippy cup, large handed spoon, wheel-chair accessible furniture, etc.

Definitions

A Person with a Disability: any person who has a physical or mental impairment which substantially limits one or more major life activities or major bodily functions, or a record of such impairment, or is regarded as having such an impairment.

Physical or Mental Impairment: (a) any physiological disorder or condition, cosmetic disfigurement, or anatomical loss affecting one or more of the following body systems: neurological, musculoskeletal, special sense organs; respiratory, including speech organs; cardiovascular; reproductive; digestive, genitourinary; hemic and lymphatic; skin and mental illness; and (b) any mental or psychological disorder, such as mental retardation, organic brain syndrome, emotional or mental illness, and specific learning disabilities.

Major Life Activities: functions such as caring for one's self, performing manual tasks, seeing, hearing, eating, sleeping, walking, standing, lifting, bending, speaking, breathing, learning, reading, concentrating, thinking, communicating, and working. Major bodily functions such as functions of the immune system, normal cell growth, digestive, bowel, bladder, neurological, brain, respiratory, circulatory, cardiovascular, endocrine, and reproductive functions.

USDA Guidelines for Accommodating Special Dietary Needs

Disability: Schools and agencies participating in federal nutrition programs **MUST** comply with requests for special dietary meals and any adaptive equipment with a documented disability and completed request form.

Non-disability: Schools and agencies participating in federal nutrition programs **MAY** comply with requests for non-disabling medical conditions. Accommodations will be made on a case-by-case basis. However, if accommodations are made for a specific medical condition, complete requests for the same medical condition must be accommodated.

Fluid Milk Substitutions: Fluid milk substitutions apply to non-disability requests. Schools and agencies participating in federal nutrition program **MAY** accommodate complete requests with a USDA approved non-milk equivalent, if accommodations are made for one student requesting a fluid milk substitute. Accommodations must be made for all students requesting a fluid milk substitute. (USDA FNS, Guidance Related to the ADA Amendments Act, NISLP Bulletin 36-2013, Revised 6/2013.)

Utah State Office of Education Child Nutrition Programs
This information may be shared with the school nurse or other administrative staff.

Address with the Student and Parents

Dawn Phenomenon
Growth Spurts
Hormones
Illness/stress
PE schedule and activity levels

What about checking Ketones in
school setting

PARENT / STUDENT RESPONSIBILITIES



WHAT YOU CAN DO

Ask for a 504 Plan or IEP: Your child's school principal, special education/section 504 coordinator, a teacher, or school nurse should know your school's process for putting a plan in place. Counselors, social workers, or district administrators may also be able help.

Be persistent and keep asking until somebody helps.

Write It Down: You and the school should create a Section 504 Plan or IEP. Make sure to get a copy. Keep all documents, including emails, letters and medical notes. Keep a log of all relevant conversations, including names and dates.

THE STEPS TO GETTING FAIR TREATMENT

1. Educate: Explain to staff what diabetes is and how it affects your child. Be prepared to provide information to prevent problems and also when problems arise. You can do this through the Section 504 or IEP process, or staff training. The Association has many resources to help.

2. Negotiate: Try to listen to school staff concerns, and clearly communicate yours. Make sure you know about and participate in all Section 504 or IEP meetings. Even after

WE CAN HELP

The Association's Safe at School® campaign helps students with diabetes start each school day knowing their diabetes needs will be safely met so they can take advantage of all school has to offer.

IF YOU NEED HELP, CALL US AT 1-800-DIABETES (342-2383) and ask how you can speak with an American Diabetes Association legal advocate. These legal advocates are lawyers and other legal professionals who specialize in diabetes discrimination issues, and will help you understand the law and your legal rights. A legal advocate will speak with you about exercising your child's rights, give you tools to use to advocate, work on a resolution of the problem, guide you through the legal process, or, if necessary, help you find a lawyer to take your case.

you have a plan in place, you still may need to educate and work with school staff to make sure your child's needs are being met. It is easier if everyone can work out an agreement.

3. Litigate: If your child continues to be discriminated against, you have the right to file a complaint or lawsuit. The process is different for each law and you may need an attorney.

4. Legislate: If the laws are not protecting children with diabetes, the laws might have to change. Contact us if you think this is necessary.

SAFE AT SCHOOL DISCRIMINATION CHECKLIST

- ✓ Are there trained staff who can give insulin and glucagon at school and school activities?
- ✓ Is your child allowed to do his or her own blood glucose checks and then treat in class?
- ✓ Is your child allowed to go on field trips without a parent?
- ✓ Is your child allowed to take a test at another time if he or she has high or low blood glucose?
- ✓ Can your child attend the school she or he would otherwise attend if not for having diabetes?

If you answered "no" to any of these questions, or your child is having other problems with diabetes care at school or school activities, your child may be experiencing unfair treatment and may not be safe at school.

Free resource packets are available by calling 1-800-DIABETES (342-2383). Additional resources are available online at www.diabetes.org/safeatschool. These include:

- Model Section 504 and Diabetes Medical Management Plans
- Sample letters
- Information on state laws
- Training materials for school staff
- Updates on Safe at School successes that may impact your child

Your School and Your Rights

Protecting Children with Diabetes in Schools



Safe at School  American Diabetes Association



HOW THE LAW PROTECTS CHILDREN WITH DIABETES

There are laws protecting the rights of children with disabilities—such as diabetes. Children with diabetes have the right to enroll and participate in school, just like other kids. They also have the right to the care they need to be safe. Here are some important laws and what they mean for children with diabetes:

Section 504 of the Rehabilitation Act of 1973
A federal law, often known as “Section 504,” prohibits programs that get federal funding from treating children with disabilities—like diabetes—unfairly. This includes all public schools, and many private and religious schools. Section 504 gives all children with disabilities the right to the care they need to be safe and fully participate.

Under Section 504, diabetes is a disability, so every child with diabetes is protected against unfair treatment. A disability under Section 504 is a “physical or mental impairment that substantially limits one or more major life activities.” Individuals with diabetes are considered to have a Section 504 disability because **their endocrine system, a major life activity that helps regulate bodily functions, is substantially limited.** This is another way of saying your child’s endocrine system does not work correctly because it does not produce and/or use insulin properly. **Your child does not need to be having academic difficulty in order to be protected under Section 504.**

You can make sure your child’s diabetes needs are met at school with a Section 504 Plan. This plan describes how your child’s diabetes needs will be managed at school. Download a sample plan from the American Diabetes Association’s website at www.diabetes.org/504plan or call 1-800-DIABETES.

The Americans with Disabilities Act
Like Section 504, this law prohibits covered schools from discriminating against children with diabetes. However, religious organizations aren’t included under this law. Otherwise, the included disabilities are usually the same and it protects children the same way to Section 504 does.



The Individuals with Disabilities Education Act (IDEA)

Under IDEA, the federal government gives money to state and local education agencies to provide special education services to some children with disabilities. For a child to receive these services, there must be proof a student’s disability is harming his or her ability to learn. Some, but not all, children with diabetes qualify for special education under IDEA. If your child qualifies, you will develop an Individualized Education Program (IEP) with school officials.

State Laws

In addition to federal laws, many state laws provide additional protections. Contact the Association at 1-800-DIABETES to learn more about the laws in your state or visit our website at www.diabetes.org/safeatschool.

YOUR CHILD’S RIGHT TO CARE AND SERVICES

These laws give your child the right to receive diabetes care at school. Each child with diabetes has specific needs the school should be prepared to meet. Talk to your child’s doctor or diabetes educator to decide what your child needs while at school.

Your child’s diabetes care plan, sometimes referred to as a Diabetes Medical Management Plan (DMMP), should be part of a Section 504 Plan or IEP. A sample DMMP is available at www.diabetes.org/dmmp or call 1-800-DIABETES. Some examples of what to write into your child’s Section 504 Plan or IEP.

Your child’s diabetes care needs should be met by trained school staff:

- Staff members trained in monitoring blood glucose and administering insulin and glucagon should always be present.
- All staff members who regularly work with your child should recognize the warning signs of low and high blood glucose (hypoglycemia and hyperglycemia) and know how to get help.
- School staff should provide care during before-and-after school activities, sports and field trips. You should not have to attend.
- Diabetes care should be provided at the school your child would attend if he or she did not have diabetes.

School policies should be modified for your child so he or she is allowed to:

- Check his or her own blood glucose and administer insulin wherever and whenever necessary, including in the classroom, as long as your child has the skills and maturity to do so.
- Eat wherever and whenever necessary.
- Take extra trips to the bathroom or water fountain.
- Postpone academic tests without penalty if his or her blood glucose level is out of range.
- Be excused for absences due to medical appointments and diabetes-related illness.



Parent Responsibility List



PCMC Getting Ready to Go Back to School Parent Tips

S START OUT RIGHT

C COMPLETE THE FORMS

H HELPFUL HINTS

O OPTIMIZE CONTROL

O OPEN UP! COMMUNICATION

L LEARN TO BE PREPARED



SCHOOL DIABETES MANAGEMENT CHECKLIST¶ FOR PARENTS:¶

_____ Discuss specific care of your child with the teachers, school nurse and other staff who will be involved.

_____ Complete the individualized school health care plan with the help of school staff and your diabetes care staff.◊

_____ Make sure your child understands the details of who will help him/her with testing, shots and treatment of high or low blood sugars at school and where supplies will be kept. Supplies should be kept in a place where they are always available if needed.◊

_____ Keep current phone numbers where you can be reached. Collect equipment for school: meter, strips and finger-poker, lancets, insulin, insulin syringes, biohazard container, logbook or a copy of testing record form (make arrangements to have blood sugars sent home routinely), extra insulin pump supplies, ketone testing strips, photo for substitute teacher's folder.

_____ Food and drinks; parents need to check intermittently to make sure supplies are not used up:

- ◆ → juice cans or boxes (approximately 15 grams of carb each)¶
- ◆ → glucose tablets¶
- ◆ → instant glucose or cake decorating gel¶
- ◆ → crackers (± peanut butter and/or cheese)¶
- ◆ → quarters to buy sugar pop if needed¶
- ◆ → Fruit-Roll-Ups¶
- ◆ → dried fruit¶
- ◆ → raisins or other snacks◊

_____ box with the child's name to store these food and drink items◊

Student with Diabetes Responsibility

- Wear medical alert Identification and carry a fast-acting source of glucose
- Participate in the school meetings (as appropriate) to be familiar with information about diabetes care required during school sponsored activities
- Tell teachers and school personnel right away when feeling symptoms of low or high blood glucose
- Assist school personnel to complete diabetes tasks, such as checking blood glucose, giving insulin, calculating the right amount of insulin for food eaten during school



Student with Diabetes Responsibility continued

- Assist with positive self-management. This can include:
 - Check and write down blood glucose levels
 - Calculate correction insulin doses
 - Give injections of insulin
 - Properly dispose of needles, lancets, and other supplies used
 - Follow meal and snack plans
 - Communicate with school staff if a problem occurs
 - Take proper care of diabetes equipment and supplies
- Problem solve with school personnel (if age appropriate) about potential situations challenging for blood glucose control



Sharing Information with Classmates



Summary of Actions thus far

- Have a diagnosis of diabetes
- Determined the level of need required by the student in the school setting
- Completed the DMMO
- School Nurse, RN diabetic educator or physician has developed an IHP
- General school staff have been trained to recognize symptoms of diabetes and what to do
- At least three volunteer school staff have been trained on individual student management of diabetes (delegation)
- Parent has provided supplies to the school
- Classmates educated



THE 504 PROCESS

10.2%

BLOOD SUGAR LEVEL

Discrimination in School Setting

According to a research project led by the University of Huddersfield's Dr Jo Brooks:

DIABETIC pupils who receive inadequate support from schools and insensitive treatment from teachers may not be managing their condition adequately, with worrying long-term consequences for their health. This means there is an urgent need for greater awareness of the disease, so that young people with diabetes are not singled out for unwanted attention and have the facilities they need,

<http://www.hud.ac.uk/news/2014/july/inadequatesupportinschoolsfordiabeticchildren.php>

What is a 504 plan?



MODEL 504 PLAN FOR A STUDENT WITH DIABETES

[NOTE: This model 504 Plan lists a broad range of services and accommodations that might be needed by a child with diabetes in school. The plan should be individualized to meet the needs, abilities, and medical condition of each student and should *include only those items in the model that are relevant to that student*. Some students will need additional services and accommodations that have not been included in this model plan.]

.....
Section 504 Plan for _____

School _____

School Year: _____

_____ _____ _____ type diabetes
Student's Name Birth Date Grade Disability

Homeroom Teacher: _____

Bus Number: _____

OBJECTIVES/GOALS OF THIS PLAN

Diabetes can cause blood glucose (sugar) levels to be too high or too low, both of which affect the student's ability to learn as well as seriously endangering the student's health both immediately and in the long term. The goal of this plan is to provide the special education and/or related aids and services needed to maintain blood glucose within this student's target range, and to respond appropriately to levels outside of this range in accordance with the instructions provided by the student's personal health care team.

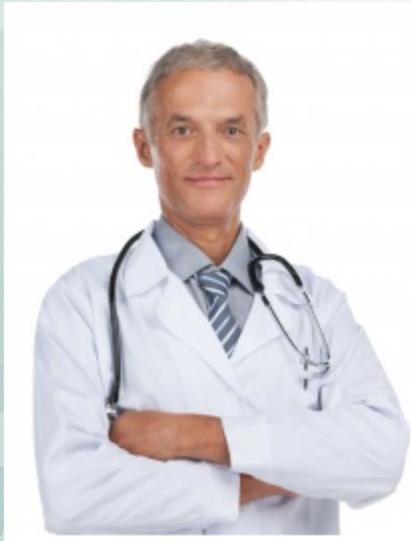
Is a written agreement to make sure the student with diabetes has the same access to education as other children through accommodations

A School or Districts may have their own 504 form

504 Team/Provider Role

The providers may not order accommodations, only suggest or recommend.

Final accommodations are determined by the 504 team



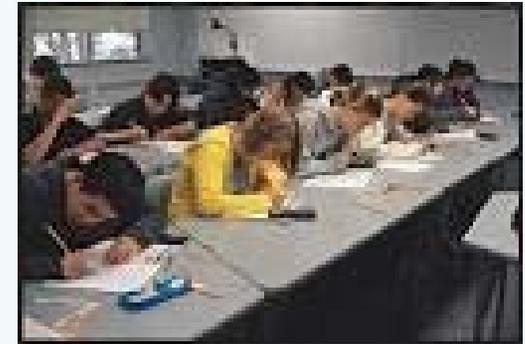
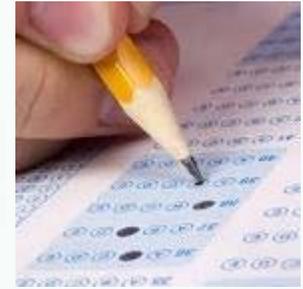
Create Accommodations Specific to the Student

- Classroom
- Unrestricted school activities
- Snacks in classroom/ time to eat lunch
- Unrestricted bathroom and water
- Extra absences for medical appointments and sick days
- Academic adjustments
- Test Taking



Testing Accommodations

- Stop the clock testing to allow the individual to treat any fluctuations in blood glucose (this requires a separate proctor, meaning the individual will be in a separate room than everyone else). This is not a required accommodation
- Allowing all diabetes supplies (including food to treat hypoglycemia) to be available during the exam.



Health Plan vs. Section 504 Plan

- Even if you think a child just needs a health plan to meet their needs, a Section 504 evaluation should be considered.
- If they qualify for section 504 and health plan complete them separately.
- OCR determined that a district's practice of providing health care plans to student with diabetes, instead of determining their eligibility for a 504 plan, was a violation of Section 504 child find requirements. Districts must evaluate a student's eligibility for a section 504 and related aids and services, rather than automatically writing a health care plan.

-Tyler (TX) Indep. Sch. Dist., 56 IDELR 24 (OCR 2010)

From 2014 presentation by Lisa Arbogast, M.Ed., J.D. USOE Special Education Services

Independent Education Plan (IEP)



What Parents Need to Know:
Who Is On My Child's IEP Team?

IEP

Because IEPs are so detailed, school districts will often use their own electronic form, which are completed by a special education case manager, based on the input of the IEP team.

Most students with diabetes will not qualify for services under IDEA, unless they also have a second disability, such as a visual impairment, hearing impairment, or learning disability.

Students who qualify for special education under IDEA are also covered by Section 504. However, there is no need to write a separate 504 plan. All needed accommodations can be included in the IEP.

<http://www.diabetes.org/living-with-diabetes/parents-and-kids/diabetes-care-at-school/written-care-plans/individualized-education-plan.html#sthash.zvmUVe7t.dpuf>

Service Dog



Utah 62A-5b-104. Right to be accompanied by service animal

Service Animal is defined as:

Any dog that has been individually trained to do work or perform tasks for the benefit of an individual with a disability, including a physical, sensory, psychiatric, intellectual or other mental disability. Note that other species of animals, whether wild or domestic, trained or untrained, are not service animals for the purposes of the regulatory definition. See also – miniature horse

2010 ADA, Title II regulations at 28 CFR 35.104

From 2014 presentation: 504 and IEP, the Role of the School Nurse
by Lisa Arbogast, M.Ed., J.D. USOE Special Education Services
<http://www.choosehealth.utah.gov/prek-12/school-nurses/trainings/orientation.php>

Information school may ask the parent

- Is the animal required because of a disability?
- What work or task has the animal been trained to perform? 28 CFR 36.302(C)(6)
- Parent or Adult student provision of written acknowledgement of and agreement to maintain compliance with licensing and vaccination requirements of their particular locality.

When can a service animal be excluded from the school?

- The animal is not with in the handlers control.
- The animal is not house broken.
- The presence of the animal would create a fundamental altercation in the nature of the program. 28 CFR 35.136(b)
- A service animal may fundamentally alter a program if another student in the classroom is allergic to dogs. However, you should take steps to work around that issue. For example moving one of the students to another classroom.
- There may be times when the service dog is disruptive. For example the student may want to play football and their service animal jumps on other students when he/she gets tackled.

HIPAA / FERPA

HIPAA

Health Insurance Portability and Accountability Act of 1996,
Public Law 104-191

Information for treatment, payment,
and health care operations can be exchanged without
written consent

FERPA

The Family Educational Rights and Privacy ACT of 1974

Gives parents the right to inspect, review, and amend their child's educational records, and protects those records from nonconsensual disclosure to third parties.

Whether a particular item of information is protected by FERPA depends on whether or not it meets the statute's definition of an "education record."

FERPA is enforced by the Family Policy Compliance Office

FERPA

FERPA states that information about a child with diabetes should not be released or disclosed as part of an education record without prior consent from the parent/guardian or eligible student.

The exception to this law is if a school official has a interest in the information. The information may also be disclosed to appropriate parties in connection with an emergency if knowledge of the information is necessary to protect the health or safety of the student or other individuals. For example, it is necessary for a paramedic attending to a student in an emergency to know that the student has diabetes.

<http://www.actstudent.org/regist/disab/>

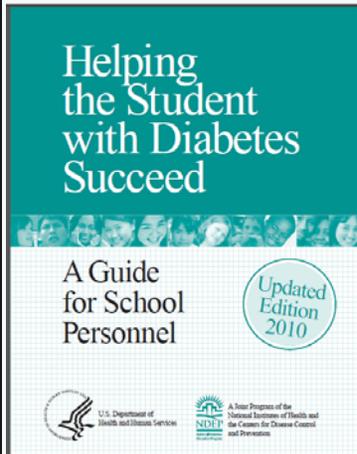
Finding Equilibrium



SCHOOL AND DIABETES

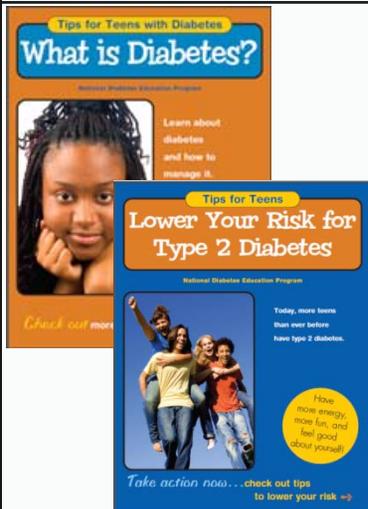
A BALANCING ACT

Resources



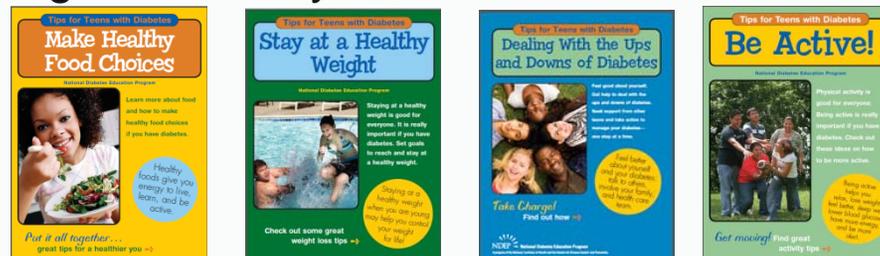
This comprehensive resource guide helps students with diabetes, their health care team, school staff, and parents work together to provide optimal diabetes management in the school setting.

<http://ndep.nih.gov/publications/PublicationDetail.aspx?PubId=97#main>



These tip sheets provide useful information about diabetes and encourages teens to take action to manage their disease for a long and healthy life

<http://ndep.nih.gov/publications/index.aspx?Audience=Teens>



	Resources		
National Association of School Nurses	Consensus Statement: Safe Delivery of Care for Children with Diabetes in Schools.		www.nasn.org/statements/consensusdiabetes.htm
American Diabetes Association (ADA)		Resources and information on how to care for a student with diabetes at school - See more at: http://www.diabetes.org/living-with-diabetes/parents-and-kids/diabetes-care-at-school/#sthash.keuxByd4.dpuf	http://www.diabetes.org/living-with-diabetes/parents-and-kids/diabetes-care-at-school/?loc=lwd-slabnav
Juvenile Diabetes Research Foundation (JDRF)		This guide offers collaborative methods for educators and parents of children with diabetes to ensure that every child enjoys the best possible school experience.	http://jdrf.org/life-with-t1d/starting-school/
Children With Diabetes Web site	Contains answers to many of your questions, especially in its section titled “Diabetes at School.” The site even offers sample IEP and 504 plans, and has a list of states with published diabetes care programs, including Florida, Missouri, New Jersey, New York, Texas, and Washington		www.childrenwithdiabetes.com

Reference

AADE 7 Self Care Behaviors

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Kollipara, S. Diabetes Care in the Very Young at School and Day Care Centers. School Nurse News. January 2009:26(1), 21-23.

Campbell, T. Student Confidentiality: How HIPAA and FERPA Guide School Based Practice. Retrieved from:

<http://www.sbh4all.org/atf/cf/%7BB241D183-DA6F443F95883230D027D8DB%7D/HIPAAFERPA%20School%20Based%20Health%20Alliance%20Webinar%204-9-2014.pdf>

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