

Cherokee County School District

Standards of Care for School Diabetes Care

Diabetes Management School Guidelines



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CCSD School Health Website
[www.cherokee1.org/departments/school health services](http://www.cherokee1.org/departments/school_health_services)

Disclaimer

Care for students with diabetes should be individualized and specific to the needs of each student and guided by the student's Diabetes Medical Management Plan and Individual Healthcare Plan.

This document is not intended to provide legal advice or to address ALL diabetes related school care, but to use as an important and resourceful tool to guide our district school health services in school diabetes management to meet the needs of our students during the school day. Ongoing communication between school health services, schools, school nurses, parents/students, and health care providers is a critical aspect in successfully and safely meeting student needs.

It is not intended to replace clinical judgment or individualized consultation with the student's physician and other health care providers.

This guidance document will be updated, at least annually and whenever district policy changes or when changes occur in diabetes care standards.

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IHP Parent Declination

Introduction

Diabetes is a common chronic disease of childhood. There are an increasing number of children with diabetes who require nursing services and accommodations during the school day. Students may need to do blood glucose testing, have between meal snacks, perform carbohydrate counts, perform continuous glucose monitoring, take insulin injections or make insulin pump adjustments and be able to recognize and treat low and high blood glucose. The need for careful control and self-management of diabetes by the student/family is an essential component of care in order to prevent short and long term complications from diabetes.

Communication between parent/guardian, the school nurse, the student's health care providers, and other school personnel are important to successfully manage diabetes. Cherokee County School District has established these guidelines and protocols to effectively and safely care for students with diabetes during the school day. This document contains information, district diabetes related forms, emergency plans and protocols to facilitate the communication needed to enable the student with diabetes to successfully manage his/her diabetes and continue to achieve academically.

School diabetes care is provided according to the student's Diabetes Medical Management Plan (DMMP) and other health care provider orders. The school nurse makes decisions regarding how to implement the Diabetes Medical Management Plan; creates an Individualized Health Care Plan, specific to the needs of the student; acts as the lead team member in assessing, implementing and evaluating diabetes related care and serves as the liaison between the student/family, school faculty/staff, and the student's health care provider.

When a student with diabetes enters a school or a student in the school is diagnosed with diabetes, CCSD School Health Services will facilitate appropriate school diabetes care, in accordance with the guidelines established in this document, applicable laws and regulations and standards of care.

Purpose

- 1) Provide a framework for district guidelines related to school diabetes management, with the goal of providing consistent, safe and quality care for school diabetes management for all students.
- 2) Assist school nurses to manage and coordinate the care of students with diabetes so students remain safe in school, are supported to optimally learn, and can have an equal opportunity to participate in all aspects of school programs including after school activities and other school sponsored events.
- 3) Guide the student's care based on the Diabetes Medical Management Plan (DMMP), Individual Healthcare Plan (IHP), Section 504 plans and Emergency Action Plans for students with diabetes.
- 4) Define the roles and responsibilities of school nurses, school administrators, food service staff, teachers/other school staff, parents/guardians and students in the care school diabetes coordination and management.
- 5) Provide a resource/useful tool for the student, parent/family and school personnel for the provision of diabetes care in the school setting.

Roles/Responsibilities

To ensure communication and collaboration between all appropriate school personnel, the following roles and responsibilities have been identified as a key component for effective school diabetes care.

Parent/Guardian:

- Inform the school nurse, upon enrollment that student has diabetes or when student is newly diagnosed.
- Participate in care plan planning conference as soon as possible after diagnosis and at the start of each school year.
- Provide accurate and current emergency contact information and update as necessary.
- Provide the Diabetes Medical Management Plan to the school nurse, signed by the student's health care provider and parent/guardian. **This plan must be provided each time the student's plan/orders change and/or renewed prior to the beginning of each school year.**
- Inform the school nurse of any changes in the student's health status and/or Diabetes Medical Management Plan on an ongoing basis through- out the school year.
- Provide all supplies and equipment necessary for implementing the Diabetes Medical Management Plan, including a back- up finger stick blood glucose meter if student uses continuous glucose monitoring. Replenish supplies as needed and as requested by the school nurse.
- Assume responsibility for the maintenance and calibration of all diabetic related medical equipment.
- Inform the school nurse and other appropriate school staff when the student plans to participate in field trips and/or other school-sponsored activities and events.
- Authorize trained unlicensed school personnel to administer Glucagon in the absence of the school nurse.
- Authorize and provide parental permission for the school nurse to communicate/share, in writing and/or verbally with the student's treating diabetes provider, as needed.
- Teach student to:
 - Understand age-appropriate diabetic care (refer to Student Responsibilities).
 - Communicate clearly to adults in authority that he/she has diabetes and is not feeling well.

Student (As Age Appropriate)

- Learn age-appropriate diabetic care/self-management skills:
Know the following:
 - Who to contact and what to do when having a low or high blood sugar reaction
 - What the written school plans says to help manage diabetes
 - When to check blood glucose levels, give insulin, have a snack, and eat breakfast/ lunch
 - Where diabetic supplies are stored, if student does not carry them, and who to contact when supplies are needed
- Take charge of diabetes self-care at school as much as possible and as directed by the health care provider.
- Work toward independence in diabetes self-management skills through- out the school year.

- Cooperate and work with school nurse and other school staff who are assisting, providing and/or supervising school diabetes care.
- Follow diabetes management plan/Individual healthcare plan.
- Communicate accurate information regarding carbohydrate intake.
- Act responsibly when possessing and self-administering medications, specifically, not to misuse medication.
- Dispose of sharps appropriately; use standard precautions as instructed by the school nurse.

School Responsibilities:

The parent/guardian is responsible for ensuring that diabetic supplies, equipment and medications are available for school usage based on the Diabetes Medical Management Plan and other provider orders. If a parent/guardian does not provide the necessary diabetic supplies/medications to safely care for the student while at school in order to appropriately manage the student’s illness, the school nurse/school may make a DSS referral.

The school will provide the following for students with diabetes:

- Sharps container(s).
- Appropriate storage for insulin and syringes and other related diabetes equipment.
- Access and availability of appropriate snacks for treatment of hypoglycemia (low blood sugar) if the parent/guardian does not provide snacks.
- Meal accommodations (if applicable) in compliance with USDA requirements.
- Adequate staffing to administer insulin and glucagon according to the student’s diabetes medical management plan, individualized healthcare plan, and emergency action plan.
- Appropriate staff to provide or support the needed diabetes care during school sponsored events and field trips based on the student’s Diabetes Medical Management Plan/health care provider orders, nursing assessment and the student’s level of independence.

Building Principal

School principals should be aware of students with a diagnosis of diabetes and should work with the school nurse to support the implementation of a team approach to the health care needs of all students including those with diabetes. The school nurse will inform the building principal on the number of students with diabetes in the student population, and any needed accommodations through -out the school year.

The building principal will be responsible for:

- Support the school nurse as the leader of school health and diabetes care within the school.
- Review information provided by the school nurse regarding students with diabetes and needed accommodations-work with the school nurse to secure school related accommodations.
- Support the school nurse regarding training, education, and awareness activities, which include, but are not limited to:

- Training school staff (coaches, teachers, cafeteria staff, and bus drivers) to recognize signs and symptoms of hyperglycemia and hypoglycemia, to use emergency medication (Glucagon) as indicated in the students' emergency plan and according to SC LLR Board of Nursing Advisory Opinions # 50, 51 and 52.
- Planning for implementation of student Diabetes Medical Management Plan/health care provider orders, IHP and emergency plans during school sponsored events and field trips.
- Advance planning and informing school nurse of field trips, especially over- night field trips so that appropriate staff can be secured in a timely manner.
- Ensuring classroom teachers, including substitute teachers, have access to and comply with diabetes emergency action plans and accommodations, as needed.

School Nurse

- Obtain and review the student's current Diabetes Medical Management Plan from the medical provider and other relevant health information from the parent and/or student.
- Perform an initial nursing assessment of the student and develop an Individualized Healthcare Plan (IHP), based on the nursing assessment findings, parent/student interview and Diabetes Medical Management Plan.
- Participate in the development and implementation of the student's 504, Individualized Educational Program (IEP), or other education plan, as needed.
- Conduct ongoing, periodic re-assessment of students with diabetes and regularly review and update the Individualized Healthcare Plan, whenever there is a change in the medical management or student's response to care.
- Provide an Emergency Action Plan(s) and other relevant diabetic information to staff members who have the responsibility for the student throughout the school day.
- Obtain materials and medical supplies necessary for diabetes care tasks from the parent/guardian and notify the student or parent/guardian when supplies need to be replenished.
- Plan and implement diabetes training for unlicensed assistive personnel, in congruence with SC LLR Board of Nursing Advisory Opinion # 50, 51 and 52.
- Perform routine and emergency diabetes care tasks, including blood glucose monitoring through traditional blood glucose testing or through the use of a continuous glucose monitor that may display data on either an insulin pump, a dedicated receiver, or a smart phone app. Additionally, urine ketone testing, insulin administration and glucagon administration.
- Communicate ongoing with parent/family and health care provider; inform health care provider of any significant trends, patterns, school related diabetes care issues and any non-compliance to treatment plan.
- Promote and encourage independence and self-care consistent with the student's ability, self-management skills, maturity, and developmental level.
- Act as liaison between the school and student's health care provider/team regarding the student's diabetes management at school, with parental permission.

Teachers/Teacher Assistants/Coaches & Other Educational Staff

- Be aware of which students have diabetes and comply with the accommodations listed in the Individualized Healthcare Plan and/or Section 504 Plan.
- Recognize that a change in the student's behavior could be a symptom of blood glucose changes; be prepared to respond to the signs and symptoms of hypoglycemia and hyperglycemia.
- Be aware of any student-specific emergency actions that might be necessary; including knowing how and when to give Glucagon.
- Send another person to the clinic with the child if displaying signs of high or low blood sugar; **Do Not Send Alone.** If a student displays symptoms of hypoglycemia, it would be preferred to provide treatment in the classroom and then notify school nurse. **Adult accompaniment is required if symptoms are present and child must leave the classroom for treatment.** If possible, school nurse/clinic should be notified that student is coming to clinic.
- Provide the student with a safe/private location (if possible) to monitor blood glucose or administer insulin in accordance with the student's individualized health care plan and/or if student is performing blood glucose monitoring in the classroom.
- Monitor before exercise or strenuous activity and allow for snacks before and after the physical activity if indicated in the student's individualized health care plan and/or at the discretion of the school nurse.
- Communicate with school nurse when a field trip or class party might require an adjustment in their meal plan or insulin administration. **(See Field Trip Planning Section)**
- Leave clear, written instructions/ message for any substitute teacher regarding student diabetes care during the school day.
- Respect the student's right to confidentiality and privacy.

Food Service

- Make available to the students, parents and school nurses, the carbohydrate count for the school breakfast and lunch menu items in order to assist with meal planning/carb counting.

Bus Drivers

- Be aware of the emergency response appropriate for each student regarding symptoms of a diabetic emergency.
- Allow student to eat or drink on bus if needed to treat hypoglycemia.
- Allow student to check blood glucose, if needed during bus ride.
- Consider encouraging the student to sit near the front of the bus to allow for closer observation.
- Communication to the school nurse (if applicable) any concerns regarding the student's actions or behavior regarding diabetes management during bus transport.

Nurses' Standard Individual Health Record for Students with Diabetes

The following lists CCSD School Health Services standard forms and records used with all students with diabetes. These documents are required for any student with a diagnosis of diabetes and are updated annually and/or through- out the school year as the needs change. The documents are considered to be a complete Individual Health Record for students with diabetes. They are also considered to be legal documents to demonstrate how care was provided to the student, communicate continuity of care and to substantiate minimal standards of care.

Nursing directive forms and documents can be accessed from the Canvas tool.

- Diabetes Medical Management Plan
- Other Healthcare Provider Orders
- Authorization for Medication Administration (Glucagon, Insulin and if student self manages)
- Emergency Contact Information/Health/Emergency Form
- Nursing Diabetes Assessment (New 2019)
- Individualized Healthcare Plan (IHP) (Revision 2019)
- Insulin Pump IHP Addendum (New 2019)
- Emergency Action Plans for Hypoglycemia and Hyperglycemia (EAP) (Revision 2019)
- Blood Glucose/Insulin Documentation Log (Without Pump) (Revision 2019)
- Insulin Pump/Blood Glucose Documentation Log (With Pump) (New 2019)
- Daily Carbohydrate/Insulin Record (Optional to Use) (New 2019)
- Parental Release Authorization Form
- Glucagon Skills Checklist for Current Trained UAP-Specific to the student (Revision 2019)
- Parent Acknowledgement for Continuous Glucose Monitoring (New 2019)
- KwikPen Disposal Log (if applicable) (Revision 2019)
- Chronic Illness Statement
- Current 504 Plan, if applicable
- Copy of Student's Class Schedule (9th Grade, I-Square, High Schools)
- Consent to Bill Medicaid, if applicable
- IHP Provider Notification Form
- Parent IHP Declination Form, if applicable

Sample CCSD School Health Related Diabetes Forms/Plans are located in the appendix of this document.

Nursing Initial Process for Care Planning for Student with Diabetes

The school nurse is the lead team school member in assessing, planning, communicating, implementing and evaluating the student's school diabetes care. The school nurse is responsible for developing an Individualized Healthcare Plan (IHP) to meet student needs in the school setting. The Individual Healthcare Plan is based on the nursing assessment and the student's Diabetes Medical Management Plan and other health care provider orders, with input from the student and parent.

It is necessary for the school nurse to obtain information related to the student's health from the parent/guardian and the student's health care provider in order to plan effectively and safely for the student's school diabetes care.

The nursing assessment by the school nurse includes data collection, data analysis, and nursing diagnosis. It also includes the identification of student health needs that require collaborative management with the student's healthcare providers, parent/guardian, student and school team members. The nursing assessment is systematic, goal oriented, and related to both the health and educational needs of the student.

Key Points:

When a student with diabetes enters a school or a student in the school is diagnosed with diabetes, the school nurse will perform, at a minimum, the following activities for care planning purposes:

1. Schedule assessment/interview with parent and student as soon as it is known that student has diabetes, if newly diagnosed and within the first week of school if previously diagnosed with diabetes.
2. Prepare/assemble student individual healthcare record, using appropriate forms/documents as previously mentioned.
3. Inform parent/guardian of how to access this document on the school health services web site or provide a copy, at parent/guardian request.
4. Perform nursing assessment, *using the CCSD Nursing Diabetes Assessment form* to use in determining plan of care/health care needs during the school day. The school nurse will assess/collect information from the parent/student on:
 - Contact Information
 - Health History
 - Barriers to Self- Care/Learning
 - History Recent Hospitalizations/Diabetic Emergencies
 - Glucagon Prior Usage
 - Typical Signs/Symptoms of hypoglycemia/hyperglycemia, specific to the student
 - Target Blood Glucose Range
 - Name/Brand/Type of Diabetic Equipment/Supplies
 - Level of Independence/Self Care Skills
 - Situations as to When Notify Parent/Guardian
 - Special Instructions/Concerns from Parent/Guardian
 - Home/Social Issues

- Other, as needed
5. Obtain and review student's Diabetes Medical Management Plan and other medical orders, as needed.
 6. Review and summarize nursing assessment findings and information from the Diabetes Medical Management Plan to:
 - Evaluate level of self-management/skill level of the student
 - Identify specific health needs/concerns for the school day
 - Evaluate knowledge/skills level & identify any barriers to effective diabetes self-management skills
 - Determine necessity for classroom accommodations
 - Create IHP re nursing care directive during the school day
 7. Become familiar with diabetic equipment/supplies and how to troubleshoot.
 8. Plan and implement diabetes related training for UAP/appropriate school personnel, within the first 2 weeks of school, if previously diagnosed and within one week if newly diagnosed, specific to care of the student. Training for unlicensed assistant personnel/teacher will include at a minimum the following:
 - Overall review of Diabetes Emergency Action Plans for hypoglycemia and hyperglycemia
 - Recognition and treatment response to low/high blood glucose
 - Location of routine emergency supplies
 - How to correctly use Glucagon
 - Level of independence/self -management skills
 - Role in carbohydrate counting, if applicable
 - When to contact parent
 - When to send student home
 - Classroom accommodations
 - CGM Alarm Alerts, as applicable
 9. Assess competency of unlicensed assistant personnel regarding Glucagon administration and/or other delegated tasks.
 10. Document initial nursing assessment, student needs and response to interventions and treatments.

Care Coordination

Collaboration and cooperation are key elements in planning and implementing successful diabetes management at school. Like other chronic diseases, students with diabetes are more likely to succeed in school when the student’s school health team and the student’s personal health care team work together. Key team members for the care coordination of a student with diabetes include:

School Team	Personal Team
Student	Student
Parent/Guardian	Parent/Guardian
School Nurse	Diabetes Healthcare Provider
Building Principal	Diabetes Educator
Trained Unlicensed Personnel	Diabetes Nutritionists/Dietician
Teacher/Other Staff	
Food Service	
504 Coordinator	
Office Staff	

Written Care Coordination Plans:

Collaboration between these two teams should result in each student with diabetes having the following **written** plans for school diabetes management. An Education Plan may also be appropriate if deemed necessary for the student.

- A written Diabetes Medical Management Plan (DMMP)
- An Individualized Healthcare Plan (IHP)
- An Emergency Action Plan for hypoglycemia and hyperglycemia (EAP)

A brief review of these plans are outlined below: **(Sample Plans Located in the Appendix)**

1. Diabetes Medical Management Plan (DMMP)

- Contains all aspects of routine and emergency diabetes care, including treatment, insulin therapy/ medications, insulin pump therapy, BG/CGM guidelines, and the student’s ability to self-manage
- Developed and signed by the student’s physician/other diabetes healthcare providers
- Provided to the school nurse at the beginning of the school year and whenever care/treatment orders change
- Basis for all health care and education plans designed to help ensure the student’s diabetes needs are appropriately met during the school day

2. Individualized Healthcare Plan (IHP)

- Written plan developed by the school Registered Nurse, with collaboration between the student, parent/family and health care provider
- Integrates the physician directed Diabetes Medical Management Plan

- Based on the nursing assessment by the RN school nurse
- Summary of current health status, level of independence and self- management skills, healthcare needs during the school day
- Incorporates assessment of school environment
- Student-specific information and individualized
- Reviewed by nurse and parents at beginning of the year and periodically thereafter
- Documents and communicates the student’s health needs and nursing interventions for the individual student in the school setting
- Written plan required by SC Code of Laws, Section 59-63-80, unless the parent/guardian signs an IHP declination form

3. Emergency Action Plans

- Based on medical orders in the Diabetes Medical Management Plan and components of the Individual Healthcare Plan
- Summary of how to recognize and treat hypoglycemia (low blood glucose) and hyperglycemia (high blood glucose)
- Written in layman terms and understandable by non-medical personnel
- Directs appropriate action for diabetes related emergencies
- Provided to all school personnel responsible for the student with diabetes (teachers, coaches, bus drivers, lunchroom staff, etc.)

4. Education Plan(s)

- 504 plan or IEP
 - 504
Defines aids, services and modifications needed by eligible students to enable the student to have full and safe access to all school activities while meeting diabetes management needs
 - IEP
Written Plan for students who qualify for special education services under the Individual with Disabilities Education Act (IDEA)
- Developed as needed, not all students with diabetes will have one **or** both
- Written by team of school personnel, parents, and appropriate CCSD district coordinators

Routine Diabetes Care- School Guidelines

Routine diabetes management requires coordination of blood glucose monitoring, meal/snack planning, physical activity, and administration of insulin and other medication(s). Routine diabetic tasks will be managed, by the school nurse, in a way that minimizes classroom disruption as much as possible. This will be based on each student’s level of independence/maturity, self-management skills, treating physician orders, any presenting symptoms, illnesses, etc.

This section will outline those diabetic tasks/activities that typically are a normal part of diabetes management in the school setting.

Blood Glucose Monitoring

Blood glucose monitoring may be ordered by the student's health care provider pre-meal (before lunch), post-meal (after lunch), before physical activity/exercise, before snacks, for symptoms of hypoglycemia or hyperglycemia, before testing, anytime the student feels "funny" and/or other times, based on the student's individual needs.

Key Points:

1. The physician/healthcare provider will indicate on the Diabetes Medical Management Plan the student's individual blood glucose target ranges. It is the school nurses' responsibility to know the blood glucose target ranges as indicated by the healthcare provider.
2. Blood glucose monitoring in the classroom or any other school location is permissible. However, typically, finger stick blood glucose monitoring is performed in the health clinic due to convenience, feasibility, privacy and accessibility to other diabetic supplies.
3. Determination of the student's ability to perform blood glucose monitoring in the classroom should be made based on an individual case-by-case basis and on several factors including, but not limited to: nursing assessment/judgement, the student's developmental capability/independence, ability to perform safely for self and others and student/parent preference.
4. Blood glucose monitoring in the classroom will be at the discretion of the school nurse and parent, based on the factors mentioned previously.

Continuous Glucose Monitoring (CGM)

Some students may utilize a continuous glucose monitor (CGM). The CGM works through a sensor inserted under the skin and measures interstitial fluid glucose levels at regular intervals and sends the current recorded level to a monitor. The monitor may be part of the insulin pump or a separate device, which may include a smartphone that is carried or worn by the student.

The CGM is a useful tool for identifying blood glucose trends and can enhance the ability of the student's health care provider to make needed adjustments to the student's diabetes medical management plan. The CGM provides real time blood glucose readings and trends.

The CGM sets off an alarm when glucose levels are outside a set range or when they are increasing or decreasing at a rapid rate.

Key Points:

1. Appropriate action should be taken, when responding to alarms and in accordance with the student's Diabetes Medical Management Plan/health care provider orders.

2. It is important to note that at this time, it is **not** recommended that treatment decisions/insulin adjustments be based solely on CGM results. **Our district requires confirmation of sensor blood glucose levels, with a finger stick blood glucose, when the school nurse is managing/administering insulin and/or whenever the sensor reading suggests a need for treatment.**
3. The school nurse will confirm CGM results with a blood glucose meter check (finger stick) **before** taking action on the sensor blood glucose level.
4. If a student has signs or symptoms of hypoglycemia, a finger stick blood glucose will be checked regardless of the CGM reading.
5. *An exception to the confirmatory finger stick blood glucose is **if** the student has been approved to self-monitor/self-administer, according to district guidelines. **(See Section on Self-Monitoring).**

If a student has been approved, in writing to self-administer/self-monitor then he/she can use the CGM sensor blood glucose reading for treatment decisions/insulin dosing. **Approval for the student to self-monitor/self-administer must be approved by the healthcare provider and be documented on the Diabetes Medical Management Plan. The Diabetes Medical Management Plan must specifically indicate that confirmatory finger stick blood glucose readings are not required for the student.**

Since the prescribing healthcare provider assumes responsibility for confirming the student's readiness to use a CGM device to make treatment decisions in the school setting, this must be confirmed in the DMMP or physician orders (*ADA-Safe at School*).

The student must have parental permission to self-monitor/self-administer and lastly, the school nurse has to approve that the student is capable, responsible and able to safely self-administer.

6. Students utilizing CGM are expected to have a back-up blood glucose meter for confirmatory CGM readings and as means to check blood glucose levels in the event that the GCM device malfunctions. It is the parent's responsibility to ensure that the student has a back-up blood glucose meter for school usage.
7. If a student's CGM receiver reads "Low" or "High" instead of displaying a number, a blood glucose should be obtained using the blood glucose meter.
8. The school nurse and/or other trained school personnel should respond to the set high and low alarms rather than constantly fluctuating trends and numbers. Alarms should be set for a low and high blood glucose levels that require an immediate action or treatment. This will assist with safety for the student, as well as minimize unnecessary disruption of learning environment. (*ADA-Safe at School*)
9. Trend arrows showing lows/pending lows or highs/pending highs will be treated per physician orders as specified in the Diabetes Medical Management Plan.

10. Remote monitoring of the CGM in the school setting is generally not necessary as the student is usually adult supervised by the school nurse or other trained school staff and frequent routine blood glucose monitoring is scheduled and performed, as indicated on the Diabetes Medical Management Plan. **The nurse will not continually monitor CGM readings. If this is deemed to be necessary or helpful by the prescribing physician, continuous monitoring/following of the student may be done remotely by parents or by office staff of the prescribing physician.**
11. If the CGM sensor or transmitter pod becomes dislodged or falls off during school, return everything to the parent/guardian- **do not** throw away any part of the CGM. Sensor replacement is not a school responsibility. Notify the parent/guardian and monitor blood glucose, as needed with back up finger stick blood glucose meter.
12. CGMs typically require calibration at least twice daily with the same blood glucose meter. CGMs should be calibrated at home. The school nurse or other school personnel will not perform CGM calibration at school- this is a parent responsibility unless the student is able to manage calibration independently.
13. The school nurse should be familiar with type/brand of CGM and how to trouble shoot the student's device. The school nurse should refer to the manufacturer's quick guide for specifics. CGM Quick Guides can be accessed on the CCSD School Health Canvas or from the manufacturer web site.
14. The school nurse should always refer to the Diabetes Medical Management Plan and be familiar with the high and low alarms set for the CGM.

Hypoglycemia (Low Blood Glucose)

Hypoglycemia occurs when the blood glucose level is abnormally low, usually below 70 mg/dl. Severe hypoglycemia, if left untreated, can cause seizures, coma or death. Severe or very low blood glucose is a life threatening medical emergency that requires **immediate** treatment. Hypoglycemia is the most common and most dangerous condition for many students with Type 1 diabetes. A student with hypoglycemia may not be able to self -manage due to impaired cognition and motor function.

Key Points:

1. A student with symptoms of hypoglycemia should never be left alone, sent anywhere alone or escorted to the health clinic by another student. The student should be accompanied by a responsible person, preferably an adult if he/she needs to go to the health clinic. The responsible person should be indicated on the student's 504 Plan, IHP and EAP and mutually agreed upon by the parent and school nurse.
2. Whenever the student is feeling low/having symptoms of hypoglycemia, check the blood glucose. If a blood glucose meter is not available and/or for what- ever reason is not functioning, always

assume blood glucose is low and treat for hypoglycemia accordingly. **If ever in doubt, always treat for hypoglycemia.**

3. For the purpose of this guidance document, generally, treatment of hypoglycemia follows the **Rule of 15**: (Blood Glucose less than 70mg/dl or less)
 - Give 15 grams of carbohydrate (fast acting glucose source).
 - Wait 15 minutes, and then recheck blood glucose.
 - If still less than 70 mg/dl, repeat another 15 grams of carbohydrate.
 - Wait 15 minutes and then recheck.
 - Once the blood glucose is above 70mg/dl, provide the student with 15 gram carbohydrate snack with protein if lunch will not ensue within one hour.
4. ****If student has blood glucose of less than 54mg/dl, treat student with 30 grams of fast acting carbohydrate.**
5. The student may return to class after the blood glucose is above 70 mg/dl and/or when they are no longer symptomatic.
6. The student's Diabetes Management Plan should always be referred to for specific orders for each student as treatment of mild, moderate or severe hypoglycemic symptoms may vary.
7. The school nurse will develop a written Emergency Action Plan for Hypo/Hyperglycemia, specific for each student, based on the physician orders/DMMP and district policy. The EAP will be reviewed/shared with teacher and other school personnel who have a need to know and/or who are responsible for the student.
8. Examples of quick acting glucose sources (equal to approximately 15 grams carbohydrates) include:
 - 4 ounces of fruit juice
 - 4-6 ounces of regular soda
 - 3-4 glucose tablets
 - 2-3 rolls of smarties
 - 10 sweet tarts
 - 15 regular jelly beans
 - 3 teaspoons of cake decorating gel (fat free)
 - 1 Tablespoon of table sugar or honey
9. If the student experiences a low blood sugar during testing situations, provisions should be made for student to complete the test at a later time as low blood sugars can impair cognitive functioning. Delayed testing will ensure fair performance on tests, if needed.
10. The student with diabetes may eat snacks in classroom and/or other times during the day, including during testing as directed by the nurse and/or physician.

11. Unless otherwise indicated on the student's Diabetes Medical Management Plan, a student treated for hypoglycemia near/at lunchtime will be sent to lunch when blood glucose has returned to target range and insulin will be administered after lunch based on the recovered blood glucose level and intake of grams of carbohydrates.
12. When treating hypoglycemia for a student on an insulin pump:
 - Suspend or stop the pump when treating for hypoglycemia
 - Do not give insulin for carbohydrates used to treat hypoglycemia (do not enter carbs in insulin pump) unless specified to do so in the student's Diabetes Medical Management Plan

Glucagon Administration

1. For severe hypoglycemia, Glucagon may be administered, if indicated on the student's Diabetes Management Plan. The school nurse may delegate the administration of Glucagon to trained unlicensed personnel to administer in the absence of the nurse.
2. The school nurse is responsible for ensuring that, at least two other school personnel (unlicensed personnel) are trained on how/when to give Glucagon. The *CCSD Glucagon Skills Checklist for UAP* will be used as a guide for content of training and documentation of such training. Glucagon training will occur at the beginning of each school year.
3. Glucagon administration will be administered based on the dosage indicated in the student's DMMP/health care provider orders. If glucagon is administered, EMS/911 must be notified and the student transferred to the local hospital for further medical evaluation and treatment.
4. Additional information on how to administer Glucagon can be accessed at:
<https://www.lillyglucagon.com/taking-glucagon>
A glucagon tutorial is also available for review on School Health Services Canvas.

Hyperglycemia (High Blood Sugar)

Hyperglycemia is when the blood glucose is above the target range for an individual student. In general, hyperglycemia is due to a mismatch between carbohydrate intake, insulin, and physical activity. Severe hyperglycemia can develop over a period of hours to weeks and can cause a hyperglycemic emergency such as diabetic ketoacidosis (DKA) needing prompt attention in the school setting.

Key Points:

1. Hyperglycemia should be treated according to the student's DMMP/health care provider orders and emergency plan.

2. When treating hyperglycemia, it is important to consider the possibility of the presence of ketones and risk to progress to a hyperglycemic emergency (DKA).
3. When treating ketones, additional insulin may be needed; any additional insulin for correction of hyperglycemia with ketones should be done in accordance with the student's DMMP/ health care provider orders.
4. **Students with a pump-** Provide blood glucose correction bolus per pump calculator. **All** blood glucose levels should be entered into the pump for administration of pump-calculated corrections unless otherwise indicated on the physician's orders.
5. The school nurse or other designated school staff should follow the student's DMMP/health care provider orders for the management of hyperglycemia. In general, hyperglycemia should be managed as outlined below:
 - Check for urine ketones if blood glucose is over 300 mg/dl twice in a row or with symptoms of illness/vomiting unless other- wise indicated on the DMMP/physician orders.
 - If urine ketones moderate to large, provide student with water, contact parent/guardian and send student home. The student should be treated/managed outside of school with moderate-large ketones and/or when frequent insulin dosing may be required.
 - If the student's blood glucose is ≥ 300 mg/dl one time and the student is symptomatic (illness, nausea/vomiting) and the school is not able to test for urine ketones, then contact the parent/guardian to pick student so that student can be treated/managed at home.
 - If the student has moderate-large urine ketones and has labored breathing, any change in mental status or signs of dehydration, activate EMS and transport the student to the local hospital for medical evaluation and treatment.
6. Opened Ketone urine dip sticks should be discarded after 60 days. Once opened, the school nurse should date the container with the date open as a reminder as to when to discard.

Insulin Therapy

Some students with diabetes may need assistance administering their insulin while others may administer on their own. The school nurse will assist and/or administer insulin, regardless of the insulin delivery method to students who needs assistance and/or to those that are not able to self-administer insulin.

Key Points:

1. Insulin may **not** be administered by unlicensed assistant personnel.

2. Insulin will be administered according to the student's Diabetes Medical Management Plan and/or other orders from an authorized prescriber/provider.
3. In order for a student to receive medication or have medical procedures performed (blood glucose monitoring) in school, an order from an authorized prescriber must be in place before any medication or procedure is carried out. **Physicians/healthcare providers may not write orders that state that the school nurse is to contact the parent regarding medication or other diabetes management procedures; these type of provider orders will not be accepted or carried out by the school nurse.**
4. **The school nurse may only administer medications based on the orders from an authorized licensed health care provider, as defined and in accordance with the SC Nurse Practice Act.** *SC Nurse Practice Act-Code of Laws-Section 44-33-20, 40-33-42*
5. The school nurse may **not** administer insulin, with or without an insulin pump on orders directed by the parent or guardian. However, the student's health care provider may authorize the student's parent/guardian to make changes to the orders (carbohydrate ratios, insulin dosage) **within defined parameters/ranges identified for each student and specified within the written Diabetes Medical Management Plan/other physician orders.** If this is deemed necessary by the health care provider AND the specific insulin dose range/parameters are documented in the Diabetes Medical Management Plan, then the nurse may administer insulin. This authorization may be necessary to maintain appropriate diabetes control and should be carried out in collaboration with the health care provider and the student's parent/guardian. This process requires ongoing communication between the school nurse and parent/guardian.
6. Fast-acting insulin is generally given approximately 5-15 minutes prior to lunchtime, unless otherwise indicated. Since it is difficult to determine exactly when a student may eat lunch due to variable school factors, fast acting insulin may not be given earlier than 10-15 minutes before lunch in order to prevent hypoglycemia.
7. Opened disposable pens or pen cartridges may be left at room temperature and used for 28 days, depending on the type of insulin and the type of pen or cartridge. The school nurse will discard insulin pens after 28 days, unless specified otherwise by the manufacturer. Documentation of change out/disposal of insulin pens will be recorded on the KWIKPEN log. The school nurse will notify the parent/guardian in advance of pending expiration date so that a replacement pen can be supplied to the school.
Unopened vials or pen cartridges should be stored in the refrigerator. They may be used until their expiration date and then must be discarded.

Insulin Pump Management

Not all students will have an insulin pump for insulin management. And, for students who have an insulin pump, the type/brand of the insulin pump will vary between students. For this reason, specific insulin pump brand information is not included in this document.

However, specific information and troubleshooting guides are available on the CCSD School Health Canvas. Insulin pump manufacturer guides are uploaded to Canvas periodically, based on the types of insulin pumps utilized by our students across the district.

For detailed information regarding a specific brand/type of insulin pump, please access the Canvas tool or the manufacturer web site for a specific brand.

Included below are general guidelines for insulin pump management, regardless of the brand of the insulin pump.

Key Points:

1. All blood glucose values and carbohydrate grams (with the exception of treatment for hypoglycemia) must be entered into the pump for delivery of pump-recommended boluses. The parent/guardian is responsible for ensuring all pump settings align with orders.
2. All pump safety features should be operational in the school setting.
3. If insulin pump alarms, indicating “No Delivery”, the student is at risk for hyperglycemia and diabetic ketoacidosis as no insulin is being delivered. The school nurse should immediately check for kinked tubing, dislodged infusion site, pump malfunction or dead battery. If trouble shooting for the problem does not correct issue, notify parent for further direction.
4. “Low Battery” and “Change Battery” pump alarms require immediate attention since the student will not receive insulin without a charged battery- change battery immediately with Low Battery and/or Charge Battery.
5. The school nurse should verify the pump settings (based on the DMMP) and the correct blood glucose and amount carbohydrates eaten is entered in the pump. Once pump settings are verified and the carbohydrate intake and blood glucose entry is verified, the insulin dose calculated by the pump may then be administered.
6. For severe low blood glucose and the student has an insulin pump, the following general guidelines should be followed, in addition to any health care provider orders indicated on the Diabetes Management Medical Plan:
 - Call 911/EMS
 - Administer Glucagon, if physician ordered
 - Stop insulin pump by placing in “suspend” or “stop mode” or disconnect pump
 - Send insulin pump to hospital if student transferred to hospital
 - Contact parent/guardian
7. Information about the student’s specific brand/type of insulin pump should be included in the Individualized Healthcare Plan and/or 504 plan.

8. Un-licensed school staff, may not assist with the pump. They may however, with instruction and supervision from the school nurse, verify the number shown on the screen of the insulin pump.
9. If the insulin pump fails or malfunctions, for any reason, notify parent/guardian and/or health care provider.
10. Notify the parent/guardian when a student with an insulin pump has:
 - Leakage of insulin
 - If pump was removed for what -ever reason
 - Soreness or redness at infusion site
 - Detachment of infusion set
 - Repeated Alarms

Carbohydrate Counting

There are several different ways students with diabetes can manage their food intake to keep their blood glucose within their target range and one such method is “carbohydrate counting”. Carb counting is a method of calculating grams of carbohydrate consumed at meals and snacks. Foods that contain carbohydrates have the greatest effect on blood glucose compared to foods that contain protein or fat. Not all students with diabetes will be carb counting for insulin dosing. The student’s healthcare provider may order an insulin-to-carb ratio to dose the amount of rapid acting insulin a student takes with meals and snacks. Using an insulin-to-carb ratio with meals and snacks gives more flexibility in meal planning. Insulin to carb ratios vary between students and may also vary with each meal.

An example of an insulin-to-carb ratio is 1:15 meaning one unit of insulin is needed for every 15 grams of carbohydrate. A student needing more insulin may have a ratio of 1:10 and another student needing less insulin may have a ratio of 1:20.

Key Points:

1. To calculate an insulin dose for food (ICR):
 - Add up the grams of carbohydrate in the foods that student will eat
 - Divide the total grams of carbs by student’s insulin-to-carb ratio, specified in the Diabetes Medical Management Plan

$$\frac{\text{Total Grams of Carbohydrate to be eaten}}{\text{Insulin-to-Carb Ratio}}$$

Example:

Student plans to eat 45 grams of carbohydrate and the insulin-to-carb ratio is 1 unit of insulin for every 15 grams of carbohydrate eaten. (1:15)

To figure out how much insulin to give, Divide 45 by 15.

$$\frac{45 \text{ Grams of Carbohydrate}}{15} = 3 \text{ units of insulin is needed for this amount of carbohydrate}$$

2. When deciding whether to round up or down based on the calculated dose:
 - Round up if blood glucose is high
 - Round down if blood glucose is low
3. The school nurse is responsible for ensuring that the student has the correct amount of carbohydrates for food item/snack consumed, based on serving size before carbohydrates are entered in the insulin pump and/or if ICR given by insulin pen.
4. The Food Service Department will make monthly school menus available to all schools and/or on their web site so that the school nurse can calculate and plan in advance the amount of carbohydrates for each school menu item. Additionally, if a menu choice item changes, the food service manager should inform each school so that the carbohydrates in the new food item can be determined.
5. If a student eats a home prepared lunch, the parent is responsible for ensuring that the label for the food items are contained with the home prepared meal if the school nurse is responsible for calculating the carbohydrates for insulin dosing.
6. Resources for the school nurse to use to determine the amount of carbohydrates in foods include the following:
 - CCSD Food Service- https://www.cherokee1.org/departments/food_service/nutritional_information
 - USDA- Food Data Central is an integrated data system that provides expanded nutrient profile data. <https://fdc.nal.usda.gov/index.html>
 - Calorie King- Nutritional Information for Carb Counting <https://www.calorieking.com/>

Ketone Monitoring

Ketones may be checked at school based on the student's Diabetes Medical Management Plan and/or presenting symptoms.

How to check urine ketones using urine checking strips:

- Have student void in disposable cup.
- Completely cover the colored square on the fluid end of the strip by dipping into fresh urine.
- Immediately remove the strip from the urine.
- Gently tap the edge of the strip to remove excess urine.
- If using Ketostix: Wait 15 seconds using the second hand on a watch.
- If using the Chemstrip uGK strip: Wait one minute.
- Compare the check strip area with the corresponding color chart.
- Record the appropriate urine ketone result and treat the student, if indicated based on the Diabetes Medical Management Plan.

How to check blood ketones using precision meter and blood ketone checking strips:

- Obtain a blood sample from the finger.
- Apply blood sample to the ketone electrode strip.
- Apply enough blood to the strip to start the countdown process.
- A numeric value will appear at the end of the blood ketone monitoring process.
- Record the appropriate blood ketone result and treat the student, if indicated based on the Diabetes Medical Management Plan.

Exercise & PE

School staff should keep the following guidelines in mind when students with diabetes will be participating in physical activities/PE:

Key Points:

1. Physical education teachers and coaches should be familiar with students' diabetes management routine when participating in exercise/PE.
2. Students should be allowed to monitor blood glucose before, during, or after exercising to prevent hypoglycemia.
3. Have extra snacks available during exercise to prevent low blood sugar (hypoglycemia). (See Hypoglycemia Section for appropriate carbohydrate snacks) Foods such as cheese and crackers provide a longer-acting carbohydrate.
4. Always have quick-acting sugared food/beverages available for managing low blood glucose levels (hypoglycemia).
5. Allow student to see school nurse at any time during exercise/PE if complaints of not feeling well, feeling funny or obvious symptoms of hypoglycemia.
6. Allow student to drink plenty of water, especially in hot weather to prevent dehydration and ketonuria.

Self- Medicating/Self –Monitoring

According to SC Code of Laws-Section 59-63-80, the following must be met in order for a student to be permitted to self-monitor and/or self-medicate:

- Determination by the school that the student's self-monitoring and/or self-medication will not seriously jeopardize the safety of the student or others
- A written statement from the student's health care practitioner who prescribed the medication or monitoring device verifying that the student has a medical condition and that the student has

been instructed and demonstrates competency in self-monitoring and/or self-administration of his/her medication

- Written authorization from the student's parent/legal guardian
- Written IHP developed with input from and the approval of the student's health care practitioner who prescribed the medication, the parent/legal guardian, the student (if appropriate), and the school nurse
- Authorization from the parent for the school to share the student's IHP with school staff who have a legitimate need for knowledge of the information
- Maintenance of the medication in a container appropriately labeled by the pharmacist who filled the prescription
- A signed statement from the parent/legal guardian acknowledging that the school district and its employees and agents are not liable for an injury arising from a student's self-monitoring or self-administering medications and that the parent or guardian shall indemnify and hold harmless the district and its employees and agents against a claim arising from a student's self-monitoring or self-administration of medications.

Key Points:

1. Based on nursing assessment and the health care provider orders, students who are developmentally capable and have received appropriate and adequate instruction may self-medicate and/or self-monitor to manage their diabetes, including administration of insulin, pump management and blood glucose monitoring. The school nurse will assess each student individually to determine the appropriateness of self-management. Information and input from the student's parents/guardian, health care provider, and the student will be used to assess the student's ability to self-manage including ability to self-administer insulin.
2. Based on nursing judgment and considering the student's developmental abilities and school schedule, the school nurse will develop an Individualized Healthcare Plan (IHP) for the student to self-manage their diabetes.
The IHP will include, at a minimum:
 - Specific tasks and/or aspects of the Diabetes Medical Management Plan that will be self-managed
 - Location of student's supplies
 - Specific diabetic tasks/areas that the student may need assistance from time to time, including hypoglycemic episodes.
 - When the student should contact the nurse
3. If the student meets the criteria to self-manage/self-monitor, the school nurse still has the responsibility to ensure that a current Diabetes Medical Management Plan and Emergency Action Plans are on file in order to assume care for the student should a diabetic emergency arise and the student is not able to care for self safely.

4. Students who self-administer their own medications may carry their supplies with them at all times, and be permitted to administer their insulin anywhere in the school setting and at school sponsored events. These students are not required to go to a specific location, such as the health clinic, to self-administer their insulin or perform any other aspect of their diabetes management, unless the student or parent prefers to do so. Students should be provided a private area to administer insulin and/or perform blood glucose monitoring, if requested by the student.
5. If at any time that the student’s needs and/or self- management skills change, the Individual Healthcare Plan and 504 Plan, if applicable should be updated accordingly.
6. For students to self-manage their diabetes, the health care provider and parent/guardian must indicate on the Diabetes Medical Management Plan which diabetes management tasks the student can perform independently and those for which they need supervision or assistance.
7. In addition, the following section of the *CCSD Authorization for Medication Administration* form must be completed by the health care provider and parent/guardian for self –administration of insulin.

Self-Administration of Medications: Authorization/Approval

Non Applicable for Above Prescribed Medication

My signature indicates that I am requesting and giving permission for my child to self administer his/her medication during the school day per school district policy; I understand that the school district and its employees will not be held liable for any injury arising from self administration of this medication. I further acknowledge that my child’s health care provider must also provide written authorization for the self-administration of this medication and that the school may revoke this permission for any misuse and/or other unsafe practice related to the self-administration of this medication.

Parent/Guardian Signature: _____ **Date:** ___/___/___

I have instructed this student in the appropriate usage of the above listed medication (s). In my professional opinion, this student:

May carry and self-administer this medication May **not** carry or self-administer this medication

Physician/Prescriber Signature: _____ **Date:** ___/___/___

Comments: _____

Field Trips-Planning Guidelines

A student may not be excluded from field trips and other school-sponsored activities due to his/her diabetes. The same diabetes care provided at school should also be provided during field trips. The school is responsible for working with the School Health Coordinator to ensure and secure at least one person trained in diabetes care and on the specificity of the student’s diabetes regimen.

Key Points:

1. It is important for the school/teacher to make provisions for field trips well in advance between the school nurse and parent/guardian, especially if the field trip involves an overnight or extended stay. This would ensure a smooth and safe transition from classroom to an off-site learning environment.
2. When appropriate, based on the school activity or field trip, parents should be given the opportunity to participate if they choose. However, parents cannot be required to participate in/attend school-sponsored events and activities or field trips as a condition of the student's participation in that event
3. **If a student requires medication to be administered or special diabetes related procedures during a field trip the following procedures must be implemented:**
 - A list of the upcoming field trips should be made available to the school nurse and/ or school staff designated for medication administration, at the beginning of the school year and throughout the year as new field trips are planned.
 - The student must have a current *Authorization for Medication Administration* form and a new Diabetes Medical Management Plan, signed by the parent and physician that specifies any specific instructions while on a field trip that extends beyond regular school hours or an overnight field trip. The parent/guardian are responsible for obtaining these forms prior to the planned field trip and at least within one week of the scheduled field trip. It is the school nurse's responsibility to communicate this to the parent/guardian in advance.
 - If the field trip hours are during regular school hours, then the *Authorization for Medication Administration form/Diabetes Medical Management Plan* on file may be used during the field trip.
 - It is the responsibility of the principal and school nurse to ensure that designated staff is properly trained to assist in medication administration/school diabetes care.
 - Prior to leaving for the field trip, any medications, including insulin and glucagon must be signed out on the *Field Trip Medication and Clinical Note* Form The medication must be kept safely with the designated person, in the original container with a pharmacy label.
 - Documentation should be completed on the *Field Trip Medication and Clinical Note* Form and/or the *Diabetic Insulin Log* as soon as the medication is administered.
 - If a student is incapable of self-administering his/her medication per the *Authorization for Medication/Diabetes Medical Management Plan* and/or if the medication cannot be delegated to an Unlicensed Assistive Personnel, and if the parent/guardian cannot accompany the child on the field trip, the principal must secure a nurse to accompany the student while on the field trip.

Parents cannot be required to accompany their child on a field trip. Securing a nurse for field trips can be obtained by contacting the School Health Coordinator at 206-2249.

- In the event that a district nurse cannot be secured for the extended field trip, the Director of Student Services will try to secure a nurse from an outside health care agency. The school should be aware that if an agency nurse is secured for the field trip that more time is required to plan for the field trip and plan accordingly.
- Payment for nursing services, including a district nurse or an agency nurse for a field trip is the responsibility of the school.

4. Provisions for what to take on student field trip include, at a minimum include the following:

- Copy of the Diabetes Medical Management Plan
- Copy of Authorization for Medication Form
- Copy of Emergency Action Plans for low and high blood glucose
- Field Trip Medication & Clinical Note Form
- Diabetic/Insulin Log
- Updated Emergency Contact Numbers
- Fast-acting carbohydrate (as directed on Emergency Action Plan)
- Blood glucose testing equipment & supplies (meter, test strips, alcohol wipes, lancets)
- Insulin & insulin delivery system (pens & pen needles, syringes,)
- Ketone Strips
- Glucagon Kit
- Snacks
- Insulin Pump supplies, if applicable (extra batteries, tubing, infusion sets, quick guide for trouble shooting)
- Extra batteries for meter, pump, etc., if applicable
- Additional supplies and insulin in case of delay in returning to school
- Shuttle Sharps Disposal
- Cell phone to call for help if needed

Staying after School

Staying after school should be planned for in advance between school personnel and the parent/guardian. Blood glucose monitoring, mid-afternoon snacks or insulin administration is a normal routine for students with diabetes and therefore, accommodations need to be considered for any after-school activities. If the school nurse is not available during after-school events, another person should be identified/designated as the primary contact for questions or concerns about the student.

Federal Laws

Federal laws that protect children with diabetes include Section 504 of the Rehabilitation Act of 1973, the Individuals with Disabilities Education Act and the Americans with Disabilities Act. Under these laws, diabetes has been considered to be a disability, and it is illegal for schools to discriminate against children with disabilities. For more information on these laws, please refer to the SC Department of Education web site @

<https://www.ed.sc.gov/districts-schools/special-education-services/state-regulations/>

Accommodations/Section 504 Plan

According to Section 504 of the Rehabilitation Act of 1973, all students with disabilities who are eligible under Section 504 are entitled to have access to a free and appropriate public education (FAPE).

Diabetes is considered a disability under federal law. This entitles students to necessary accommodations for them to have an equal opportunity to safely participate in all school activities and school sponsored after school events and activities.

Key Points:

1. The nursing assessment is part of the process to gather information needed to determine whether and what type of accommodations are needed for each individual student with diabetes. Necessary accommodations are determined by the Section 504/IEP team and based a variety of factors including but not limited to:
 - School nurse assessment findings and recommendations
 - Teacher/other school personnel
 - Student's DMMP/health care provider orders
 - Input from the parent/guardian and the student, as appropriate
2. Having diabetes does not automatically qualify a student for a Section 504 plan. All students with diabetes are eligible for a Section 504 team evaluation to determine the need for a Section 504 plan. Following such assessment, many students with diabetes are determined by the Section 504 plan team to require a Section 504 plan. If a student with diabetes qualifies for special education services, an Individualized Education Program (IEP) may also include specific accommodations related to diabetes.
3. As the student progresses through the school system and matures, their needs may change, therefore, accommodations and the Section 504 plan should be reviewed at least annually and updated as required by law and when the medical needs of the student change.
4. Accommodations for any student will vary based on an **individualized assessment that is specific to each student.**

5. Anyone, including a parent or guardian, can refer a student for Section 504 evaluation.
6. School nurses should contact their specific school 504 Coordinator and/or Director of Student Services at Bessie.westmoreland@cherokee1.org for any questions regarding district policy on Section 504 evaluation/plan.
7. To review a sample Section 504 Plan, visit American Diabetes Association @ http://main.diabetes.org/dorg/PDFs/Advocacy/Discrimination/504-plan.pdf?_ga=2.94287517.1470469976.1561588578-814912131.1547685344

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<https://www.scstatehouse.gov/code/t40c033.php>

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SC Code of Laws- (SC Code of Laws)-Section 59-63-80 Individual Healthcare Plans/Self-Medicating/Monitoring
http://main.diabetes.org/dorg/PDFs/schools/statelaws/sc_code59-63-80.pdf
Accessed December 2018, January 2019, May 2019

Appendix

Sample CCSD Diabetes Related Forms

- Authorization for Medication Administration Form
- Nursing Diabetes Assessment (New 2019)
- Individualized Healthcare Plan (IHP) (Revision 2019)
- Insulin Pump IHP Addendum (New 2019)
- Emergency Action Plans for Hypoglycemia and Hyperglycemia (EAP) (Revision 2019)
- Blood Glucose/Insulin Documentation Log (Without Pump) (Revision 2019)
- Insulin Pump/Blood Glucose Documentation Log (With Pump) (New 2019)
- Daily Carbohydrate/Insulin Record (Optional to Use) (New 2019)
- Parental Release Authorization Form
- Glucagon Skills Checklist (Revision 2019)
- Parent Acknowledgement for Continuous Glucose Monitoring (New 2019)
- KwikPen Disposal Log (if applicable) (Revision 2019)
- IHP Provider Notification Form (Revision 2019)
- IHP Declination Form