Plano Independent School District

School Health

Diabetes Administrative Guideline

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**Plano Independent School District**

**Health Services**

**Diabetes Administrative Guideline**

**A. Purpose**

The Plano Independent School District (Plano ISD) Health Services diabetes administrative guideline will enable all staff to participate and collaborate with family members and primary care providers to provide best practice standards of care for students with diabetes. This document will be an ever-changing document to remain current as new information is provided, treatments change and new management plans are developed. The daily management and coordination of diabetes care, while in the school setting, will be carried out safely with as little disruption as possible to the school’s and the child’s routine, while allowing the child to participate in academic, non-academic and extracurricular school activities.

**B. Objectives**

1. To comply with the Federal laws that protect children with diabetes, including:
	* Title II and Section 504 of the Rehabilitation Act of 1973, which are enforced by the Office for Civil Rights (OCR) in the US Department of Education
	* The Individuals with Disabilities Education Act of 1991 (IDEA), which is administered by the Office of Special Education Programs (OSEP) under the IDEA category of “other health Impairments”
	* The American with Disabilities Act 1990 (ADA)
2. To comply with the State of Texas House Bill 984 of May 2005 and its associated rules.
3. To have in place, in a timely manner, for each child diagnosed with diabetes an Individual Student Health Plan (IHP) that will consist of the following documents:
	* Diabetes Medical Management Plan (DMMP)
	* Quick Reference Emergency Plan for hypoglycemia and hyperglycemia (QREP)
	* Authorization for Administration of Diabetes Management and Care Services by Unlicensed Diabetes Care Assistants (UDCA)
	* When necessary
		1. Planning for Special Events, Field Trips, and Extracurricular Activities
		2. Field Trip Instruction Form for Glucagon
4. To share district-wide a set of practices to ensure a safe learning environment for students with diabetes. Plano ISD will ask the parents of students with diabetes to sign the consent form for Unlicensed Diabetes Care Assistants (UDCA) to perform diabetes related tasks in the absence of the school nurse. UDCAs will not provide care unless the Authorization for Administration of Diabetes Management and Care Services by Unlicensed Diabetes Assistant form is signed. Plano ISD principals will assign and provide training for volunteer school staff. This group will assist the student in maintaining compliance with the individual student’s daily routines for diabetes management. Every attempt will be made to have three UDCA’s in every school that has a student with diabetes.
5. To ensure all unlicensed diabetes care assistants will receive training that covers basic diabetes disease process, the student’s diabetes needs, how to identify/respond to medical emergencies, and which school staff members to contact with questions or assistance. Medical emergency training will include but not be limited to: restoring appropriate glucose levels by recognizing the signs and symptoms of low blood sugars (hypoglycemia) and high blood sugars (hyperglycemia). The school nurse will coordinate the training of such personnel.
6. Plano ISD staff will help to maintain the independence each student has achieved prior to enrolling in Plano ISD. In the event that the student has not achieved self--care skills, every effort will be made by the school nurse to encourage independence and self-care, which are consistent with the student’s ability, skill, maturity, and development.
7. To have in place a known set of boundaries and expected behaviors that comply with certain established Plano ISD criteria of behavior for students with diabetes in order for them to be allowed to practice self-care safely inside and outside of the school nurse’s office. If these measures are not met, Plano ISD has the authority to alter the plans in place such as IHP, 504 or educational plan.

**C. General Guidelines for Care of the Student**

1. A ***Diabetes Medical Management Plan (DMMP****)* must be developed by the student’s personal diabetes health care team with input from the parent/guardian. The DMMP will be used as the basis for the development of the written Individual Health Plan (IHP). The DMMP needs to address the following specific needs of the student and provide specific instructions for each of the following:
	1. *Blood glucose monitoring*, including the frequency and circumstances requiring blood glucose checks and use of continuous glucose monitoring, if utilized.
	2. *Insulin administration* (if necessary), including dose/injection times prescribed for specific glucose values and for carbohydrate intake, the storage of insulin, and when appropriate, physician authorization of parent/guardian adjustments for insulin dosage as allowed by the DMMP. All changes must be in written request form from the parent/guardian. Any changes other than allowed by the DMMP must be made by the physician in writing only.
	3. Back-up plan for students with *insulin pumps* in the case of a pump failure.
	4. *Meals and snacks*, including food content, amounts, and timing. Any changes thereafter must be in writing.
	5. Symptoms and treatment of *hypoglycemia* (low blood glucose), including the administration of glucagon if recommended by the student’s health care provider.
	6. Symptoms and treatment of *hyperglycemia* (high blood glucose).
	7. Checking for *ketones* and appropriate actions to take for abnormal ketone levels, if requested by the student’s health care provider.
	8. Participation in *physical activity* and any limitations.
	9. Emergency evacuation/school lock-down instructions.
2. If the student is able to independently care for his/her diabetes and a DMMP is not provided, school staff will only be allowed to assist in the case of severe hypoglycemia.

**D. Responsibilities of the Various Care Providers**

1. The **parent/guardian** must provide the following:
	1. All materials, equipment, insulin, and other medications necessary for diabetes care tasks, including blood glucose monitoring, insulin administration (if needed), and ketone monitoring.
	2. The parent/guardian is responsible for the maintenance of the blood glucose monitoring equipment.
	3. If the student is using an insulin pump, the parent/guardian is responsible for the maintenance of the pump.
	4. If the student is using an insulin pump, the parent/guardian is responsible for providing a back-up plan from the healthcare team in case of pump failure. This may include the parent coming to school within 30 minutes and/or written orders from the physician to administer insulin per vial and syringe. *Nurses and/or the UDCA will not be responsible for reinsertion of the pump infusion sets and/or calculation of sliding scales in the case of pump failures.*
	5. The *Diabetes Medical Management Plan (DMMP)* completed and signed by the student’s health care provider and parent/guardian, dated specifically for the current school year.
	6. Supplies to treat hypoglycemia, including a source of fast-acting glucose and a glucagon emergency kit.
	7. Information about diabetes and the performance of diabetes-related tasks specific to the student.
	8. Emergency phone numbers for the parent/guardian and other emergency contact if unable to reach parent, and the diabetes health care team so the school may contact these individual with diabetes-related questions.
	9. Information about the student’s meal/snack schedule. Instructions must also be given in writing for school parties and other activities such as early release days, field trips, etc.
	10. A signed release of confidentiality from the parent/guardian is required so that the health care team can communicate with the school.
	11. A signed “*Authorization for Administration of Diabetes Management and Care Services by Unlicensed Diabetes Care Assistant”.* If the parent does not authorize a UDCA to provide diabetes management and care services, the parent/guardian will be responsible for the student’s diabetes care if the school nurse is unavailable.
	12. A signed release of confidentiality from the parent/guardian will be required so that the health care team can communicate with the school.
2. Plano ISD will provide the following:
	1. Opportunities for the appropriate level of ongoing training and diabetes education by the school nurse. The school nurse will be the key coordinator and provider of care and will coordinate the training of school personnel and ensure that if the school nurse is not available, that at the minimum, three adults (UCDA) approved by the school principal are able to perform these procedures in a timely manner during the course of the school day. All staff will be trained or will review training on a yearly basis as needed and documented. The levels of training include:
		* *Level I* training for staff members who have a need for basic overview of diabetes.
		* *Level II (A)* training for all staff that will have direct responsibility for the student, to include classroom teachers, recess duty teachers, specials teachers, and lunchroom duty teachers.
		* *Level II (B)* training for all bus drivers that transport students with diabetes.
		* *Level II (C)* training for off campus activity sponsors, such as group leaders or teachers, who are not UDCAs but may be responsible for recognizing the signs and symptoms of diabetes hypoglycemia/hyperglycemia and how to assist the student. UDCA will be present on site for all school sponsored activities during the school day.
		* *Level II (D)* training for coaches, band directors, PASAR and all other extracurricular sponsors of events that occur outside of the regular school day. Any plan for after the regular school day at a sponsored event needs to be addressed in the IHP/504/IEP.
		* *Level III* training is for the Unlicensed Diabetes Care Assistants (UDCA) who will be trained to follow the Diabetes Medical Management Plan in the absence of the nurse.
	2. Immediate accessibility to the treatment of hypoglycemia by a knowledgeable adult. The student shall remain supervised until appropriate treatment has been administered and glucose levels return to safe levels, >70 mg/dl. Appropriate location for glucagon storage, if necessary.
	3. Accessibility to scheduled insulin at times set out in the student’s DMMP, as well as access to treatment for hyperglycemia including insulin administration as per DMMP.
	4. A location in the school that provides privacy during blood glucose monitoring and insulin administration, if desired by the student and family, or permission for the student to check his/her blood glucose levels and take appropriate action to treat hypoglycemia in the classroom or anywhere the student is in conjunction with a school activity, if indicated in the DMMP.
	5. School nurse and back-up trained school personnel (UDCA) who can check blood glucose and ketones and administer insulin, glucagon, and other medications as indicated by the DMMP.
	6. Permission for the student to see the school nurse and other trained school personnel upon request.
	7. Permission for the student to eat a snack anywhere, including the classroom or the school bus, if necessary to prevent hypoglycemia.
	8. Permission to miss school without consequences for illness and required medical appointments, but followed up with parent note or doctor’s note.
	9. School nurse and back-up trained school personnel (UDCA) responsible for the student who will know the schedule of the student’s meals and snacks and work with the parent/guardian to coordinate with that of the other students as closely as possible. Teacher to notify the parent in advance of any expected changes in the school schedule that affect the student’s meal times or exercise routine.
	10. Permission for the student to use the restroom and have access to fluids (i.e., water) as necessary.
	11. Information readily available on serving size, caloric, carbohydrate, protein, and fat content of foods served in the cafeteria.
	12. Ongoing communication with the parent/guardian as appropriate.
3. **Expectations of the student in diabetes care**: Children and youth should be allowed to provide their own diabetes care at school to the extent that is appropriate, based on the student’s development and his/her experience with diabetes. The extent of the student’s ability to participate in diabetes should be agreed upon by the school personnel, the parent/guardian, and the health care team, as necessary. The ages at which children are able to perform self-care tasks are variable and depend on the individual, and a child’s capabilities and willingness to provide self-care should be respected.
	1. ***Toddlers and preschool-age children***: unable to perform diabetes tasks independently and will need an adult to provide all aspects of care. Many of these younger children will have difficulty in recognizing hypoglycemia, so it is important that school personnel are able to recognize and provide prompt treatment. However, children in this age range can usually determine which finger to prick, can choose an injection site, and are generally cooperative.
	2. ***Elementary school-aged children***: depending on the length of diagnosis and level of maturity, may be able to perform their own blood glucose checks, but usually will require supervision. Older elementary school-aged children are generally beginning to self-administer insulin with supervision and understand the effect of insulin, physical activity, and nutrition on blood glucose levels. Unless they have hypoglycemia unawareness, he or she should usually be able to let an adult know when experiencing hypoglycemia.
	3. ***Middle school and high school-aged children****:* usually able to provide self-care depending on the length of diagnosis and level of maturity but will always need help when experiencing severe hypoglycemia. Independence in older children should be encouraged to enable the child to make his or her own decisions about his or her own care.

While in the school setting and before allowing each stage of advancement towards total self-care, Plano ISD will aid and expect the student to comply with, but not limited to, the following criteria.

* Must participate in the development and comply with the DMMP.
* Always wear a medical alert ID.
* Always carry some form of fast acting carbohydrate.
* Demonstrate a willingness to communicate with school staff.
* Demonstrate behaviors that imply an attitude of willingness related to taking charge of their individual diabetes care at school.

Specific examples:

* + - 1. Use designated locations for self-testing.
			2. Demonstrate a respect for self and others when self-testing.
			3. Demonstrate safety of needle disposal and lancets in designated containers.
			4. Respect and not abuse the unrestricted rights to restrooms, snacks, and liquids.
			5. Use time wisely between classes to avoid habits of being consistently late to all classes.
			6. Demonstrate knowledge of supplies and equipment.
			7. Tracking blood glucose levels, logs or meter memory.
			8. Calculating/selecting the right insulin dose and preparing dose to be given.
			9. Demonstrate the ability to allow a school staff member to double check dose and then independently administer the dose.
			10. Eating meals and snacks as planned.
			11. Appropriate treatment of hypoglycemia and hyperglycemia.
			12. Communication with staff, updating as necessary.

In summary, with proper planning and the education and training of school personnel, children and youth with diabetes can fully participate in the school experience. With participation from family, health care team and the school, all children with diabetes will have a safe learning environment.

**If for any reason the student does not have a Diabetes Medical Management Plan the following guidelines may be used to assist with hypoglycemia or hyperglycemia.**

**Guidelines for Treatment of Hypoglycemia (Low Blood Sugar)**

The following are guidelines to follow when a student has hypoglycemia. For the safety of the student, never allow them to walk unaccompanied to the clinic if a hypoglycemic episode is occurring, with or without symptoms.

1. If a student states they ***“feel low”, and has symptoms***, :
	1. Give them 15 grams of rapid acting glucose (4 oz. juice, 3 to 4 glucose tablets, hard candy, ½ cup regular soda) and then check the blood glucose.
	2. Recheck the blood glucose level in 10 to 15 minutes. If the blood glucose is above 70 mg/dl, allow student to proceed with scheduled meal, class or snack.
	3. If glucose level is still <70 mg/dl, retreat with 15 grams of rapid acting glucose.
	4. If student continues to be < 70 mg/dl after the second treatment, notify parent/guardian for further direction. Continue treatments for blood glucose <70 mg/dl until parent is reached and further instruction is received.
2. If the student states they ***“feel low” but does not have symptoms***, check the blood glucose level FIRST. If the blood glucose is <70 mg/dl:
	1. Give them 15 grams of rapid acting glucose (4 oz. juice, 3 to 4 glucose tablets, hard candy, ½ cup regular soda).
	2. Recheck the blood glucose level in 10 to 15 minutes. If the blood glucose is above 70 mg/dl, allow student to proceed with scheduled meal, class or snack.
	3. If glucose level is still <70 mg/dl, retreat with 15 grams of rapid acting glucose.
	4. If student continues to be < 70 mg/dl after the second treatment, notify parent/guardian for further direction. Continue treatments for blood glucose <70 mg/dl until parent is reached and further instruction is received.
3. If the student becomes unconscious from a hypoglycemic episode, **ACTIVATE 911 and the school emergency response plan.**
	1. If available, place a small amount of glucose gel or cake icing (using the tube, not your finger) between their gum and cheek**.** Rub area in a circular motion for 3 to 5 minutes.
	2. If available – inject glucagon in the outer upper thigh. Roll student on their side and prepare for possible vomiting. Keep glucagon container/case for the paramedics. Test blood sugar again in 15 minutes if the paramedics have not yet arrived.

**Guidelines for Treatment of Hyperglycemia (High Blood Sugar)**

The following are guidelines to follow when a student has hyperglycemia:

1. Test blood glucose level, if >250 mg/dl, check for ketone.

* 1. If ***ketones are negative***, encourage non-caloric fluids (in the classroom as well as outside the classroom).
	2. If ***ketones are present***, the student should not participate in any physical activity (gym, athletics, recess, field day, etc.) until the ketones are negative. If the ketones are small or above, please contact the parent/guardian.
1. Recheck blood sugar in one hour if appropriate.
2. If the student develops **severe symptoms**, severe stomach pain, vomiting, fruity breath and/or rapid breathing, call 911 and parents or guardian immediately.

**Medical Office signature**

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**Physician Signature/PISD Medical Officer**