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**DIABETES**

**POLICY**

**When a new student with diabetes enrolls in school or a current student is newly diagnosed with diabetes:**

- Obtain the parent/guardian's telephone number(s).
- Inform the parent/guardian that the school nurse will contact them to discuss the student's condition, set up a plan of care, and provide the relevant forms.
- ***Immediately notify the school nurse of the student's condition and give the nurse the parent/guardian's phone number.*** The school nurse will follow-up with the parent/guardian and provide them with the required documents.

**WHAT IS DIABETES?**

**Type 1 Diabetes** (previously called Juvenile Diabetes) is more commonly diagnosed in children than in adults. In this form, the body has no ability to produce insulin and blood glucose is primarily controlled with the administration of insulin. It is critical to perform daily blood glucose monitoring, as well as exercise and practice healthy eating. Failure to maintain control of blood glucose levels may result in severe adverse reactions including loss of consciousness, coma or even death.

**Type 2 Diabetes** was generally thought of as adult diabetes, however, it is becoming increasingly prevalent in school children. The most likely cause in children is obesity. In this form, the pancreas makes some insulin, but either it cannot make enough or the body does not respond to the insulin. Blood glucose may be controlled by exercise, healthy eating, and/or medications (oral or insulin injections). Blood glucose monitoring is important. Children with type 2 diabetes are not as prone to dramatic swings between high and low blood sugars as children with type 1 diabetes.

There is no cure for diabetes but access to good health care and self-management can greatly improve the health outcome for children with diabetes. Achieving good blood glucose control usually requires frequent blood glucose monitoring, regular physical activity, a healthy diet, and the daily administration of insulin or oral medication. The individualized health care plan, written by the school nurse, should outline student specific signs and symptoms of hypo- and hyperglycemia (low and high blood glucose levels) and guidelines for carrying out the medical treatment plan in the school setting.

According to the American Diabetes Association, appropriate diabetes care in the school is necessary for the student's long-term well-being and optimal academic performance. Even mild low blood glucose levels can lead to immediate consequences in the classroom such as a decrease in cognition, lack of attention to detail and difficulty with decision making. Extremely low blood glucose levels can cause unconsciousness or even death. High blood glucose levels can contribute to long-term complications, such as damage to the eyes, kidneys, nerves, and blood vessels.

**HYPOGLYCEMIA (LOW BLOOD SUGAR)**

**Hypoglycemia First Aid Protocol**

Hypoglycemia (low blood glucose) is defined as a blood glucose level less than 70 mg/dl (or as specified in the student’s Diabetes Medical Management Plan). The student may feel “low” and may show any of the symptoms below. A low blood glucose episode does not feel good and may be frightening for the student. Low blood glucose can develop within minutes and requires immediate attention. **Never send a child with suspected low blood glucose anywhere alone.**

**Causes:**

- Too much insulin
- Late food or too little food
- Too much or too intense exercise
- A planned or unplanned activity without additional food

**Onset:**

- Sudden

**Symptoms/Signs**

Symptoms can vary with each student as well as each hypoglycemic event. Some children will not have an awareness of low blood sugar symptoms.

<b>Mild to Moderate</b>	<b>Severe</b>
<ul style="list-style-type: none"> <li>- Hunger</li> <li>- Shakiness/jitteriness</li> <li>- Weakness</li> <li>- Paleness</li> <li>- Blurry vision</li> <li>- Irritability or nervousness</li> <li>- Dizziness</li> <li>- Sweating</li> <li>- Lethargy</li> <li>- Personality Change</li> <li>- Inability to concentrate</li> </ul>	<ul style="list-style-type: none"> <li>- Headache</li> <li>- Sleepiness</li> <li>- Lightheadedness</li> <li>- Confusion</li> <li>- Disorientation</li> <li>- Loss of coordination</li> <li>- Argumentativeness</li> <li>- Combativeness</li> <li>- Changed behavior</li> <li>- Loss of consciousness</li> <li>- Seizure</li> <li>- Inability to eat food or drink fluids</li> <li>- Loss of coordination</li> <li>- Irritability or nervousness</li> <li>- Argumentativeness</li> <li>- Combativeness</li> <li>- Changed personality</li> <li>- Changed behavior</li> <li>- Inability to concentrate</li> <li>- Weakness</li> <li>- Lethargy</li> </ul>

**NOTE:** Refer to the student’s Individualized Health Care Plan (IHP) or Diabetic Medical Management Plan (DMMP) for treatment guidelines. **In the absence of an IHP or DMMP, utilize the following:**

**If symptoms occur and the student is CONSCIOUS**

1. Notify health room care provider.

2. Test blood glucose - ask student if a meal or snack was missed.
3. Give 15 grams of a fast acting carbohydrate. Examples include 3 or 4 glucose tablets, 1 tube of glucose gel, 4 ounces of fruit juice (not low-calorie or reduced-sugar), or 4 - 6 ounces of soda (not low-calorie or reduced-sugar).
4. Wait 10-15 minutes then re-test blood glucose.
5. In target blood glucose range?
  - a. If yes, determine how long until the next meal. If longer than 30 minutes, give the student a protein snack as directed in the DMMP. If within 30 minutes, send back to class.
  - b. If below target blood glucose range, give another 15 grams of fast acting sugar (step 3), wait 10-15 minutes, then re-test blood glucose (step 4)
6. Repeat treatment until blood glucose over 70 mg/dL.

**If student is or becomes UNCONSCIOUS**

1. Have someone call 9-1-1 and notify parent (if unable to reach parent/guardian, call Diabetes Healthcare Provider).
2. Check Airway, Breathing, and Circulation and initiate CPR as needed.
3. If CPR is not needed, position student on their side.
4. If ordered, administer glucagon (injection or nasal powder) per DMMP.
5. If student is wearing an insulin pump, turn off or disconnect the pump.

**HYPERGLYCEMIA (HIGH BLOOD SUGAR)**

**Hyperglycemia First Aid Protocol**

Hyperglycemia (high blood sugar) is defined as a blood sugar level greater than 240 mg/dl. It occurs over time and indicates the need for evaluation of management.

**Causes:**

- Too much food
- Infection
- Increased growth
- Too little insulin
- Decreased activity
- Puberty
- Illness
- Stress

**Onset:** Over time – several hours or days

Hyperglycemia Symptoms
<ul style="list-style-type: none"><li>- Thirst</li><li>- Dry Mouth</li><li>- Frequent urination</li><li>- Change in appetite</li><li>- Blurry vision</li><li>- Fatigue</li></ul>

**NOTE:** Refer to the student’s Individualized Health Care Plan (IHP) or Diabetic Medical Management Plan (DMMP) for treatment guidelines. **In the absence of an IHP or DMMP, utilize the following:**

**If symptoms occur and the student is CONSCIOUS**

1. Test blood sugar.
2. Take appropriate action per physician’s orders in DMMP.
3. Student or Authorized Licensed Medical Personnel should administer insulin per physician’s orders.
4. Follow physician’s orders for management of high blood sugar and when to contact parent/guardian.
5. Encourage student to drink water or other sugar free drinks.
6. Allow student free use of bathroom.

**If student is or becomes UNCONSCIOUS**

1. Have someone call 911 and notify the parent/guardian.
2. Check Airway, Breathing, and Circulation and initiate CPR as needed.
3. If CPR is not needed, position student on their side.

**MANAGEMENT OF THE STUDENT WITH DIABETES**

The safety of the diabetic student is the primary consideration in the delivery of all health related services provided in the school. Diabetes management is best done using a collaborative team approach. Members of the team may include: Healthcare Provider, Parent/Guardian, Student with Diabetes, Nurse, Health Room Personnel, Food and Nutrition Services, Educational Personnel, School Counselor, School Social Workers, School Administrator, Transportation

Director, and Bus Drivers. Upon identification of a student with diabetes, members of the team implement these guidelines and take responsibility for their role as outlined.

## **RESPONSIBILITIES OF THE TEAM**

### **Healthcare Provider**

The physician/healthcare provider should provide information and guidance to the school RN to use in developing the Individual Health Care Plan (IHP). Physicians should take into consideration the resources available in the school to assist students with their care. To safeguard student health, the physician should:

- Provide the school RN with all medical documentation as requested, including written orders on the Diabetic Medical Management Plan.
- Be accessible by phone or fax to review or contribute to the IHP and for emergency orders.
- Educate the student and the parent/guardian regarding management of diabetes.
- Determine the level of self-care allowed based on the student's knowledge, developmental level, and abilities.

### **Parent/Guardian**

According to the School Health Services Act (s. 381.0056 F.S.), school health services supplements rather than replaces parental responsibility. In order for children to receive the services they need in the safest possible manner while in school, it is important for parents and guardians to:

- Inform the school as soon as possible when a student is newly diagnosed with diabetes or when a previously diagnosed student enrolls in a new school so that planning and training of personnel can be arranged quickly. The parent/guardian must work with the school staff prior to their child's admittance, to ease the student's transition into the school environment.
- Provide the school with accurate and current emergency contact information.
- Provide the school with the health care provider's written medical orders related to the student's diabetes management (DMMP).
- Participate in a care planning conference as soon as possible after diagnosis and at the start of each school year.
- Provide the school nurse with any new written medical orders when there are changes in the medical management that must be implemented in school.
- Provide and transport to the school all medications, equipment, supplies, and carbohydrate snacks associated with the medical management of the student's diabetes. Lancets should be supplied by parent/guardian and should be for one-time use only.
- Assume responsibility for the maintenance and calibration of all medical equipment.
- Accept financial responsibility for 9-1-1 calls and transportation to the hospital if needed.
- Sign appropriate written permission for authorization of treatment and sharing of necessary health related information.

- Provide the student with a medical identification tag or jewelry and encourage the student to wear it in school.
- Work with health care providers, their staff, and the student to promote self-sufficiency in diabetic management.

It is recommended that the parent/guardian work with the health care provider to complete the *Diabetes Medical Management Plan* recommended by the Governor's Diabetes Advisory Council and, if appropriate, the *Diabetes Medical Management Plan Supplement for Student Wearing an Insulin Pump*.

### **Student with Diabetes**

To remain active and healthy, the student with diabetes should learn to maintain blood glucose levels within a target range. School health policy and staff will promote and support the student toward self-sufficiency and independence in following the medical management plan designed by their health care provider. The student, however, must also assume some of the responsibility. The following responsible actions are recommended:

- Cooperate with school personnel in implementing the diabetes plan of care.
- Wear medical identification tag or jewelry while in school.
- Observe all local policies and procedures related to blood and body fluid precautions and sharps disposals.
- Seek adult help immediately when low blood glucose levels are suspected or verified by blood glucose monitoring.
- Record and report all blood glucose monitoring according to the medical plan of care.
- Conform to all nutritional guidelines according to the medical plan of care.
- Accurately report daily food diary to school nurse and/or other staff.
- Complete the initial and ongoing diabetes education provided by the primary health care provider.
- If DMMP permits, transport to the school all medications, equipment, and supplies associated with the medical management of the student's diabetes.
- Seek authorization from the primary health care provider, parent/guardian and school nurse to function independently.
- Demonstrate competence in blood glucose monitoring and insulin administration in the school setting.
- Agree to follow the local policies and safety procedures and Student Handbook regulations.

### **School Registered Nurse**

The school nurse should function under the scope of practice as defined by Florida's Nurse Practice Act. The school nurse may be the only full or part-time licensed health care professional in the school setting. When the school nurse is assigned to multiple schools, the nurse should recognize the need to set students with diabetes as a high priority whenever part or all of their

care is delegated to unlicensed assistive personnel. To ensure the safety of the students, the school nurse should:

- Understand current treatment plans for diabetes management and the types of issues that affect school aged children with this disease.
- Organize and facilitate planning meetings with the student's parent/guardian and other key school staff to discuss planning and implementation of the student's individualized health care plan.
- Perform a nursing assessment on the student to obtain health and psychosocial information.
- Develop an individualized health care plan in cooperation with the student, the parents/guardians, the health care provider, and other school-based staff.
- Regularly review and update the individualized health care plan whenever there is a change in medical management or the student's response to care.
- Review student's level of self-awareness and competency for self-care with healthcare provider as necessary.
- Collaborate with the principal to select and delegate the most appropriate unlicensed assistive personnel for each student.
- Complete the Diabetes Care Delegation Checklist (Attachment M-IV). If one or more items are checked as "no", it is recommended that more in-depth preparation is needed before delegation to unlicensed assistive personnel will be safe.
- Train and supervise the unlicensed assistive person designated to provide procedures for the student with diabetes. It is required that two or more back-up persons be trained in each school to assure adequate coverage in an emergency.
- Communicate pertinent health related information to teachers and staff.
- Practice universal precautions and infection control procedures at all student encounters and include information in the training for all unlicensed assistive personnel.
- Provide or arrange for child-specific training to all school-based personnel who will have direct contact with the student on how to respond in an emergency.
- Maintain appropriate documentation of the training and care provided and **monitor the documentation of services provided by unlicensed assistive personnel.**
- Act as a resource to the principal and other school-based personnel, providing or arranging for in-service education appropriate to their level of involvement with the student with diabetes.
- Establish and maintain a working relationship with the student's parent/guardian and health care provider and act as a liaison between the students' authorized health care provider and the school.
- Participate in Individualized Education Planning or Section 504 planning meetings and provide relevant health information.
- Serve as the student's advocate. Respect the student's confidentiality and right to privacy.
- Establish a process for on-going and emergency communication with the parent/guardian (this should include a parental notification procedure to address repairing or replacing equipment, and replenishing supplies and medications), the authorized health care provider, the unlicensed assistive personnel, and the school staff that come into direct contact with the student.



### **Health Room Personnel (UAP, HST, and SHA)**

Health room personnel perform under the administrative supervision of the school principal and have the guidance and direction of the school RN for health related issues. The health room personnel perform services within the school health services program according to the written policies and procedures in the School Health Services Manual. The health room personnel should:

- Be familiar with the IHP and DMMP of the student with diabetes.
- Assist parent/guardian and school staff in assuring the student has supplies that are up to date at all times.
- Be trained (by the school RN) about the signs and symptoms of hypoglycemia and hyperglycemia and ketone monitoring.
- Demonstrate competency in the use of child specific glucose monitoring device, blood glucose testing, carbohydrate counting, calculating carbohydrate to insulin ration, ketone testing, and monitoring the student's use of insulin pens and/or other equipment used.
- Have sharps disposal container in health room.
- Always have snacks and fast-acting sugar source (supplied by parent/guardian) available as designated on the IHP/DMMP.
- If going to the health room, arrange for child to be accompanied by an adult (preferred) or classmate to the health room to check blood sugar.
- Encourage student to test blood sugar:
  1. If the child “feels low” or demonstrates signs of low blood sugar
  2. If the child feels sick
  3. According to orders from physician
- Assist with arrangements to make sure that ALL INSULIN INJECTIONS AND BLOOD GLUCOSE MONITORING/TESTING IS DONE IN THE HEALTH ROOM according to Duval County School Board Exposure Control Plan and school board procedure unless specified otherwise by parent/guardian or healthcare provider.
- Ensure student has supplies for daily use and contact parent and/or healthcare provider when necessary. Dispose of needles after each use in sharps container.
- Record blood sugar results on the Blood Glucose Monitoring Log (Attachment M-II) with date, time, result, and treatment.
- Upon first use of insulin pens or vials, the date should be marked on the pen/vial to indicate an expiration of 28 days after initial use.
- Any unopened insulin should be stored in the refrigerator. Once opened it can be stored at room temperature until the expiration indicated on the pen/vial (28 days from initial use).
- All insulin pens/vials should be labeled with the name of the student.
- Provide emergency treatment and supportive care, in accordance with the established emergency care plan.

- Maintain student confidentiality.
- Be knowledgeable about activation of emergency services (call 9-1-1 first, then notify principal, parent/guardian, and school RN).
- ***NOTE: Insulin shall only be given by licensed medical personnel as designated in their job description or self-administered by the student with diabetes.***

### **Food and Nutrition Services (FNS)**

Food and Nutrition service staff members play an important role in providing nutritious and balanced meals for all students, including diabetic students. FNS has published carbohydrate counts for each week's menu, available on the nutrition services website.

- Keep information about diabetic students readily available.
- FNS manager and lunch room aide(s) should be knowledgeable about activation of emergency services.
- If a student appears distressed, the FNS manager or lunchroom aide will facilitate the student's safe transport to the health room for evaluation by the health room care provider.

### **Educational Personnel (Teachers, Paraprofessionals, Coaches, Before-and After-School program staff).**

To the extent possible, teachers and coaches should provide a supportive learning environment and treat the student with diabetes the same as any other student while at the same time making the required accommodations. Any school staff that are scheduled to have direct contact with diabetic children should:

- Be aware of which students have diabetes and cooperate with the accommodations listed in the individualized health care plan, Section 504 Plan, or DMMP.
- Recognize the signs and symptoms associated with hypoglycemia and hyperglycemia.
- Be aware of any student-specific emergency actions that might be necessary.
- Provide the student with a safe location to monitor blood glucose or administer insulin in accordance with the student's individualized health care plan.
- 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 or Diabetic Medical Management Plan.
- Communicate with health room personnel and/or school nurse when a field trip or class party might require adjustment in their meal plan or insulin administration. (See Field Trip Procedure for Diabetic Students, M-12) .
- Leave a clear message for any substitute regarding the special needs of the student. Include a copy of the student's individualized health care plan and emergency action plan in the class room substitute plans.

- Respect the students' right to confidentiality and privacy.
- The student's blood sugar should be checked prior to high stakes testing or as indicated on the DMMP or 504 plan, and documented on the Diabetic Blood Glucose Level for High Stakes Testing form (Attachment M-III).

NOTE: With the parent/guardian and student's permission, the teacher or the school nurse may educate the class about the special needs of an individual with diabetes and use this as an opportunity to educate students regarding nutrition, exercise, and health.

### **School Counselor/Social Worker**

While the school counselor and/or social worker may not always have direct contact with the student, they should be aware of the students in their schools who have diabetes and the potential impact of diabetes and its treatment on the student's behavior and performance. The school counselor or social worker may be called upon to assist the student with any expressed concerns regarding diabetes and to identify and respond to ineffective coping mechanisms demonstrated by the student or the family as they relate to school performance and attendance. The school counselor/social worker should be familiar with community resources and services available to assist the student and family.

### **School Administrator**

The principal should set the example for the rest of the school-based staff to create a safe environment for the student with diabetes. The principal should:

- Provide leadership for all school-based personnel to ensure that all health policies related to diabetes management at school are current and implemented.
- Be aware of the federal and state laws governing the educational requirements for students with diabetes.
- Collaborate with the school nurse in selecting and designating unlicensed assistive personnel to provide the student-specific services required for each student with diabetes in their school.
- Require that each designated unlicensed assistive person complete the necessary general and student-specific training and meet the locally designed competency requirements.
- Facilitate problem solving and negotiations among members of the school team and the student's family.
- Provide physical resources on campus to safely execute all accommodations and activities noted in the individualized health care plan.
- Respect the student's confidentiality and right to privacy.

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**Transportation Director and Bus Drivers**

The bus drivers should:

- Be able to identify signs and symptoms of student distress.
- Understand that diabetic students may carry snacks or equipment for emergency response and may need to eat and/or drink during the bus ride.
- Consider encouraging the diabetic student to sit near the front of the bus to allow for closer observation.
- Communicate to the school nurse any concerns regarding the student's actions or behavior regarding diabetes management.
- Respect the student's right to confidentiality and privacy.

**Diabetes Student Self-Management Procedure**

Requests for Blood Glucose Monitoring and Diabetes Self-Management in the Educational setting is initiated by parent/guardian(s) of the student in conjunction with the student's Primary Diabetes Physician.

1. The Diabetes Medical Management Plan is to be completed by the student's Primary Diabetes Physician in conjunction with the parent/guardian each school year and updated accordingly, throughout the school year.
2. Upon completion of above, the school nurse will assess the student's competency for diabetes self-management using the Diabetes Assessment Tool (Attachment M-1) and update it as needed until mastery of self-management skills is achieved. The Diabetes Assessment tool should be used for all elementary students and newly diagnosed middle and high school students.
3. The school nurse will develop and initiate the Individual Health Care Plan with input from parent, DMMP, student, and appropriate school personnel. The plan needs to include provisions for an appropriate private space to facilitate student diabetes management in the educational setting.
4. The school nurse will provide training for the classroom teachers and other appropriate school personnel on an Emergency Action Plan, including the signs and symptoms of hyperglycemia and hypoglycemia.
5. If there are any concerns regarding the student diabetes self-management, the school nurse will be notified and convene the identified members of the team to resolve concerns

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## FIELD TRIP PROCEDURE FOR DIABETIC STUDENTS

### Parent/Guardian Responsibility

The preference is for the parent/guardian of the diabetic student to accompany their child on the field trip as a volunteer chaperone and supervise or perform the procedure(s) with the child. Parents/guardians must be cleared as a school district volunteer and can perform glucose checking on their own child only.

Parent/guardian must supply glucometer, appropriate snacks, and a suitable high glucose source (such as Glucagon, Baqsimi, glucose tablets, fruit juice, or other oral solution) for their child's emergency use while on the field trip.

Parent/guardian may want to include a current picture of their child to assist in easy visual identification with the child's name and emergency phone number on the back.

### School's Responsibility

Teachers will be notified by the School Nurse when a diabetic student is in their classroom. The teacher requesting/organizing the field trip will coordinate with the principal, school nurse, health room care provider, or designee to meet the diabetic student's health care needs on the field trip one month in advance.

An accompanying school board employee must receive child specific training in blood glucose monitoring procedure as documented on the skills checklist by the school nurse if the child is not independent in this procedure. The school board employee must also be trained in the signs and symptoms of high and low blood sugar and follow the student specific emergency action plan. This employee will supervise the carrying of the glucometer, snacks, glucose source, a copy of the diabetic orders, and emergency information card.

The teacher in charge of the field trip will have immediate access to communication (i.e. cell phone).

### **Blood Glucose Monitoring Procedure**

- If the student ordinarily performs his own finger stick and testing, he will do this while on the field trip if necessary. If the student's parent is present, he/she will supervise/perform the procedure. If there is a first aid station, trained fire department or EMS personnel may perform the procedure, otherwise, trained school board personnel may perform the procedure.
- The trained school board employee and another adult will take the student to a quiet area away from everyone to perform the procedure(s).
- The physician orders will be followed if high or low blood sugar is found. If student appears disoriented or level of consciousness deteriorates after doctor's orders are followed, call 911.
- In an emergency, the bus will pull over to the side of the road.

## **DISASTER PREPAREDNESS**

It is most likely that in the event of a natural disaster or emergency all students would be sent home from school. In the event that environmental hazards exist that would prevent the students from leaving the school, preparations should be made to secure enough emergency food and supplies for 72 hours.

Each school district and county health department should have disaster plans in place to accommodate the general population. School administrators or their designees should review those plans to ensure that any food or equipment unique to the needs of students with diabetes is covered by those plans. If a school nurse is not available during a disaster, the unlicensed assistive personnel who trained to follow the student's individualized health care plan should administer care. Every effort should be made to remove the student with diabetes safely and/or get insulin to the student as quickly as possible.

### **OTHER DOCUMENTATION INCORPORATED BY REFERENCE:**

Diabetes Assessment Tool (Attachment M-I)

Blood Glucose Monitoring Log (Attachment M-II)

Diabetic Blood Glucose Level Log for High Stakes Testing (Attachment M-III)

Diabetes Care Delegation Checklist (Attachment M-IV)

Guidelines for the Care and Delegation for Students with Diabetes in Florida Schools:

<http://sss.usf.edu/resources/format/pdf/diabetes-guidelines-for-the-care-delegation-of-care-for-students-with-diabetes-in-florida-schools.pdf>