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

- Obtain the parent’s telephone number(s).

- Inform the parent 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’s phone number.** The school nurse will follow-up with the parents 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 the blood glucose is controlled with the administration of insulin, along with blood glucose monitoring, exercise, and healthy eating. Failure to maintain control of blood glucose levels may result in a coma if levels are too high, or unconsciousness and even death if levels are too low.

**Type 2 Diabetes** was generally thought of as adult diabetes, however, it is becoming increasingly prevalent in school children, most likely due to increases in childhood obesity. In this form, the pancreas makes some insulin, but either it cannot make enough or the insulin it does make does not work very well. Blood glucose may be controlled with blood glucose monitoring, exercise and healthy eating, and/or medications (oral or insulin injections). 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 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, and nutrition therapy. It may also require multiple injections of insulin per day or insulin administered continuously by a pump.

The medical treatment plan is directed at managing diabetes by balancing exercise, nutrition and medication (insulin or oral). Students who can control their diabetes by maintaining normal or close to normal blood sugar levels lower their risk of complications and enjoy a better quality of life. 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 Pictorial
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.

<table>
<thead>
<tr>
<th>Mild</th>
<th>Moderate</th>
<th>Severe</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hunger</td>
<td>Headache</td>
<td>Loss of consciousness</td>
</tr>
<tr>
<td>Shakiness</td>
<td>Behavior change</td>
<td>Seizure</td>
</tr>
<tr>
<td>Weakness</td>
<td>Poor coordination</td>
<td>Inability to swallow</td>
</tr>
<tr>
<td>Paleness</td>
<td>Blurry vision</td>
<td></td>
</tr>
<tr>
<td>Anxiety</td>
<td>Weakness</td>
<td></td>
</tr>
<tr>
<td>Irritability</td>
<td>Slurred speech</td>
<td></td>
</tr>
<tr>
<td>Dizziness</td>
<td>Confusion</td>
<td></td>
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<tr>
<td>Sweating</td>
<td></td>
<td></td>
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<tr>
<td>Drowsiness</td>
<td></td>
<td></td>
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<tr>
<td>Personality Change</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inability to concentrate</td>
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</tbody>
</table>

NOTE: Refer to the student’s Individualized Health Care Plan (IHP) for treatment guidelines. In the absence of an IHP, 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 fast acting sugar like glucose tabs, candy, juice, or soft drink or as directed by Diabetes Medical Management Plan (DMMP).
  4. Wait 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).

6. Step #3 can be done 3 times. If no improvement after 3rd treatment with fast acting sugar, call parent and advise medical assessment. If unable to reach parent, call emergency contact. If unable to reach emergency contact, call 911.

   - **If student is or becomes UNCONSCIOUS**
     1. Notify health room care provider.
     2. Check Airway, Breathing, and Circulation and initiate CPR as needed.
     3. Have someone call 911 and notify parent.
     4. If CPR is not needed, position student on their side.
     5. If ordered, administer glucagon per DMMP.
     6. If student is wearing an insulin pump, turn off or disconnect the pump.

**HYPERGLYCEMIA (HIGH BLOOD SUGAR)**

**Hyperglycemia First Aid Pictorial**

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

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

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

**Signs/Symptoms:**

<table>
<thead>
<tr>
<th>Mild</th>
<th>Moderate</th>
<th>Severe</th>
</tr>
</thead>
<tbody>
<tr>
<td>Thirst</td>
<td>Mild symptoms plus:</td>
<td>Mild and moderate symptoms plus:</td>
</tr>
<tr>
<td>Frequent urination</td>
<td>Dry mouth</td>
<td>Labored breathing</td>
</tr>
<tr>
<td>Fatigue/sleepiness</td>
<td>Nausea</td>
<td>Very weak</td>
</tr>
<tr>
<td>Increased Hunger</td>
<td>Stomach cramps</td>
<td>Confused</td>
</tr>
<tr>
<td>Blurred vision</td>
<td>Vomiting</td>
<td>Unconscious</td>
</tr>
<tr>
<td>Weight Loss</td>
<td></td>
<td></td>
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<tr>
<td>Stomach pains</td>
<td></td>
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<td>Flushing of skin</td>
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<tr>
<td>Lack of concentration</td>
<td></td>
<td></td>
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<tr>
<td>Sweet, fruity breath</td>
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</tbody>
</table>
NOTE: Refer to the student’s Individualized Health Care Plan (IHP). In the absence of an IHP, utilize the following:

- **If symptoms occur and the student is CONSCIOUS**
  1. Notify health room care provider.
  2. Test blood sugar.
  3. Test for ketones and take appropriate action per physician’s orders.
  4. Administer insulin per physician’s orders.
  5. Follow physician’s orders for management of high blood sugar and when to contact parent.
  6. Encourage student to drink water or other sugar free drinks.
  7. Allow student free use of bathroom.

- **If student is or becomes UNCONSCIOUS**
  1. Notify health room care provider.
  2. Check Airway, Breathing, and Circulation and initiate CPR as needed. If
  3. CPR is not needed, position student on their side.
  4. Have someone call 911 and notify parent.

**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 care team approach. Upon identification of a student with diabetes, members of the care team implement these guidelines and take responsibility for their role as outlined.

**RESPONSIBILITIES OF THE CARE 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 supplement rather than replace 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 as having diabetes or when a previously diagnosed student enrolls in a new school so that planning and training of personnel can be arranged quickly. Parents 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.
- Assume responsibility for the maintenance and calibration of all medical equipment.
- Accept financial responsibility for 911 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 child 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.
• Complete the initial and ongoing diabetes education provided by the primary health care provider.
• Seek authorization from the primary health care provider, parent 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 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 an unlicensed assistive person. To insure the safety of the students, the school nurse should:

• Obtain and maintain a current knowledge base and update skills and abilities related to the medical management of diabetes in the school-age population. Included in this is knowledge relating to the current standard of care prevalent in the community.
• 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 based on a home or school health room visit 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.
• If necessary, request the health care provider to re-evaluate the student’s competency level to further enhance the student’s independence or, if necessary, to require closer supervision until the student’s knowledge and skills improve.
• Collaborate with the principal to select and delegate the most appropriate unlicensed assistive personnel for each student.
- 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.
- Train and supervise unlicensed assistive personnel who can serve as a second adult to verify any dose of insulin administered by the student in school.
- 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/guardians and health care provider and act as a liaison between the student's 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 Care Provider**

Health room care providers 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 care provider performs services within the school health services program according to the written policies and procedures in the School Health Services Manual. The health room care provider should:

- Be familiar with the IHP of the student with diabetes.
- Assist parents 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, 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 in the health room as designated on the IHP.
- 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 in the IHP.
- Record blood sugar results in Procedure/Treatment Log for diabetes with date, time, result and treatment.
- 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 911 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 nutritional and balanced meal 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, Aids, 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. Not all teachers or coaches in a school will have direct contact with the student who has diabetes. If the teachers or coaches are scheduled to have direct contact with the student, the teachers/coaches and before- and after-school program staff should:

- Be aware of which students have diabetes and cooperate with the accommodations listed in the individualized health care plan or Section 504 Plan.
- Recognize the signs and symptoms associated with hypo- 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.
- Communicate with health room care provider 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)
- 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 student’s right to confidentiality and privacy.

NOTE: With the parent’s/guardian’s and the 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.

**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 are initiated by parent/guardian(s) of the student.

• The following forms are to be given to the parent for completion by the parent and physician:

  1. The *Blood Glucose Testing and Diabetes Self-Management in the Educational Setting Physician’s Report* is to be completed by the child’s **Primary Diabetes Physician initially** and if student fails to demonstrate appropriate diabetes management skills at **annual** evaluation by the School Nurse.

  2. The *Affidavit – Medical Release form for Student Blood Glucose Monitoring and Diabetes Self-Management in the Educational Setting* is to be completed by the parent **each school year**.
3. The Diabetes Medical Management Plan is to be completed by the child’s Primary Diabetes Physician in conjunction with the parent/guardian each school year.

- Upon completion of the above, the School Nurse will observe the student performing blood glucose monitoring and other skills necessary for diabetes self-management, then document the student’s competency in these skills on the Skills Checklist(s) initially and annually for renewal.

- The School Nurse will develop and initiate the Individual Health Care Plan with input from parent, 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.

- 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 hyper/hypoglycemia. The School Nurse will also review the student self-testing process as documented in the student’s individual health care plan.

- If there are any concerns regarding the student diabetes self-management, the School Nurse will be notified and convene the school’s CARE Team.

- The following information will be shared with school staff as determined by the School Nurse:
  1. Picture of the student (supplied by parent)
  2. Emergency Action Plan for diabetes

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 snack(s,) and a suitable high glucose source (such as glucose tablets, a tube of cake frosting, 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.

An accompanying school board employee must have received child specific training in the 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 person who has been 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 Care Delegation Check List (attachment M-I)
Blood Glucose Monitoring Log (attachment M-II)
Diabetes Guidelines for the Care Delegation for Students (attachment M-III)