



Guidelines for Care of Students with Diabetes



April 2018 Update

Guidelines for Care of Students with Diabetes

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Student Engagement and Support

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Executive Summary

Diabetes is one of the most common chronic diseases of childhood. Nationally, 1 in every 400 people younger than 20 years of age have been diagnosed with the disease. While it has no cure, diabetes is highly treatable: Those affected can, and do live healthy and productive lives.

The following document provides guidelines for the caring of students with diabetes. The guidelines have been written with the basic belief that for children with diabetes to be successful in school, a comprehensive individualized health plan must be cooperatively developed by school personnel, with families, healthcare providers, and other identified key individuals. As such, the guidelines are intended for a broad audience. Parents, guardians, school health personnel and students all will benefit.

This is the third edition of the guidelines. In 1998, the Office of Superintendent of Public Instruction (OSPI) and the American Diabetes Association (ADA) joined together to create the Washington State Task Force for Students with Diabetes (WSTFSD). The task force created the first edition of the guidelines. In 2005, they were updated.

Since then, diabetes research and practice has changed significantly. Patient-use continuous glucose monitoring, technological advances that give real-time insulin levels to patients, and understanding about which foods are most important at which times all have given students a freedom unimaginable even a decade ago. Because of this, the WSTFSD felt an update to the guidelines was necessary. It is the sincere hope of the WSTFSD that these guidelines lead to quality care for all of Washington's students with diabetes, so that they can enjoy a safe and healthy education.

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Introduction

The purpose of this educational guide is to provide families of students with diabetes, school personnel, parent-designated adults (PDA) who may provide care as needed, and licensed healthcare providers with the information and procedures necessary to provide students with a safe learning environment and access to all other nonacademic school-sponsored activities.

These guidance and training materials are based on the belief that for children with diabetes to be successful in school, a comprehensive individualized health plan must be cooperatively developed by school personnel, with families, healthcare providers, and other identified key individuals.

As stated in [RCW 28A.210.330](#) through 350 and its findings (Appendix A), school districts shall adopt policies for students with diabetes including, but not limited to: ¹

- The acquisition of parent requests and instructions.
- The acquisition of orders from licensed health professionals prescribing within the scope of their prescriptive authority for monitoring and treatment at school.
- The provision for storage of medical equipment and medication provided by the parent.
- The provision for students to perform blood glucose tests, administer insulin, treat hypoglycemia and hyperglycemia, and have easy access to necessary supplies and equipment to perform monitoring and treatment functions as specified in the individual health plan. The policies shall include the option for students to carry on their persons the necessary supplies and equipment and the option to perform monitoring and treatment functions anywhere on school grounds including the students' classrooms, and at school-sponsored events.
- The establishment of school policy exceptions necessary to accommodate the students' needs to eat whenever and wherever necessary, have easy, unrestricted access to water and bathroom use, have provisions made for parties at school when food is served, eat meals and snacks on time, and other necessary exceptions as described in the individual health plan.
- The assurance that school meals are never withheld because of nonpayment of fees or disciplinary action.
- A description of the students' school day schedules for timing of meals, snacks, blood sugar testing, insulin injections, and related activities.
- The development of individual emergency plans.
- The distribution of the individual health plan to appropriate staff based on the students' needs and staff level of contact with the students.
- The possession of legal documents for parent-designated adults to provide care, if needed.
- The updating of the individual health plan at least annually or more frequently, as needed.

Additionally, an Individual Health Plan or Section 504 Plan should be in place in the student's school and should include provisions for:

- Parental signed release of health information
- Parental signed consent for treatment at school form
- Medical equipment and storage capacity
- Exceptions from school policies
- School schedule
- Meals and eating
- Disaster preparedness
- In-service training for staff
- Legal documents for PDAs if needed
- Personnel guidelines describing who may assume responsibility for activities contained in the student's Individual Health Plan or Section 504 Plan.

This educational guide:

1. Gives general information for school personnel about the management of diabetes.
2. Provides consistent care guidelines in the school setting for students with diabetes.
3. Provides guidelines for a learning environment that is safe and therapeutic for the student.
4. Provides forms to document individualized information about students.
5. Includes content to assist school districts, school nurses, families, and healthcare providers to comply with RCW 28A.210.330 through 350.

Overview of Diabetes

Diabetes is a chronic illness that results from failure of the pancreas to make a hormone called insulin (type 1) or the body's inability to adequately use the insulin it does make (type 2). Insulin helps the body utilize food by converting glucose, commonly known as sugar, into energy. Without insulin, glucose accumulates in the blood stream and causes symptoms.

Diabetes is one of the most common chronic diseases of childhood.² Nationally, 1 in every 400 young people under 20 years of age have been diagnosed with diabetes (type 1 or type 2).³ This represents an estimated 0.25 percent of all people in this age group.³

As with adults, the prevalence of diabetes in youth is increasing and varies by racial and ethnic group.^{4,5} Nationally, the prevalence of type 1 diabetes in people younger than 20 years increased from 0.15 percent in 2001 to 0.19 percent in 2009. Compared with other groups, non-Hispanic white youth had the highest prevalence of this type. While still uncommon, the prevalence of type 2 diabetes among youth aged 10–19 years increased from 0.03 percent to 1.5 percent over the same period. For this type, prevalence is higher among minority populations than non-Hispanic whites.

Diabetes is not contagious and cannot, at this time, be cured. However it can be managed and treated. Treatments consist of administering insulin on a regular basis, monitoring blood sugar several times during the day, eating nutritious meals and snacks, and following a regular exercise program. A balance between insulin, food, and exercise must be maintained to prevent blood glucose levels from being either too low (hypoglycemia) or too high (hyperglycemia).

Type 1 Diabetes⁶

Type 1 diabetes (formerly known as juvenile diabetes or insulin-dependent diabetes) occurs when the body's immune system attacks and destroys certain pancreatic cells that produce insulin. People with type 1 diabetes use insulin to stay alive via multiple daily injections or an insulin pump, and must carefully balance their food intake and exercise to regulate their blood glucose levels. Hypoglycemia, or dangerously low blood glucose, is a common and potentially life-threatening complication with which people who rely on insulin must contend. Tight control of blood glucose levels, which prevents the long-term complications associated with diabetes, can lead to more frequent hypoglycemia.

Type 1 diabetes is usually diagnosed in children, teenagers, or young adults. It is unknown why some people develop type 1 diabetes, though there appears to be genetic factors. There are no modifiable factors, such as obesity or high blood pressure, known to contribute to type 1 diabetes. Research is taking place in Washington state and internationally to develop new treatments, tests for detecting risk of development of type 1 diabetes, and hopefully a cure for type 1 diabetes.

- **Symptoms.** A child or teen can feel very tired, thirsty, or sick to the stomach, and have to urinate often. Other symptoms may include unexplained weight loss (even if the child or teen is eating more), blurry vision, frequent infections, and slow healing of wounds or sores. These symptoms may be mistaken with flu or other rapid-onset illness. If not diagnosed and treated with insulin, the student could lapse into a life threatening condition known as Diabetic Ketoacidosis (DKA). Signs of DKA include vomiting, sleepiness, fruity breath, and difficulty breathing. If untreated, DKA can lead to coma or death.⁷ Early detection and treatment of diabetes can decrease the risk of developing complications from diabetes later on.
- **Risk Factors.** As mentioned above, there are no modifiable risk factors known to contribute to type 1 diabetes. According to the National Diabetes Education Program, researchers believe that type 1 diabetes is caused by a combination of genetic and environmental factors that are beyond the individual's control.⁷ However, people with type 1 diabetes are at higher risk of developing celiac and other auto immune diseases, and vice versa.⁸

Type 2 Diabetes

Type 2 diabetes is often a problem with the body's response to insulin, called insulin resistance. For reasons scientists do not completely understand, the body cannot use the insulin very well. This means that the body needs increasing amounts of insulin to control blood glucose. The pancreas tries to make more insulin, but after several years, insulin production may drop off. It may become necessary for a child with type 2 diabetes to receive insulin via a pump, or injection, similar to a child with type 1 diabetes.

Type 2 diabetes used to be found mainly in adults who were overweight and age 40 or older. With a rise in childhood obesity in the U.S., and hereditary factors, type 2 diabetes is occurring more often than it used to in young people. To control their diabetes, children with type 2 diabetes may need to take oral medication, insulin, or both.

- **Symptoms.** Type 2 diabetes develops slowly in some children, and quickly in others. Symptoms may be similar to those of type 1 diabetes. A student can feel very tired, thirsty, or nauseated (sick to the stomach), and have to urinate often. Other symptoms may include feeling very hungry (even though the child is eating), blurred vision, frequent infections, and slow healing of wounds or sores. Tingling, pain, or numbness in the hands and feet are another symptom of type 2 diabetes. Some children with type 2 diabetes may show no symptoms at all when they are diagnosed. For that reason, it is important for families to talk to a healthcare provider about testing children and teens who are at high risk for the disease.
- **Risk Factors.** Being overweight, being older than 10 years of age, experiencing puberty, and having a family member who has type 2 diabetes are risk factors for the disease. Type 2 diabetes is more common in certain racial and ethnic groups, such as African-Americans, American Indians and Alaska Natives, Hispanic/Latinos, and some Asian and Pacific Islander Americans. In addition, physical signs of insulin resistance, such as acanthosis nigricans (A-can-tho-sis NIG-reh-cans), may appear: the skin around the neck or in the armpits appears dark, thick, and velvety. High blood pressure also may be a sign of insulin resistance. For children and teens at risk, healthcare providers can encourage, support, and educate families to make lifestyle changes that may delay, or prevent, the onset of type 2 diabetes. Such lifestyle changes include keeping at a healthy weight and staying active.
- **Prediabetes among children.**⁹ The American Diabetes Association recommends screening children who are asymptomatic for type 2 diabetes or prediabetes. Children can be screened every three years beginning at age 10 or at onset of puberty, if puberty occurs at a younger age. Parents should contact their provider about screening for type 2 or prediabetes if any of the following criteria are present in their child:

Table 2.4—Testing for type 2 diabetes or prediabetes in asymptomatic children*

Criteria

- Overweight (BMI >85th percentile for age and sex, weight for height >85th percentile, or weight >120% of ideal for height)

Plus any two of the following risk factors:

- Family history of type 2 diabetes in first- or second-degree relative
- Race/ethnicity (Native American, African American, Latino, Asian American, Pacific Islander)
- Signs of insulin resistance or conditions associated with insulin resistance (acanthosis nigricans, hypertension, dyslipidemia, polycystic ovary syndrome, or small-for-gestational-age birth weight)
- Maternal history of diabetes or GDM during the child's gestation

Age of initiation: age 10 years or at onset of puberty, if puberty occurs at a younger age

Frequency: every 3 years

*Persons aged ≤18 years.

- People with type 2 diabetes can experience high and low blood glucose and they must be treated with the same seriousness as when symptoms occur for a person with type 1 diabetes. The immediate urgency of treating a low blood glucose as well as concerns about prolonged high blood glucose and ketones are the same for any person with diabetes. Ketones result from the breakdown of lipids (fat) in the body, due to glucose insufficiency or insulin inactivity.

Goals of Diabetes Management for Children:

1. To promote normal childhood/adolescent growth and development.
2. To promote healthy emotional well-being.
3. To maintain a balance between insulin, food, and exercise.

Students with diabetes can and should participate in all school activities. School staff should notify parents if student has recurrent illness, frequent or recurrent low blood glucose (hypoglycemia), frequent requests to be excused from class, or frequent absenteeism. These may indicate a need for a change in the established treatment plan, and families should talk with the student's healthcare provider.

Research has shown that maintaining good control of blood sugar levels can prevent long-term complications of diabetes.¹⁰ There may be different "target ranges" for blood sugar in the various age groups. Families should work with the student's healthcare provider to establish this target range.

Blood glucose monitoring, careful attention to a healthy diet, and daily exercise are important to controlling diabetes.

Developing a Section 504 Plan

Section 504 eligibility must be determined based on the individual needs of the student. Generally, all students with diabetes will be eligible for accommodations, aids, and services under Section 504. An individualized health plan (IHP) alone is only appropriate when:

1. the student does not need the district to provide accommodations, aids, or services for the student to access and benefit from their education, or
2. when a student's parent has waived Section 504 services.

There is an important distinction between services provided under Section 504 versus an IHP. A student who receives services under Section 504 is afforded special protections. These protections include procedural safeguards, team-based evaluations and placement decisions, the right to notice and informed consent, and discipline protections. Students with IHPs alone are not afforded these same protections.¹¹

Some schools incorporate IHP's into a Section 504 plan to make clear to parents that Section 504 protections apply to services in the IHP. In some cases, districts have separate documents for the IHP and Section 504 Plan, and incorporate the IHP into the 504 by reference, and in some cases districts include all medical accommodations directly in the Section 504 Plan. This varies from student to student depending on their needs, as well as the particular school district's 504 process.

What is a Section 504 Plan?¹²

The term "Section 504 Plan" (Appendix B) refers to a plan developed by a team to meet the requirements of a federal law that prohibits discrimination against people with disabilities, Section 504 of the Rehabilitation Act of 1973 (commonly referred to as "Section 504").

A Section 504 Plan outlines the accommodations, aids, and services the school will provide to ensure the student with diabetes is medically safe, has the same access to education as other children, and is treated fairly. A written plan is often a useful way to document that the school district engaged in a process to identify and address the needs of a student with disabilities and to communicate, to school personnel, the information needed for successful implementation.¹³ It is recommended that every student with diabetes have a Section 504 Plan or other written plan, such as an Individualized Health Plan, in place.

How do I make a Section 504 Plan?

The following are guidelines; refer to the school district's 504 policy and procedure when developing a 504 Plan. Additionally, Washington State Office of Superintendent of Public Instruction's [*Section 504 and Students with Disabilities*](#)¹⁴ document may be a helpful resource.

Anyone, including a parent or guardian, can refer a student for Section 504 evaluation. Schools also have a special responsibility to make a Section 504 referral for every student they know or suspect has a disability and may need accommodations, aids, or services.

During the Section 504 evaluation, the Section 504 team gathers and reviews information from a variety of sources. For example, grades, test scores, attendance, health room visits, parent and student input, teacher observations, diabetes care orders, medical evaluations, and information about who can assist with the student's care. The purpose of the evaluation is to answer two questions: (1) Does the student have a physical or mental impairment which substantially limits one or more major life activity? (2) If so, what accommodations, aids, and services — if any — does the student need to access and benefit from their education? The school must have consent from a parent or guardian before the evaluation begins. Without consent, a 504 team cannot evaluate a student or continue the 504 process.

Parents and the student should meet with school staff, including the school nurse, counselor, and others as appropriate, to develop the Section 504 Plan prior to the student attending school. Additional meetings should occur at least annually or upon returning to school after an absence related to the diagnosis, and any time there are changes in the student's treatment plan. These team meetings will ensure a safe and therapeutic learning environment for the student with diabetes.

The Section 504 team must include someone who knows the student, someone who understands the evaluation data, and someone who understands the options for providing accommodations, aids, and services at the school. The school nurse should be involved in the initial and ongoing discussions since it will be the school nurse who establishes the school treatment, disaster, and emergency action plans. The school nurse also coordinates the nursing care, and trains and supervises school staff in the monitoring and treatment of symptoms. Appendix C provides a checklist for school nurses to use when preparing for care of a student with diabetes. The school nurse is ultimately accountable for the quality of the healthcare provided to students with diabetes during the school day. The school nurse is responsible for consulting and coordinating with the student's parents and healthcare provider to establish a safe, therapeutic learning environment.

Most students with diabetes who attend school have an IHP in place. **Schools are responsible for ensuring there is an IHP or Section 504 Plan for every student with diabetes.** [RCW 28A.210.330](#) instructs the school district board of directors to adopt policies as a prerequisite condition to providing IHPs or Section 504 Plans for students with diabetes. Refer to Appendix D for a detailed explanation of the required policies and a sample policy.

The school district board of directors is directed to designate a professional person licensed under [RCW 18.71](#) (medical doctors), [RCW 18.57](#) (doctors of osteopathy), or [RCW 18.79](#) as it applies to RNs and ARNPs to:

- Consult and coordinate with the student's parents and healthcare provider.
- Train and supervise the appropriate school district personnel in proper procedures for care of students with diabetes.

A diabetes educator, who is nationally certified, may also provide the training. However, only the licensed health professional or trained school personnel acting as a PDA may be designated

to consult and coordinate with the student's parents and healthcare provider. Only the licensed health professional may supervise the appropriate school district personnel.

In planning for the student with diabetes' 504 plan, the following activities should occur:

1. Establish required district policies as stated in [RCW 28A.210.300](#) through 350 (Appendix A).
2. Obtain parent signed release (Appendix E) to:
 - a. Access information from the student's healthcare provider.
 - b. Obtain consent to conduct a Section 504 evaluation.
 - c. Secure healthcare provider orders (Appendix I) for monitoring and treatment at school.
3. Provide parents with a copy of the district's explanation of parent and student rights. A sample is provided in Appendix F.
4. Secure medical equipment and medication.
 - a. Parents must provide all supplies.
 - b. Districts must provide appropriate, secure storage as needed.
 - c. Insulin supplies must be properly temperature controlled.
5. Plan to accommodate the student's potential needs to:
 - a. Receive assistance from school staff with diabetes care.
 - b. Eat whenever and wherever necessary, including (but not limited to) having food at his or her desk, on the school bus, or at other locations.
 - c. Have easy, unrestricted access to water and bathroom use.
 - d. Have provisions made for parties at school or on field trips when food is served. For example, carbohydrate intake that is not part of the regular meal plan will need to be covered by extra insulin.
 - e. Eat meals and snacks on time and, if requested, be monitored by staff as to whether the student finishes food.
 - f. Address other necessary exceptions to district policy as described in the IHP or Section 504 plan.
6. Ensure that school meals are **never** withheld because of nonpayment of fees or disciplinary action.
7. Discuss student's school day schedule for timing of meals, snacks, blood sugar testing, physical education class, etc.
8. Develop disaster preparedness plans.
9. Review need, establish plan, and implement in-service training for staff on symptoms, treatment, and monitoring of students with diabetes and the additional observations that may be needed in certain situations (e.g., at recess or when student is ill) as required by RCW 28A.210.340. This training should include the student and parents, as appropriate, and should be provided by an individual with training in current diabetes

management. See Appendix G for the Uniform Staff Training Policy developed by OSPI and the Washington State Department of Health.

10. Secure legal documents for PDAs to provide care, if needed. See Appendix H for an explanation of PDAs and sample forms.
11. Initiate discussion of the “Personnel Guidelines for Care of Students with Diabetes in the School Setting” (pages 35–40). Decisions will be made by a team including someone who knows about the student, someone who understands the evaluation data, and someone who is knowledgeable about placement options. Such decisions may relate to:
 - a. Should the student carry his or her own blood glucose monitoring equipment and syringes/insulin pen?
 - b. Where/when should the student perform blood glucose testing?
 - c. Where/when should the student administer insulin?
 - d. Which staff member(s) will provide diabetes care tasks?
 - e. When should school staff verify and notify parents, and for what activities (e.g., do parents want to be notified when the student receives treatment for low blood glucose)?
12. Obtain parent and healthcare provider written approval to implement the student’s plan of care after the student’s IHP or Section 504 plan has been developed. IHP or Section 504 plans and/or Individualized Education Programs (IEPs) require parental notice prior to implementation.

Suggested Accommodations for Students with Diabetes

The following is a list of suggested Section 504 accommodations for students with diabetes:

1. School nurse, parents, and student should mutually determine the most appropriate location for blood glucose monitoring and insulin administration. Determining factors may include:
 - a. Student age and developmental level.
 - b. Student desire for privacy.
 - c. Length of time since diagnosis.
 - d. Student knowledge of diabetes and degree of independence.
 - e. Student ability to demonstrate blood glucose monitoring procedure and insulin administration, correctly, over time.
 - f. Awareness of safety issues surrounding needles, lancets, and blood, including proper disposal of waste and storage of diabetes equipment.
 - g. **And**, any other special circumstances.
2. Student may have permission to do blood sugar monitoring in the classroom. This procedure should take only a few minutes and be undistruptive to the class. Student may also need to check blood glucose on field trips or during special events. Blood sugar monitoring is usually done before meals, per healthcare provider's order.
3. Parents are responsible to supply snacks for school. Students should have at least one additional snack readily available everyday for emergency consumption. Parents should be notified when the emergency snack is consumed if this is part of the student's Individual Health Plan (IHP). If student has an Individualized Education Plan (IEP) and a meal plan from a licensed medical authority, snacks will be provided after consultation with food service manager, parents, and healthcare provider (Appendix Q).

The Law and Diabetes

Diabetes is considered a disability under federal law. Under Section 504 of the Rehabilitation Act of 1973, it is illegal to discriminate against a person with a disability. Children with diabetes must have full access to all activities, services, and benefits provided by public schools.

Any school receiving federal funds must accommodate the special healthcare needs of its students with disabilities in order to provide them with a "free appropriate public education." Such accommodations should be documented in an appropriately developed Section 504 plan or, if the child also needs special education services, in an individualized education program (IEP). Parent participation is encouraged, but is not required under Section 504. The school district has a legal obligation to ensure that these accommodations are provided as described in the plan.

For procedural safeguards and parent/student rights under Section 504, see Appendix F. For procedures specific to a student with diabetes and IEP, see Appendix S.

4. Student needs to be allowed to snack when and where necessary (low blood glucose/hypoglycemia) to maintain adequate blood glucose levels. This includes school transportation, in the classroom, gymnasium, all school sponsored events, etc.
5. A student who does not respond to a snack and/or exhibits signs of low blood sugar, needs to be accompanied to the health room, or a call for assistance should be made from the classroom. **DO NOT SEND THE STUDENT ALONE** if he or she is dizzy, sweating, pale, trembling, crying, drowsy, nauseated, has a confirmed low blood glucose, complaining of abdominal pain, blurred vision, headache, and/or displaying out of character behavior.
6. A student with high blood glucose should receive insulin per healthcare provider orders. This may include going to the health room to self-administer insulin, or notifying school nurse or PDA to assist with administration. The parent could also be notified to provide care if they chose; this would be on a voluntary basis. The student may be allowed to self-administer in the classroom or health room, if this is consistent with the student's IHP or Section 504 plan. The parent and school nurse should consider the student's ability to demonstrate appropriate procedure and disposal of waste when planning for a student to test or self-administer in the classroom. The IHP or Section 504 Plan may include the role (i.e., nurse, coach, teacher, etc.) who are trained diabetes personnel.¹⁵ Amount of classroom disruption is also a consideration. Students wanting privacy, confidentiality, or supervision should have permission to go to the health room for blood glucose testing or insulin administration.
7. A student must be allowed to drink water or any lightly colored non-carbonated sugar free fluid or beverage in the classroom, as needed, to dilute high blood glucose.
8. A student needs to be allowed extra bathroom privileges as high blood glucose results in increased urine output.
9. Parents should be given at least a one-day notice but preferably more, of extra events such as parties or field days.
10. A student should be included in any extracurricular activities including field trips and overnight activities. District-provided services during such events should be outlined in their IHP or Section 504 plan.¹⁵
11. Some students may require a service animal. If so, refer to the district's policy and procedure regarding service animals in school.
12. Parents and students may request necessary accommodations for standardized tests such as (but not limited to) K-12 school assessments, college entrance exams, and professional licensing exams. Some examples of accommodations might include bringing diabetes supplies to the test, or extra breaks. Parents should consult with the Section 504 team for guidance.

Insulin

Insulin is a hormone that helps regulate glucose levels. When the body reduces its ability to produce insulin, does not use insulin properly, or fails to produce insulin, it can be taken by multiple injections or delivered by an insulin pump. Insulin lowers blood sugar. The various kinds of insulin work for differing lengths of time. Most children take a combination of insulin at different times of the day. The types and amount of insulin the student needs must be ordered by the healthcare provider (Appendix I). See Appendix U for an insulin action chart.

The following special points should be considered:

1. All insulins lower blood sugar however, onset, peak, action and duration are different. Consult the manufacturer's guidelines.
2. Rapid-acting insulins start to work within 15–20 minutes and leave the body within 3–4 hours. Food must be consumed immediately after a student administers rapid-acting insulin UNLESS the dose is only being given for the sole purpose of lowering blood glucose (and not for any carbohydrates to be eaten).
3. Most students are on a correction factor and insulin to carbohydrate ratio that allows the dosage of rapid-acting or short-acting insulin to be adjusted according to the blood sugar level and carbohydrate intake. See "Healthcare Provider Orders for Students with Diabetes" (Appendix I).
4. Parents are instructed not to mix long acting insulin with short acting insulin using the same syringe. A separate, new syringe is needed for each type of insulin.
5. If the student just ate and their blood glucose is high, hold off on a correction dose until their mealtime insulin is out of their system. Likewise, if the student's blood glucose is still high after a correction dose, give it time. Injecting another dose too soon after a previous dose can result in "stacking" of the insulin doses, and can lead to dangerously low blood glucose.¹⁶ Always refer to the student's IHP or Section 504 Plan.

Insulin Delivery Methods

Insulin delivery methods for people under 18 years of age include a syringe, insulin pen, or an insulin pump. Students who are self-sufficient in administering insulin may use a syringe, pen, or pump. Non-licensed school staff, acting as a PDA, may assist with the syringe, pen, or pump only if this task meets all of the following criteria:

1. The task is assigned by the parent.
2. The PDA has provided documentation of additional training by an expert in diabetes care.
3. The care is consistent with the student's IHP or Section 504 plan.

Syringe. An insulin syringe includes a plunger, hollow plastic tube (barrel), needle, and cap. The short and thin needle is covered with a layer of silicone that allows it to pass through the skin easily. The cap covers and protects the needle until the syringe is used.

Pen. The pen differs from the syringe in that it contains a pre-filled cartridge of insulin. Some pens contain a cartridge that is inserted into the pen, and other pens are pre-filled with insulin and discarded after all the insulin has been used. Insulin pens, if used properly, can be easier to handle, faster to use, produce less waste, and present less potential for error.

Pump. The insulin pump is a small computerized device about the size of a deck of cards that can be programmed to send a continuous delivery of rapid-acting insulin into the bloodstream. An insulin pump replaces multiple daily injections and delivers rapid-acting insulin via an infusion set with a catheter (or cannula) that is inserted through the skin. The pump site is changed every few days, as directed by the healthcare provider. Pump site changes should be done by the parent at home when possible. The pump cannot measure blood sugars but must be programmed based on information from frequent blood sugar monitoring. Insulin is delivered in two ways:

1. **Basal:** a continuous 24-hour delivery of insulin that replaces the background long-acting insulin and is prescribed in units per hour.
2. **Bolus:** a spurt of insulin delivered to match the carbohydrates (carbs) in a meal or snack (calculated with the insulin to carb ratio, I: C), or the spurt used as a correction to lower a high blood sugar (calculated with the insulin sensitivity factor, ISF), or both.

Children who wear an insulin pump may be well versed in its use and maintenance, and depending on where they are developmentally, could be independent in monitoring blood sugar and administering a bolus. The school nurse needs to be informed that the student is wearing the pump. Information about the pump should be included in the student's IHP or Section 504 plan. Parents should work with the school nurse to ensure the nurse is comfortable and knowledgeable about the student's pump and how to disconnect or inactivate it in the unlikely event that a severe low blood sugar occurs. Severe low blood sugar is treated in the same manner whether a student is wearing an insulin pump or not. Each student will be treated according to the IHP or Section 504 plan. In situations of severe hypoglycemia where a school nurse or PDA is not available, the pump should be left intact and 911 should be called. Alert the EMT that an insulin pump is present. This should be specified in the IHP or Section 504 plan.

Non-licensed school staff, other than a PDA (Appendix H), 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 (Appendix V).

If the insulin pump fails or malfunctions for any reason, call parents or healthcare provider. Refer to healthcare provider orders for correction dose.

Storage of Insulin

- Always label the insulin bottle or pen with the opening date.
- **Insulin can be stored at room temperature for one month.** If the insulin is exposed to heat (such as direct sunlight or a very warm room), its potency may be diminished. After

a month of being stored at room temperature, the potency will be diminished and the insulin should be discarded.

- Insulin can be stored in the refrigerator for one month or 28 days after opening. To avoid discomfort, insulin should be at room temperature before injection.
- Storage guidelines for insulin pens and cartridges are the same as noted above. Once they have been opened, pens are usually stored at room temperature. Unopened pens and cartridges can be stored in the refrigerator at a temperature between 36°F and 46°F, until expiration date.
- Do not freeze insulin.

It is the parents' responsibility to provide and assure current insulin supplies. Families and guardians should work with their insurance provider to acquire the supplies necessary for their child. For supplies not covered by insurance, families should talk with their child's school nurse and healthcare provider to find out about resources that may be available in the community.

Blood Glucose Monitoring

Blood glucose monitoring is recommended for people with diabetes. The procedure involves pricking a finger and placing a drop of blood on a test strip that is inserted into the glucose meter, also called a glucometer (see Appendix A for state laws regarding bloodborne pathogens). The result is then evaluated and recorded. Non-licensed school staff, trained and supervised by the school nurse, may in selected situations verify the reading (Appendix V). A PDA may be a school employee who may perform blood sugar monitoring only if:

1. The task is assigned by the parent.
2. The PDA has provided documentation of additional training.
3. The care is consistent with the student's IHP or Section 504 plan.

Alternate site testing should not be performed if hypoglycemia (low blood glucose) is suspected; the finger tips should be used in this situation.

Blood glucose monitoring is usually performed several times daily. The level of blood glucose guides treatment decisions and insulin dosage. Alternate site (site other than fingertip) blood glucose testing can be performed with many blood glucose meters.

If the student has symptoms that don't match the glucose reading, have student wash their hands with soap and warm water, and redo the test. According to the FDA, glucose meters can have a 15–20 or more mg/dL error reading.¹⁷ Additionally, sometimes rapidly decreasing blood glucose levels may result in symptoms of hypoglycemia. If a student feels “low” and blood glucose appears to be within range, retest again in 15 minutes or go ahead and treat the “low.”

Benefits of blood glucose monitoring at school:

1. Provides the student with an immediate test result.
2. Allows for adjustments in the insulin dose prior to meals.
3. Provides the student and the healthcare team with important information regarding the effects of insulin, food, and exercise.
4. Confirms low (hypoglycemia) or high (hyperglycemia) blood sugar.

Common problems causing inaccurate blood glucose test results:

1. Finger not clean and dry.
2. Poor technique, including inadequate blood drop (not enough blood).
3. Code on test strip does not match code on meter.
4. Outdated or incorrectly stored test strip.
5. Meter dirty, often with dried blood.
6. Product malfunction.
7. Sometimes hand sanitizer, especially scented, can affect the blood glucose reading. Always wash hands prior to testing.

Current blood glucose monitoring isn't perfect. Observe symptoms in addition to the blood glucose result. Symptoms should be considered before treatment occurs.

Continuous Glucose Monitoring¹⁸

A Continuous Glucose Monitor (CGM) will measure the glucose level in the interstitial fluid around the cells every 1–5 minutes depending on the device. Because the glucose level in the blood and the interstitial fluid are not usually the same, you may see a difference of up to 20 percent between the two readings. There is generally a lag time of 10–20 minutes between the blood glucose level and the interstitial fluid glucose level.

A CGM does not replace the blood glucose meter for determining the amount of insulin needed for correction or carb coverage. You must perform a blood glucose test to determine the plan of action with diabetes care.

The purpose of the CGM is to give the wearer information regarding the trends in the glucose level. It provides a great deal of valuable data to help manage treatment.

The CGM can be programmed to alarm when the glucose levels are dropping below or climbing above the target range set by the health care team. Trend arrows tell you if the rate of change is happening quickly or remaining stable. The PDA may be trained to assist with viewing the display and responding to alarms. The CGM requires calibration per manufacturer instruction.

Basic Components:

- **The sensor** – is a small fiber-plastic wire that is inserted under the skin. A flexible fiber-plastic material reacts to the glucose changes and sends the information to the transmitter. It is changed every 3–7 days depending on the model of the device.
- **The transmitter** – sends information from the sensor to the monitor/receiver, or (in some cases) directly to the student's cell phone, using radio-wave or blue tooth technology. They have batteries that need to be replaced or re-charged regularly.
- **The receiver/monitor** – will display the glucose level as well as trend arrows, graphs and device information. Receivers can be a separate device or built into the pump. Some receivers also pair via blue tooth to a student's cell phone, allowing data transmission and remote monitoring. It may be appropriate for a student to have access to school WiFi to assist with this.

Technology with Continuous Glucose Monitors is always advancing. Contact the manufacturer to obtain the most accurate and current information regarding the student's device.

Diabetes Supplies

Parents are responsible for providing all diabetes supplies. The following is a list of typical supplies:

Insulin

- Insulin bottle(s)
- Insulin syringes*
- Alcohol wipes
- Insulin pen(s) with cartridge loaded
- Extra insulin pen cartridges
- Pen needles*

Insulin Pump¹⁹

- Blood glucose meter, test strips, and manufacturer's instructions**
- Lancet device with lancets
- Blood or urine ketone strips
- Insulin syringes or insulin pen
- Insulin vial or cartridge
- Pump cartridge, reservoir
- Alcohol wipes
- Pump batteries
- Glucagon emergency kit
- Pump resources such as manual, DVD, alarm card
- Spare pump infusion set and inserter, if used (*Usually site changes will happen at home, but in some cases, such as disasters or emergencies, it may need to happen at school. 504 teams should discuss what to do if a site change needs to happen at school.*)

Blood Sugar Monitoring

- Blood glucose meter and manufacturer's instructions**
- Test strips (with code information, if needed)
- Finger-poking device*
- Lancets

Continuous Glucose Monitoring

- CGM sensor(s)
- Alcohol wipes for cleansing skin and transmitter.
- Tape, dressings, or additional adhesives needed to secure CGM sensor
- Adhesive remover for sensor removal if necessary

Food

- Snack foods

Families and guardians should work with their insurance provider to acquire the supplies necessary for their child.

For supplies not covered by insurance, families should talk with their child's school nurse and healthcare provider to find out about resources that may be available in the community.

** Assure contaminated waste and sharps are properly disposed (Appendix A).*

*** Parents are responsible for periodic quality control testing of meter and strips as well as providing meter manufacturer's operating instructions.*

- Low blood sugar (hypoglycemia) supplies: glucose tablets, juice and carbohydrate/protein snack.

If the student gets free or reduced lunch, families should work with the food service manager at the school to plan and supply meals that meet the student's needs. A diet or meal plan from a licensed medical authority is required if individualized dietary needs are required. It must identify specific foods and portion sizes and/or carbohydrate counts. The provision of snacks is addressed in Appendix O.

Ketone Testing

- Blood ketone strips and meter, if ordered
- Urine ketone test strips

Disaster Preparedness/72-Hour Emergency Readiness

For the purposes of disaster and emergencies, parents should provide a **three-day supply** of the following at the beginning of the school year:

- Blood glucose meter (with instructions) and meter strips
- Blood or urine ketone strips
- Insulin (*May be stored in refrigerator but refrigerator may not be accessible during a disaster. Insulin at room temperature may begin to lose potency after one month. Label with date that it is brought to school and date when actually opened.*)
- Insulin syringes or pens
- Lancets
- Alcohol wipes
- Small logbook to record insulin dose and blood glucose results
- Granola or protein bar
- Quick-acting sugar and carbohydrate/protein snacks. Send enough supplies for two to three episodes.
- Schools are generally prepared for inclement weather with food for one or two meals on hand. If a student needs specialized food, her or his parents should work with the healthcare provider and/or dietitian and the food service manager to plan for emergency situations.

Diabetes supplies should be replaced during winter break. This way what has been kept at school can be used before its expiration. It is important that supplies such as meter and all testing strips be kept at room temperature; extreme heat or cold may impair function. For more information about disaster and emergency preparedness, see Appendix K.

Low Blood Glucose (Hypoglycemia)

Remember, these are general guidelines. Always refer to and follow the student's IHP or Section 504 Plan and healthcare provider orders.

Low blood glucose (hypoglycemia) differs from person to person, and is defined by the healthcare provider. The student may feel "low" and show any of the symptoms listed 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 sugar anywhere alone.** Appendices K and L contain forms to be completed based on the student's IHP or Section 504 plan.

Send for help if you are not sure what to do.

If you have a way to check blood glucose, do so but always, when in doubt, treat.

*If student is unconscious or unable to swallow, **do not** try to feed. Place the student on his/her side, call 911, and then contact the parents.*

Causes of hypoglycemia	
Late food	Too much insulin
Not enough food	Too much exercise
A planned or unplanned activity without additional food	Consult IHP and parent for other known causes

	Mild	Moderate	Severe
Symptoms/Signs	Hungry Shaky Dizzy Sweaty Pale Increased heart rate Anxiousness Irritability Weakness, tiredness Inability to concentrate Personality change	Headache Behavior changes Poor coordination Confusion Blurry vision Weakness Slurred speech	Loss of consciousness Seizure

Symptoms can vary per student as well as per hypoglycemic event, particularly at different ages. Sometimes students may not be aware of low blood glucose symptoms. It is possible that a student with tightly controlled blood glucose may not feel “low” until blood glucose is dangerously low.

	<i>Mild</i>	<i>Moderate</i>	<i>Severe</i>
Management: Refer to IHP or Section 504 plan	<p>Student may need help if unable to treat self. Ingest quick sugar source such as:</p> <ul style="list-style-type: none"> • 3–4 glucose tablets • 4 oz. juice • Glucose gel • 4 oz. regular soda (not diet) 	<ul style="list-style-type: none"> • Someone helps. • Insist on child swallowing quick sugar source as listed under mild management. 	<ul style="list-style-type: none"> • Call 911 if unconscious or unable to take anything by mouth. • Administer glucagon (can only be administered by a licensed professional or parent designated adult). • Position on side, if possible. • Do not attempt to give anything by mouth. • Be prepared to administer CPR if indicated.

Follow-up management for mild or moderate low blood glucose:

Wait 15–20 minutes. If possible, recheck blood glucose. Repeat treatment if symptoms persist or blood glucose remains less than 100 mg/dL or as indicated on healthcare provider orders. Follow with a small 10–15 gram snack of complex carbohydrate and protein (e.g., crackers and cheese) if it is one to two hours until the next meal or per IHP or Section 504 Plan. Consider activity levels (recess, PE, etc.) when managing follow up treatment for mild or moderate low blood glucose.

High Blood Glucose (Hyperglycemia)

Remember, these are general guidelines. Always refer to and follow the student's IHP or Section 504 Plan and healthcare provider orders.

High blood glucose (hyperglycemia) differs from person to person, and is defined by the healthcare provider. It occurs when the body has too little insulin or when the body can't use insulin properly. High blood glucose happens over time (hours or days) and indicates the need for evaluation of blood glucose management regimens. Note that **undiagnosed** children may exhibit some or all of the following signs, including weight loss. Appendices M and N contain forms to be completed based on the student's IHP or Section 504 plan.

Causes of hyperglycemia	
Too much food	Infection
Too little insulin	Stress
Decreased activity	Pump site failure
Illness	Consult IHP and parent for other known causes

	<i>Mild</i>	<i>Moderate</i>	<i>Severe</i>
Symptoms/Signs	Thirst Frequent urination Fatigue/sleepiness Increased hunger Loss of concentration Blurred vision Sweet breath Ketones (varies from 0 to small) Mood changes Irritability Irrational	Dry mouth Nausea Stomach cramps Vomiting Ketones (moderate/large)	Labored breathing Very weak Confused Unconscious Ketones (moderate/large)

	<i>Mild</i>	<i>Moderate</i>	<i>Severe</i>
Management: Refer to IHP or Section 504 plan	<ul style="list-style-type: none"> • Drink water or another zero-calorie fluid. • Check ketones, if test strips available. • Decrease activity per healthcare provider orders, if ketones present. • Administer correction dose of insulin per insulin orders. • <i>For students using pumps:</i> troubleshoot the pump. 	<ul style="list-style-type: none"> • Drink zero-calorie fluids, as tolerated. • Check ketones, if test strips available. • Decrease activity. • Call parent. Leave voicemail if no answer. • Call healthcare provider. • Administer correction dose of insulin per insulin orders. • Anti-nausea suppository, if prescribed. • <i>For students using pumps:</i> Call parents or healthcare provider. Refer to healthcare provider orders for correction dose. 	Call 911.

A student may need to use the bathroom frequently and should be allowed to do so. High blood sugar is characterized by excessive thirst. It is important to drink plenty of water, and it may be helpful for the student to use a water bottle in the classroom. School district or classroom policy may need to be amended for these accommodations.

How to check ketones²⁰

Ketones may be checked at school based on the student's IHP or Section 504 plan.

How to check urine ketones using urine checking strips:

1. Completely cover the colored square on the fluid end of the strip by dipping into fresh urine.
2. Immediately remove the strip from the urine.
3. Gently tap the edge of the strip to remove excess urine.
4. **If using Ketostix:** Wait 15 seconds using the second hand on a watch.
If using the Chemstrip uGK strip: Wait one minute.
5. Compare the check strip area with the corresponding color chart.
6. Record the appropriate urine ketone result.

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

1. Obtain a blood sample from the finger.
2. Apply blood sample to the ketone electrode strip.
3. Apply enough blood to the strip to start the countdown process.
4. A numeric value will appear at the end of the blood ketone checking process.

Diabetes Nutrition and Meal Planning: The Basics

Meal planning is an important aspect in the management of diabetes. Structured meals and snacks help promote optimal blood glucose control and help prevent the incidence of low blood sugar (hypoglycemia) levels during the school day. The student's IHP or Section 504 plan will dictate the role of the student, family, and school personnel in managing the meal plan. Food should not be used as a reward or punishment.

Meal Plan Guides

A meal plan is a guide to assist students with diabetes and their families in choosing age-appropriate meals and snacks. The nutritional needs of a student with diabetes do not differ from the needs of a student without diabetes. Both should eat a variety of nutritious foods and enough calories to maintain normal growth and development. The major difference is that a student with diabetes must balance the timing, amount, and content of food intake with medication and activity. Students using a more structured insulin regimen (a mixed dose insulin regimen that is injected twice a day) will require a more consistent intake of carbohydrate foods at meal and snack time. Students on an insulin pump or taking multiple insulin injections each day will typically have much more flexibility with their daily food choices. School staff must be familiar with the student's meal plan during the school day. The meal plan is based on:

- Age
- Activity level for a 24-hour period
- Weight
- Usual eating habits
- Height
- Insulin regime

The IHP or Section 504 plan should address the student's meal and snack needs. School staff and PDAs should know about this plan and follow it. The meal plan should also consider the student's food preferences, culture, family eating patterns, developmental needs, and other medical conditions. Students with diabetes will have similar nutritional needs and favorite foods as their siblings, friends, and classmates who do not have diabetes. There are no forbidden foods for students with diabetes. Children with diabetes have the same healthy eating and physical activity recommendations as any other child their age.

Blood Glucose Response to Major Nutrients

There are three major nutrients that provide energy and calories: carbohydrate, protein and fat. In order to understand how blood glucose responds to the major nutrients, it can be helpful to know some basic information about each of these nutrients.

Carbohydrate

- Carbohydrates are the body's main source of fuel and affect blood glucose more than other major nutrients. Carbohydrates are the most important macronutrient for people with diabetes to monitor.
- There are three main types of carbohydrate in food: starches, sugars, and fiber.

- **Starch:** Foods high in starch include starchy vegetables like peas, corn, potatoes, dried beans and lentils, and grains like oats, barley, rice and wheat. Pasta, bread, and crackers are grain products that are high in starch.
- **Sugar:** There are two main types of sugar—naturally occurring sugars and added sugars. Naturally occurring sugars include those in milk (lactose) and fruit (fructose). Added sugars include sugar added during processing such as fruit canned in heavy syrup or sugar added to make a cookie.
- **Fiber:** Fiber is the indigestible part of plant foods, including fruits, vegetables, whole grains, nuts, beans and legumes.
- Almost all carbohydrates eaten will be converted into glucose in the body. The only carbohydrates not broken down into glucose are those that cannot be digested, like fiber.
- Carbohydrates are the greatest determinant of the amount of insulin needed to balance blood glucose after meals and snacks.
- The healthiest sources of carbohydrates are whole grains, vegetables, fruits and beans because these foods also contain vitamins, minerals, and fiber.

Protein

- Dietary protein is not directly converted to blood glucose. When carbohydrates are not available, protein from the body's muscles can be converted into glucose.
- Protein is found in meat, fish, poultry, meat alternatives, eggs, cheese, milk, nuts and seeds, beans, legumes, and in smaller amounts in starchy foods and vegetables.
- Tips for healthy protein foods:
 - Lean or low-fat meat and poultry
 - Cold-water fish rich in healthy fats (salmon, trout, sardines)
 - Limit processed meats such as lunch or deli meats, sausages, bacon
 - Unsalted or low-sodium nuts and seeds

Fat

- High fat meals can increase blood glucose for a prolonged period of time.^{21, 22}
- Fat is found in meat, poultry, fish, nuts, milk products, butters and margarines, oils, lard, grain products (baked goods, snack foods), fried foods, and salad dressings.
- Examples of foods that contain healthy fats:²³
 - Fatty, cold-water fish, tofu, walnuts, and flaxseeds contain healthy fats called omega-3 fats
 - Olive oil and olives
 - Nuts and nut butter such as almonds, cashews, and pecans
 - Avocados
 - Canola oil
 - Sesame seeds
- See Appendix Q for information regarding nutrition label reading.

How the major nutrients affect blood glucose

Blood glucose levels are affected differently depending on food composition and whether the foods contain carbohydrates, proteins, fats or a combination of these nutrients.

- Foods that contain carbohydrates will affect blood glucose the most. Liquids that contain carbohydrates (juice, milk) will cause blood glucose to rise faster than solids that contain carbohydrates (bread).
- Foods that only contain carbohydrates may raise blood sugar more quickly than those that also contain fats and protein.
- Foods that are high in carbohydrates eaten with a meal that also contains fat and protein will have a slower impact on blood glucose than those eaten alone.
- Carbohydrate from sugar can be added in with other carbs consumed and additional insulin given as directed in the child's school health plan. These "empty calorie" foods should not replace healthy foods on a regular basis.

In addition to food composition, portion size and timing can affect how quickly and how much blood glucose levels rise.

- Eating bigger portions will cause blood glucose levels to rise more than eating smaller portions.
- Giving insulin 15–20 minutes before meals can provide a match with carbohydrate breakdown and insulin action.
- Consistency in amounts eaten at each meal and snack makes it easier to fine-tune insulin doses and timing.

Matching Food/Insulin Action

- Students should eat three meals, and 1–3 snacks per day. Snacks should include 2–3 food groups.
- Insulin is usually administered to cover each of the student's meals or snacks throughout the school day.
- Many students with diabetes receive an extended-acting insulin in the morning/daily, or occasionally twice daily, along with a rapid-acting insulin for meals and snacks.
- Some students with diabetes receive a combination of rapid- or short-acting insulin and an intermediate-acting insulin or long-acting insulin before breakfast.
- Various combinations of insulin are received at the evening meal and/or at bedtime.
- Most students receive rapid, or short-acting insulin before lunch to achieve a more optimal level of blood glucose control.
- If a student with diabetes eats school meals, the parents, healthcare provider, or school nurse may need to contact the school's food service dietitian/supervisor to ensure appropriate school participation in the student's meal plan. In order for appropriate modifications to be made in the school's menus, the parent must supply a meal plan signed by a licensed medical authority.
- In no instance should a meal be withheld because of lack of payment. If there is a party at school, work with the parents to make accommodations (as determined by the IHP or Section 504 plan) so that the student can participate (Appendix P).

Tips for Healthy Eating To Achieve Optimal Blood Sugar Management

- **Do not skip meals:** Low blood sugar (hypoglycemia) can occur in the absence of regular meals and snacks. Eating meals and snacks in consistent proportions, and at consistent times can help.
- **Choose heart-healthy snacks and meals:** Many children require a snack prior to physical education class, extra activity, extra recess, or a field trip (Appendix P). Heart disease is one of the most common long-term complications of diabetes, and having diabetes actually doubles the risk of one day having a heart attack or stroke.²⁴ A heart-healthy (reduced fat, high fiber, moderate sugar) approach to eating is the best way to promote overall health and fitness for everyone.
- **Cover sugar appropriately with insulin:** Sugar can fit into a diabetes meal plan when covered appropriately with insulin (Appendix P).

Meal Planning Approaches

All foods fit into a diabetes food plan. Two commonly used methods for meal planning include: Carbohydrate Counting and the Plate Method.

Carbohydrate Counting

The carbohydrate counting approach is a method of meal planning used frequently with children. This approach emphasizes the carbohydrate content of the child's food intake. Parents and children are taught how to determine the grams of carbohydrate in foods. This information is obtained from the Exchange Lists for Meal Planning, from the nutrition information on food labels, online sources, carb counting apps, or from other resource books. Depending on the goals of the child, carbohydrate counting can be used to promote consistency in carbohydrate intake from day to day or provide increased flexibility in food types and amounts. Although foods in the meat and fat group contain little carbohydrate and therefore are not counted in this approach, a well-balanced, and heart-healthy (reduced fat, high fiber, moderate sugar) diet should be encouraged. Students with type 1 diabetes also count carbs and adjust their insulin dose based on the amount of carbs they eat. Students on intermediate-acting insulin in the morning may not need to take insulin for food at lunch.

To count carbs and adjust insulin successfully, students and/or caregivers must be able to:

1. Know which foods contain carbs (starch, fruit, milk, and other carbohydrate groups).
2. Add up grams of carbs.
3. Calculate the correct dose of rapid-acting insulin by dividing the total grams of carbohydrate eaten by the number of carb grams per unit of rapid-acting insulin prescribed by their healthcare provider (e.g., the carb per unit may be 1 unit: 15 grams carbs).
4. Check blood sugar regularly to ascertain the adequacy of the carb to insulin ratio.

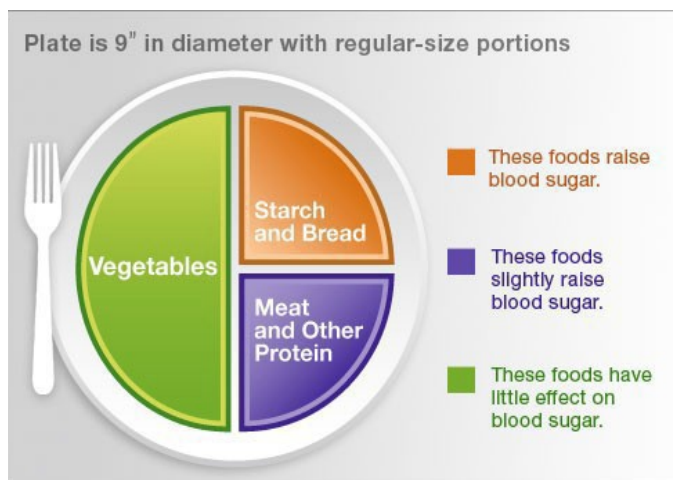
The American Diabetes Association's "*All About Carbohydrate Counting*" is a good resource for more information. Download this two-page document at: www.diabetes.org/pem-carbcount. For more information about meal planning resources such as books, websites, and mobile apps, see Appendix W.

Plate Method

The plate method of meal planning is an easy and effective way to manage blood glucose levels. This method helps people choose foods and beverages with less saturated fat, sodium, and added sugars for their meals and snacks. It supports healthy eating styles by starting with small changes.

The American Diabetes Association recommends following seven simple steps to get started:²⁵

1. Imagine a line down the middle of the plate. Then on one side of the line, imagine another line that goes from the middle of the plate to the edge of the plate. There will be three sections on the plate.
2. Fill the largest section with non- starchy vegetables.
3. In one of the small sections, put grains and starchy foods.
4. In the other small section, put a protein.
5. Add a serving of fruit, a serving of dairy, or both as the meal plan allows.
6. Choose healthy fats in small amounts. For cooking, use oils. For salads, some healthy additions are nuts, seeds, avocado, and vinaigrettes.
7. To complete the meal, add a low-calorie drink like water, unsweetened tea or coffee.



Two resources for exploring the plate method of meal planning are:

- www.ChooseMyPlate.gov
- <http://www.diabetes.org/food-and-fitness/food/planning-meals/create-your-plate/>

See Appendix Q for an example of a nutritional information menu from Spokane Public Schools.

Exercise and Sports

Organized sports and other forms of active play are a great way for students to stay physically fit, spend time with friends, build self-confidence, have fun, and help blood sugars stay within an acceptable range. Students with diabetes should be encouraged to participate in exercise. Specific requirements should be included in the student's IHP or Section 504 plan. School staff should keep the following guidelines in mind when students with diabetes will be participating in physical activities:

- **High blood glucose (hyperglycemia):** If blood sugar level is above 240 mg/dL two times in a row, ketones should be checked. For students on insulin pumps, ketones should be checked if their blood glucose is inexplicably above 300 mg/dL. Ketones may be checked as determined in the student's IHP or Section 504 plan. If the ketone check is negative, it should be okay to play. Students with ketones should wait until they clear before participating in activity.
- **If ketones small to large:** The student may need to clear the ketones with extra insulin and zero calorie fluids before being physically active. Contact parent or the PDA per the IHP or Section 504 plan when ketones are present and/or blood glucose is high.
- **Low blood glucose (hypoglycemia):** Every coach, physical education teacher and teacher **should** be aware of the signs, symptoms, and management of low blood sugar (page 24 and Appendices K and L). Students should stop exercise until hypoglycemia is resolved. Any correction insulin dosages should be administered per the student's IHP or Section 504 Plan.

Suggestions for Exercising

- Physical education teachers and coaches **should** be familiar with students' diabetes management routine when participating in strenuous activities.
- Students should be allowed to monitor blood sugar before, during, or after exercising (see student's IHP or Section 504 plan). [RCW 28A.210.330](#) states "the policies shall include the option for students to carry on their persons the necessary supplies and equipment and the option to perform monitoring and treatment functions anywhere on school grounds including the students' classrooms, and at school-sponsored events."
- Eat at least two hours before intensive exercising.
- Have extra snacks available during exercise to prevent low blood sugar (hypoglycemia). Sports drink, 4 to 8 oz., for every 30 minutes of vigorous exercising can be used. Foods such as cheese and crackers provide a longer-acting carbohydrate.
- Always have quick-acting sugared food/beverages available for managing low blood sugar (hypoglycemia). Suggestions include:
 - 2 tablespoons of raisins
 - Glucose tablets
 - Glucose gel
 - 4-8 ounces of juice or regular soda (not diet)
- Treat low blood glucose (hypoglycemia).
- Recheck blood glucose to ensure it is in the normal range before additional exercising.

- If ketones are present, intensity and duration of exercise may need to be modified. Refer to student's IHP or Section 504 plan.

Drink plenty of water, especially in hot weather. Dehydration can lead to elevated ketones and unstable blood glucose.

After-School Activities

Parents or guardians need to inform the school whether the student will require an insulin injection and/or a substantial snack before participating in a preplanned after-school activity. The student's IHP or Section 504 plan should include this information, along with the name of the PDA who may be involved with any after school activities.

Personnel Guidelines for Care of Students with Diabetes in the School Setting

This section describes who may assume responsibility for activities in the IHP or Section 504 plan as determined by statute, regulation, Nursing Care Quality Assurance Commission guidelines (Appendix V), or best practice. While these are guidelines only, it is strongly recommended that they be followed in order to maintain safety and quality of care. Determinations that relate to these guidelines become part of the student's IHP or Section 504 plan. For quick reference, the table on pages 39 and 40 summarizes these guidelines.

Blood Glucose Monitoring

- If ordered, blood sugar monitoring will be provided before meals and snacks, and at other times deemed appropriate by the healthcare provider, school nurse, and/or parents.
- Blood glucose monitoring should be done any time the student feels “low” or not well.
- The licensed staff RN, licensed practical nurse (LPN), PDA, student, or if the parent chooses, a parent or family member, may perform this procedure as defined in the IHP or Section 504 Plan. A healthcare provider's order is needed if blood glucose monitoring is taking place in the school setting. Assessment of the student's ability to independently perform this procedure will be determined by the parent, school nurse, and healthcare provider. Additionally, [RCW 28A.210.330](#) requires school districts to develop district policy addressing the acquisition of orders from a healthcare provider for monitoring and treatment at schools. Supervision of the student may be needed depending on the student's developmental ability, level of independence, proximity to initial diagnosis, and/or age. Such supervision can only be provided by a licensed staff RN, LPN, PDA, student, or if the parent chooses, a parent or family member. Based on an advisory opinion from the Nursing Care Quality Assurance Commission, this procedure and necessary student supervision cannot be delegated to non-licensed personnel other than school personnel serving as PDA (Appendix V).
- Verification of the number on the meter by non-licensed school personnel for a student independently able to manage his or her self-monitoring can be performed after training, supervision, and delegation by the school nurse (Appendix V).
- The test can be done at most locations with planning for blood containment, clean up, and lancet disposal in the physical setting where the testing will occur (Appendix A). Test strips are not considered regulated waste if no one other than the student handles them. This means that if the student can test without assistance, they can test anywhere they need to, including the classroom.²⁶ It is necessary to establish a plan with the student, parent, and school nurse in advance. Provisions for storage of supplies must be made.
- Blood glucose monitoring for symptoms of low (hypoglycemia) or high (hyperglycemia) blood sugar will be done by the student (if able), the parent, family member, or PDA. The school nurse, if available and with a healthcare provider order, can also perform the

procedure. The same provisions, as stated above, for containment of blood and sharps must be applied.

- In special circumstances such as an extended day, field trips, and after-school sports or activities, blood glucose monitoring can be performed by the student, licensed staff member with healthcare provider orders, parent, family member, or PDA. Provisions for containment and cleanup of blood and sharps disposal must be available (Appendix A). Also, provisions must be made for safe storage of supplies and equipment.

Insulin Administration

- An insulin injection prior to meals may be needed based on the individual's insulin prescription. A healthcare provider's written order stating the correction factor and insulin to carbohydrate ratio ranges for the amount and type of insulin to be injected is required (Appendix I). Adjustments in the daily dosage amount of insulin can be made by consultation with the parent as long as the parent's recommendations are within a range ordered on the healthcare provider's written correction factor and insulin to carb ratio. The healthcare provider must also clearly state that parents may be consulted for daily dosage adjustments. Parents may not order treatments or changes to the treatment plan independently as they are not authorized prescribers (Appendix V).
- Assessment of the student's ability to independently perform this procedure will be determined by the parent, school nurse, and healthcare provider. Regardless of who performs the procedure, a healthcare provider order is necessary. Again, [RCW 28A.210.330](#) requires school districts to develop district policy addressing the acquisition of orders from a healthcare provider for monitoring and treatment at schools. Supervision that may be needed due to the student's developmental ability, level of independence, proximity to initial diagnosis, or age can only be provided by a licensed staff RN, LPN, PDA, student, or if the parent chooses, a parent or family member.
- After training, supervision, and delegation by the school nurse, non-licensed school personnel can verify the amount dialed by the student on the insulin pen or the amount entered by the student on the insulin pump, for a student who is independent in the management of her or his self-injecting (Appendix V).
- Drawing up of insulin, verification of dose, and injection can be done only by the student (if able), licensed staff RN, LPN, PDA, or if the parent chooses, a parent or family member.
- The injections can be done at any location, with planning for blood containment, clean up, and sharps disposal, in the physical setting where the injections will occur (Appendix A). It will be necessary to establish a plan with the student, parent, and school nurse in advance. Provisions must be made for storage of medication and syringes.
- If extra insulin injections are needed (per healthcare provider orders), the licensed staff RN, LPN, PDA, student, or if the parent chooses, a parent or family member can perform the procedure. Extra injections are those needed as determined by testing done other

than before meals. These injections can occur anywhere as long as provisions are made for blood containment, clean up, sharps disposal, and storage of medication.

Low Blood Glucose (Hypoglycemia) Treatment

- The school nurse, parent, and healthcare provider should determine a plan that includes the individual student's symptoms and treatment of low blood glucose. Blood glucose determination can be done by the licensed staff RN, LPN, PDA, student, or if the parent chooses, a parent or family member.
 - **Treatment should not be withheld if testing is not available and the student is symptomatic.** If there is ever a doubt that the student is experiencing low blood sugar (hypoglycemia) symptoms, treatment should be given **immediately**.
 - Treatment should be a snack that the parent has provided. A quick acting carbohydrate (fruit juice, glucose tablets, glucose gel, etc.) is appropriate. A more substantial follow-up snack may be needed. All snacks should be readily available. Low blood glucose (hypoglycemic) episodes and snack usage should be reported to the parent. Glucose tablets and food are not considered to be medication, but are "treatments" for blood glucose and should follow healthcare provider orders.
 - Anyone can treat the student who is experiencing symptoms of low blood glucose. If the student is excused from class to seek treatment at another location, **she or he needs to be escorted to that location**. It is important to treat symptoms **immediately**. Document and inform parents as noted in the student's IHP or Section 504 plan.
 - Treatment for low blood glucose can occur anywhere. For this reason, it is important for the student and the adult in charge to know where the student's emergency food supplies are stored.
- **Severe low blood glucose** (hypoglycemia) occurs when the student is unconscious and cannot safely swallow food or liquid. School staff should be trained in emergency response for this situation. If the student is unconscious or unable to take food or drink safely by mouth, **call 911**. Place the student on his or her side to prevent aspiration. School personnel must remain with the student until medical help arrives. It is extremely helpful to have the student's medical information available for the paramedics treating the student. Parents should be contacted after **911** has been called.

Glucagon injected intramuscularly or subcutaneously may **only** be administered by licensed staff RN, LPN, PDA, or if the parent chooses, a parent or family member. The dosage for any particular student must be ordered by the student's healthcare provider and provided by the parent.

Licensed staff may not be available to administer the Glucagon injection. In this case the protocol for **severe low blood sugar** should be followed. A written healthcare provider order

and parental agreement is needed in order to give Glucagon. As previously stated, RCW 28A.210.330 requires school districts to develop district policy addressing the acquisition of orders from a healthcare provider for monitoring and treatment at schools. Even when Glucagon is administered, **911 must always be called.**

High Blood Glucose (Hyperglycemia) Treatment

- A plan for high blood glucose (hyperglycemia) should be developed with parents and the healthcare provider that sets parameters for treatment as necessary. Depending on the ability and independence of the student, parents may need to be contacted when blood glucose reaches a predetermined level. Parents, students, licensed staff, and PDAs, if available, are responsible for treatment of high blood glucose if insulin administration is needed outside of the pre-meal testing and injection. Accommodations for the student may include availability of bathroom, fluids, and exercise restrictions.
- The parent should supply ketone test strips for testing if needed and ordered by the student's healthcare provider. Testing should take place in the health room or designated private bathroom. Licensed staff may be unavailable to help with this testing but the school nurse may delegate to, train, and supervise designated non-licensed staff.

Meals and Snacks

- A copy of the school menu should be provided to student and parents, if requested.
- Parents should provide a ready supply of snacks with some method of communication that notifies them when the supply is low or out.
- In no instance should a meal or snack be withheld because of discipline or lack of payment.
- Snacks may be supplied by the school food service if designated in the student's IEP.

Illness

- If a student has a temperature over 100°F, and/or is vomiting, parents should be contacted to come and get the student. Observe for symptoms of high (hyperglycemia) or low (hypoglycemia) blood glucose. A student that is ill is more prone to hyperglycemia and hypoglycemia.

Quick Reference Chart: Personnel Guidelines for Care of Students with Diabetes in the School Setting

Definitions and extra notes are listed at the bottom of the chart.

Activity		Who can help with the activity						Location of activity
		Student ¹	Parent/Family ²	Licensed Staff ³	PDA ⁴	Designated Staff ⁵	Any school staff ⁶	
Blood Glucose Monitoring	Perform test before meals (not snacks)	X	X	X	X			Can occur at any preapproved location (e.g., classroom, health room) as long as plan in place for blood containment/clean up and sharps disposal. This must comply with infectious disease control plan and with blood borne pathogen standards (Appendix A). The procedure should not be disruptive of class routine or other students.
	Pierce skin/perform blood glucose monitoring	X	X	X	X			
	Verify number on meter	X	X	X	X	X		
	Interpret results (Appendix V)	X	X	X	X			
	Test for high or low blood sugar	X	X	X	X			
	Test during special events (extended day, field trip, sports, band, etc)	X	X	X	X			
Insulin Administration	Determine correction factor and insulin to carb ratio ⁷	X	X	X	X			Can occur at any preapproved location (e.g., classroom, health room) as long as plan in place for blood containment/clean up and sharps disposal. This must comply with infectious disease control plan and with blood borne pathogen standards (Appendix A). The procedure should not be disruptive of class routine or other students. Provision must be made for storage of medication and supplies.
	Verify number on insulin to carb ratio chart	X	X	X	X			
	Verify a student's calculation for carbs or insulin	X	X	X	X			
	Draw up syringe and administering insulin	X	X	X	X			
	Verify dose on syringe (not an insulin pen)	X	X	X	X			
	Dialing dose and administering insulin via insulin pen	X	X	X	X			
	Verify number on insulin pen (Appendix A)	X	X	X	X	X		
	Administer insulin bolus dose per pump	X	X	X	X			
	Verify number on insulin pump	X	X	X	X	X		
	Extra injections determined by testing done other than before meals	X	X	X	X			

Activity		Who can help with the activity						Location of activity
		Student ¹	Parent/Family ²	Licensed Staff ³	PDA ⁴	Designated Staff ⁵	Any school staff ⁶	
Low Blood Glucose (hypoglycemia)	Follow treatment plan for mild, moderate, and severe low blood glucose	X	X	X	X	X	X	Can and must be treated anywhere.
	Call 911 if unconscious or unable to swallow	X	X	X	X	X	X	Can and must be treated anywhere and follow IHP or Section 504 plan.
	Glucagon injection ⁸		X	X	X			
High Blood Glucose (hyperglycemia)	Determine correction factor and insulin to carb ratio ⁷	X	X	X	X			Same as Insulin Injections
	Follow treatment plan for high blood glucose							Can and must be treated anywhere.
	Ketone urine test ⁹	X	X	X	X	X		Health room or designated private bathroom.
	Blood ketone test ⁸	X	X	X	X			
Other	Snacks ¹⁰	X	X	X	X	X	X	Allowed anywhere as needed.
	Illness and/or injury ¹¹	X	X	X	X	X	X	Monitor for low blood glucose if student is vomiting

- Student:** Consider the student's developmental ability. The student possesses the cognitive, emotional, behavioral, motor skills, and physical maturity necessary to perform the required activity and can demonstrate it consistently and across multiple settings. The student's self-care ability level should be included in the IHP that is signed by the parent, healthcare provider, and school nurse. (Appendix I)
- Parent/Family:** Includes parent, guardian, or designated family member. If the family member is less than 18 years of age, the 504 team should determine if it is appropriate and safe for the family member to provide the care.
- Licensed staff:** Must be a RN or LPN. A healthcare provider's order is required for the licensed nurse to test or administer medication.
- Parent Designated Adult:** A volunteer, who may be a school employee, who receives additional training from a healthcare professional or expert in diabetes care. The PDA is selected by the parents, and provides care for the student consistent with the Individual Health Plan or Section 504 Plan.
- Designated staff:** School employee trained and supervised by RN who has delegated the tasks such as verifying numbers on glucose meter, insulin pen, and/or insulin pump. A release should be included that is signed by the parent and school nurse.
- Any school staff:** All other school staff such as administrators, teachers, secretaries, para-professionals, kitchen staff, bus drivers, etc that may have contact with the student during the school day or during school sponsored events.
- Requires healthcare provider order. Correction factor and insulin to carb ratio can be adjusted by nurse/PDA consultation within ordered healthcare provider parameters per NCQC opinion (Appendix A).
- Healthcare provider's order required.
- Needs to be supplied by parent, ordered by healthcare provider, and part of student's IHP/504 plan.
- Snacks should be provided by parent, unless the school is providing snacks for all students, in which case the school should also provide an appropriate snack for the student with diabetes.
- Call parents if student is ill.

Questions and Concerns Raised by Parents

1. *Who will monitor the health of my child during the school day?*

It is helpful to make these contacts; it raises awareness to your child's special needs and identifies who will be performing certain tasks. School district personnel will monitor the health of your child during the school day and school activities. If students need their health monitored during the day, their Section 504 Plan will outline what needs to be done at school. This plan also serves as a teaching tool that your child's teacher(s) will need. Refer to the "Suggested Accommodations for the Student with Diabetes" (page 15) and "Personnel Guidelines for Care of Students with Diabetes in the School Setting" (page 35) for more information.

If your child's school is staffed with a full-time nurse, the school nurse will monitor your student and provide diabetes care. If your child's school is not staffed with a full time nurse, the district may recruit a school nurse for your child's school. Alternatively, the district may identify trained school personnel who you may select as a PDA for your student if appropriate based on your student's Section 504 Plan and if you choose to delegate consent for a PDA.

Additionally, the parent and the PDA must be willing to receive additional training (Appendix W) from a healthcare professional or expert in diabetes care (selected by the parents) and provide care for the student consistent with the school's IHP or Section 504 Plan (Appendix H).

2. *How can I reach my child's teacher?*

Most teachers prefer to be contacted during their work hours. When both parents work, it is sometimes difficult to reach the teacher and be available when she or he is able to talk. Often communication via a note in the student's backpack, an email, or voicemail can be a solution. Address the issue of how to reach the teacher as soon as possible at the beginning of the year, or as soon as your child is diagnosed. You may also address concerns about your student's health and safety to their Section 504 team or your district Section 504 coordinator.

3. *Will my child be labeled as "that diabetes kid?"*

The individual self-worth of every student is important in a learning environment. Most teachers are well trained and sensitive enough to avoid this type of "stereotyping." The student's self-perception and how she or he manages her or his illness will most likely be the "measuring stick" that classmates will use with each other when interacting. If your child appears to have difficulty accepting or living with diabetes, talk with your school nurse or healthcare provider about finding a counselor or a diabetes educator to help address the issues. Decide with the school nurse whether or not classmates should be taught about diabetes. It may be useful for your child to have a friend or classmate monitor symptoms and/or behavioral indications of low blood sugar and assist your child in seeking adequate help.

4. *Will my child's new teacher know anything about diabetes?*

Maybe. Teachers and other school staff receive annual health training,²⁷ however, it is advisable for you to request an IHP or Section 504 plan meeting prior to each school year. Most teachers are very receptive to parental involvement. Since teachers are very busy at the beginning of the year, they may need some lead in time to plan to meet with you. You need to be patient and available to educate, particularly in the area of low blood sugar (hypoglycemia) management. Your child's IHP or Section 504 plan should ensure that all staff that come in contact with your child is involved: substitute teachers, other teachers, playground monitors, cafeteria workers, and bus drivers, as per [RCW 28A.210.340](#). Transition to next year can be addressed in a child's IHP or Section 504 plan. Be sure to maintain a good working relationship with the staff.

5. *What about snacks at school?*

Snacks need to be where your child is! Your child's IHP or Section 504 plan should include a snack plan. Extra snacks can be kept in your child's backpack, in the main classroom, gymnasium, and the health room. Your child needs to know where the snacks are stored. If your child does not remember snack times, the teacher may be able to remind him or her. Alternatively, your child could wear a watch with an alarm that can alert him or her to snack time or testing time. To avoid problems, be sure to work out acceptable snack foods in advance when developing your child's IHP or Section 504 plan. Ask the teacher and healthcare worker to notify you when the snack supply is low.

6. *What about the diabetes supplies?*

Don't forget to periodically restock insulin, blood monitoring supplies, and low blood sugar and emergency supplies. Your child's IHP or Section 504 plan should address who should notify you when the diabetes supplies are low. You are responsible for cleaning and quality control checking of your child's meter and insulin pen and ensuring that the insulin supply is fresh.

7. *I am concerned that if my son leaves his insulin pen at school, the insulin will become outdated and have to be wasted. This insulin is expensive. I feel that my 11-year-old son is responsible and should be allowed to carry his insulin pen instead of storing it at school.*

The school district's policy and your son's level of independence will be important factors in the solution to this question. Most school districts have policies about the safety of sharps and bloodborne pathogens. If your son has demonstrated that he is responsible in the usage of his insulin pen, it might be possible to establish a plan for him to carry his insulin pen in a secured place. This matter should be addressed in your child's IHP or Section 504 plan.

8. *What will happen when there are special occasions such as school parties, field trips, etc.?*

Discuss parties, field trips, etc. at your child's IHP or Section 504 plan meeting. If possible, develop a plan for unexpected activities that is consistent with your child's healthcare provider orders. Communication between the school and parents (well in advance of parties, field trips, etc.) is helpful in determining a plan for food and insulin that is manageable and is consistent with healthcare provider orders and allows children with diabetes to participate fully with their peers. Pre-planned menus (and carb counts) and ample advance notice can facilitate this participation.

Field trips are almost always preplanned. However, the student's parents are not required to accompany the student on field trips or any other school activity. If the parent or family member cannot attend a field trip or activity, a student cannot be excluded.^{28,29} A number of variables need to be considered when planning for the trip: the level of independence your child may have with his or her diabetes, the availability of licensed personnel or PDA joining the trip, the length of time the trip will last, the necessity to test, the need to take insulin, and the potential for low blood sugar during the trip. The details should be addressed at your child's IHP or Section 504 plan meeting.

9. *Can the teacher or secretary just look at the syringe to be sure the right amount of insulin that the child drew up is correct?*

"Personnel Guidelines for Care of Students with Diabetes in the School Setting" (page 35), is a guide to assist school districts in identifying the needs of these students and who can be responsible to help meet those needs. Appropriate staff assignments are based on Washington State laws, regulations, and guidance from the Nursing Care Quality Assurance Commission.

There is a difference between an insulin syringe and an insulin pen. A dose of insulin delivered via an insulin syringe requires verification by a licensed health professional, or a PDA. However, an assigned, trained school employee who may or may not be a PDA can legally verify the number of units of insulin shown on the insulin pen or pump.

10. *I have been told that the more in-range my daughter's blood sugars are, the better her chances are for fewer health complications from diabetes. How can the necessary checks be done at school?*

Studies have shown that patients with Type 1 Diabetes who experienced intensive management regimens developed fewer diabetes complications.³⁰ This decrease was achieved despite the fact that average blood sugar levels were still above the normal range. Schools recognize that students with diabetes have some special needs that may need to be accommodated in order to facilitate education and diabetes management.

Some students with diabetes may require accommodations such as preferential seating, a shortened day, a mid-morning or afternoon snack, an injection, or a blood sugar check.

When a student is independent in monitoring and insulin-administration skills, there are few requirements of school employees. When the student is less independent, school staff will need to be more involved. It is important to establish a **realistic** plan regarding monitoring of student's symptoms, testing of blood sugar, and administration of insulin. Communication with the school nurse will facilitate this goal. The demands on specialized school personnel are high. If a parent feels that the amount of monitoring by school personnel is insufficient, she or he should request an IHP or Section 504 plan meeting to discuss her or his concerns.

11. *My high school-aged child won't tell anyone that she has diabetes. She ended up passing out on the volleyball court before someone realized that she had a problem. How do you get kids to share such important information?*

Once a student begins to realize that she or he has different requirements for her or his body, it is not uncommon to want to hide the fact as a means to be the same as others. It is important to remember that kids are kids first and they all share similar developmental needs. Family attitudes teach early lessons in the precautions that someone with diabetes needs to take. A young person can learn that her daily routine is just a part of her personal responsibilities and care.

Your child's IHP or Section 504 plan should ensure information is confidential and will be shared with staff only to the extent they need to know in order to monitor your child's health.

The age that the diagnosis was made may have an impact on how she accepts or denies the fact that she has diabetes. If the denial is such that important details are being ignored, a referral to a counselor may be necessary. Your healthcare provider, endocrinologist, diabetes educator, and school nurse are all appropriate referral sources.

12. *A parent support group would have helped to keep me from "rediscovering the wheel." What are the possibilities of that being developed?*

An excellent resource is the American Diabetes Association. Your hospital, your diabetes educator, and your healthcare provider are other resources to connect your family with support groups. Within the school district it will be very individual. If there are parents of children with diabetes that are willing to share phone numbers, this can be a good "help" line. The district's school nurse is the most appropriate contact for this kind of assistance. The nurse can inquire if other parents are willing to share their thoughts and phone numbers. Due to confidentiality issues, it cannot be assumed that individuals would be willing to share such information.

13. *How does the school address the difference between "special education" needs and a student with diabetes who experiences multiple high and low blood sugar readings that might impact his or her educational performance?*

Diabetes is a disability covered under Section 504, and in most cases requires accommodations within the school setting. However, for a student with diabetes to be eligible for special education, he or she must be determined to have a disability and an adverse educational impact that cannot be addressed exclusively through education in general education classes, with or without accommodations, and needs special education and related services.

The school district has an obligation to locate, identify, and evaluate students who are suspected of having a disability and may be in need of special education and related services in order to participate in and/or benefit from a district's educational program. If the district determines that an evaluation is necessary, it must get parent permission prior to conducting the evaluation and it must provide parents with an opportunity to participate in any discussion regarding the student's eligibility for special education and related services. It is during this evaluation process that the district must differentiate between special education and related services and accommodations under a Section 504 plan to address a student's medical management needs related to diabetes. A student who is determined eligible for special education may still require accommodations and related services as a part of her/his IEP to address the medical management needs associated with diabetes. It is not necessary for a district to create a separate 504 plan for a student who is eligible for special education; any accommodations and related services provided to a student are included as part of an eligible student's IEP.

14. What will happen if a disaster (i.e., an earthquake) occurs while my child is at school?

The Washington State Military Department/Emergency Management Division recommends that schools in Washington develop a disaster plan for each of their buildings. Additionally, RCW 28A.320.125 directs local school districts to develop individual comprehensive safe school plans. These plans are to include prevention, intervention, all hazards/crisis response, and post crisis recovery. Students that have special needs will require targeted planning. A "disaster preparedness/three day emergency readiness" plan has been developed for students with diabetes (Appendix J). It outlines the supply and food needs as well as providing information about how to draw up and administer insulin. Parents are responsible for providing the "emergency" food, insulin, and supplies for the disaster preparedness kit.

15. What do I do if my child's recess or physical education class comes just before lunch? Depending on what kind of insulin your child is on, she or he may need a small additional snack before exercise to prevent low blood sugar. An additional blood sugar test may be helpful as sometimes a little activity will bring them into the target range and decrease the need for lunchtime insulin. These preparations should be part of the student's IHP or Section 504 plan.

16. Can my child go to her or his neighborhood school?

Most likely yes. If your child's school is not staffed by a full time nurse, the school district should not require your child to transfer to another school for diabetes care, if trained non-nurse school personnel could provide the diabetes care as a PDA and you provide consent to delegate care to a PDA. Note, however, like all students, students with diabetes may be required to attend a non-neighborhood school for reasons other than receiving diabetes care.

17. What if I am unhappy with some aspect of my child's IHP or Section 504 plan?

If you disagree with the accommodations in your child's Section 504 plan or feel your child has been discriminated on the basis of a disability (diabetes), you may have several options to address your concerns.

1. Section 504 Coordinator: You may want to discuss your concerns with the district's Section 504 compliance coordinator. Each school district has an employee who is responsible for ensuring that the school district is complying with Section 504.

Once the district receives a complaint, the school district must investigate and the superintendent must respond within 30 calendar days. If unsatisfied with the superintendent's decision, an appeal can be made to the school board, and, if still unsatisfied, a complaint may be filed with OSPI. This process, including timelines, is outlined on the OSPI Equity & Civil Rights website:

<http://www.k12.wa.us/Equity/Complaints.aspx>. District complaint procedures are available in the district's nondiscrimination procedures.

2. District Due Process Hearing: The Section 504 regulations, like those under the IDEA, specifically provide for the right to an impartial hearing before a hearing officer with no professional or personal interest that would bias their judgment in the case (§ 104.35). Generally, it is not appropriate for a district employee to serve as the hearing officer. District complaint procedures may be available in the district's procedures relating to the education of students with disabilities.
3. Complaint with U.S. Dept. of Education, Office for Civil Rights (OCR): Anyone may contact the U.S. Department of Education's Office for Civil Rights. This agency investigates complaints of discrimination, including implementation of Section 504 plans in public schools. In general, complaints to OCR must be filed within 180 calendar days from the date of the alleged violation. How to file a complaint: <http://www2.ed.gov/about/offices/list/ocr/docs/howto.html>.
4. Complaint with U.S. Department of Justice (DOJ), Educational Opportunities Section: Anyone may file a complaint with the DOJ which enforces federal civil rights laws that prohibit discrimination on the basis of race, color, national origin, sex, disability, and religion in public schools. DOJ also has authority to investigate disability discrimination allegations in private elementary and secondary schools that do not receive federal financial assistance. How to file a complaint: <https://www.justice.gov/crt/how-file-complaint>.

For additional questions regarding PDAs, please see Appendix H.

Transitioning to Life with Diabetes

Living with diabetes is a challenge met not only by the diagnosed student, but also by his or her family, school system, healthcare provider, and other individuals caring for her or him. Meeting the challenge of living with this diagnosis is a team effort that hinges on the skills of communication, creativity, flexibility, adaptability, and consistency. While the unique challenges faced by students or families cannot be predicted, specific challenges can always be expected.

These include:

1. **Physical challenges** taking place in the student's body as it deals with high and low blood glucose.
2. **Emotional challenges** as the student and his or her family encounter frustration and struggles created by their illness and the reality of a lifelong chronic illness.
3. **Practical challenges** imposed by the need for (and inconvenience of) multiple daily insulin injections and blood sugar monitoring, nutrition and exercise management, and other routine schedule changes.
4. **Systemic challenges** as the student's illness impacts his or her family, school system, day care, peer, and other environments.

Despite these challenges, perhaps the biggest challenge met by a newly diagnosed student is her or his need and desire to be no more unique, different, or special than any other child in the classroom, day care, or family environment. Maintaining sensitivity to this fact, particularly at the time of diagnosis, is critical in creating an atmosphere of understanding, emotional privacy and safety, and acceptance. The key principles below are intended as **general** guidelines that may be helpful in meeting the challenge of living with diabetes within multiple settings.

1. **Students may or may not want to keep their diagnosis private.** Some students may wish to share their diagnosis with their classmates, while others may not. It may be helpful to include the student in the 504 meeting to communicate who may need to know about their diagnosis and assess to what extent they may want to share their diagnosis. For example, talk with the parent, student, and 504 team to consider if other classmates could be given instruction about diabetes or whether to have a classmate become a "special buddy" for monitoring activities and symptoms. The parents of the "special buddy" would need to be involved.
2. **Students have varying levels of understanding about their diagnosis.** Use developmentally-appropriate language when speaking to children about their diabetes and other issues.
3. **Needs for independence and assistance may vary with age and life circumstances.** Frequent check-ins with a student regarding her or his need for independence or assistance are very helpful in keeping feelings of anxiety and frustration to a minimum and help reduce the risk of complication due to oversight or lack of knowledge. If uncertain of what level of assistance a student requires for appropriate management, don't assume: ASK.

4. **Students come with families, teachers, friends, and others.** Treatment of caregivers is critical in creating consistency of treatment for the child. It is important to recognize that the student's disease is also affecting the people in their life, not just the student. Take care to assess the emotional needs of parents, siblings, schoolteachers, and others who care for the student.
5. **When working toward independence, make expectations clear to the student.** If you are uncertain a student can reliably demonstrate a skill related to her or his diabetes management, have the student demonstrate it for you. The care team (parents, school personnel, and healthcare providers) should assess the student's developmental and emotional readiness for each independent task. Independence may happen in phases. The parents, healthcare provider, and/or school nurse may request a change in independence status. Parents should always be present when independence status is being considered. This may require a reevaluation of the student's IHP or Section 504 Plan.
6. **Prepare for emergencies.** Having extra supplies on hand at several locations is critical and should not be overlooked. Create a checklist of needed supplies, snacks, emergency numbers, etc. Check and update it regularly.
7. **Plan ahead.** Students require assistance with field trips, overnight stays, and other events. Looking ahead can prevent the likelihood that an emergency may occur and can decrease the number of events that a student must miss due to diabetes. Be creative. Be flexible.
8. **Seek help when help is needed.** Do this early and often. If you wait for a crisis before allowing others to help, you are modeling this behavior to the student.
9. **Put it in writing.** This can be helpful in preventing miscommunication between parents and students, school personnel, and others. Have all necessary parties sign, including the student. Keep the agreement visible and review and change as needed. The IHP or Section 504 plan is an ideal means of "putting it in writing." Informal documents such as cheat sheets, flow charts, student-specific information, etc. can also be helpful.
10. **Cooperate, communicate, and create.** Use these concepts as your guiding force in maximizing the student's opportunities for success.
11. **Students should be an active participant in IHP or Section 504 planning.** Listen to the student's concerns related to living with diabetes, attending school, and peer relationships. This helps to encourage them to advocate for themselves when moving on to college, the workforce, and adulthood.

APPENDIX A: State and Federal Requirements

Federal Requirements³¹

- [Individuals with Disabilities Education Act \(IDEA\)](#)³², [Section 504 of the Rehabilitation Act](#)³³ and the [Americans with Disabilities Act \(ADA\)](#)³⁴ require that each student with diabetes attending public school be able to participate fully in the academic program. Specifically, this means that students must have access to necessary health care during the school day and for school-sponsored activities, even when they occur outside regular school hours. These laws require that health services for complex student health needs be provided so that students can access their education. Immediate access to glucagon is critical and vital to the effectiveness of these life-saving interventions. In addition to other needs, students with diabetes require management of injectable medications (insulin and glucagon) for use during school and school-sponsored activities. Always refer to the school district's policy regarding access to and administration of medications for further information.
- [Family Educational Rights and Privacy Act \(FERPA\)](#)³⁵ specifies when student health information may be shared and when it may not. FERPA protects the confidentiality of student health information. Student health information must be kept private except for situations "where disclosure serves a compelling purpose," is required by law or when parental permission is obtained.
- [Occupational Safety & Health Administration's \(OSHA\) Bloodborne Pathogen Standard \(29 CFR 1910.1030\)](#)³⁶ prescribes safeguards to protect workers against the health hazards caused by bloodborne pathogens. The school's required Exposure Control Plan identifies the safeguards for handling blood and body fluids. These safeguards include identification and training of staff that are most at risk for exposure, utilization of Universal Precautions for all blood and body fluids, personal protective equipment to prevent exposure, engineering controls in managing contaminated sharps, and proper disposal of regulated waste. OSHA regulations apply only to situations in which school employees may be exposed and do not apply to students (such as a student who is self-administering insulin).

State Requirements³⁷

What is a RCW? RCW stands for Revised Code of Washington. An RCW, or law, is the result of legislation that has been passed by the House and Senate and has been signed by the Governor. The Revised Code of Washington contains all laws that have been adopted in the State of Washington, as well as a history of all laws that have previously existed or been amended. The education laws are found in [RCW Title 28A Common School Provisions](#).

What is a WAC? WAC stands for Washington Administrative Code. WACs are administrative codes, or rules, that are adopted by agencies, including OSPI, to enact legislation and RCWs. The Washington Administrative Code contains all rules that have been adopted, as well as the history of all previously existing WACs and amendments in Washington. OSPI rules are found

under [Title 392 WAC Rules and Regulations of the Superintendent of Public Instruction](#). The State Board of Education's rules are found under [Title 180 WAC Rules and Regulations of the State Board of Education](#).

- [RCW 18.79](#): Nursing Care. *Commonly referred to as the "Nurse Practice Act."*
- [RCW 28A.210.330](#): Students with diabetes — Individual health plans — Designation of professional to consult and coordinate with parents and health care provider — Training and supervision of school district personnel.
- [RCW 28A.210.340](#): Students with diabetes – Adoption of policy for inservice training for school staff.
- [RCW 28A.210.350](#): Students with diabetes – Compliance with individual health plan - Immunity.
- [WAC 246-840](#): Practical and Registered Nursing.
- [WAC 296-823](#): Occupational Exposure to Bloodborne Pathogens.

Local Requirements

School district staff, including school nurses and other staff trained to administer medications in schools, must follow their own school district policies and procedures.

APPENDIX B: Section 504 Plan³⁸ and Individual Health Plan

Included in this appendix are two sample forms:

Part A (pages 52–59): Sample Section 504 Plan provided by the American Diabetes Association

Part B (pages 60–62): Sample Individual Health Plan (IHP)

The sample 504 Plan in this appendix lists a broad range of services and modifications that are often needed by students with diabetes, ranging from kindergarteners to high school seniors.

All plans should specify that school staff must be trained to recognize and treat low and high blood sugar emergencies (hypoglycemia and hyperglycemia) and follow other provisions of the student's Individual Health Plan or provider's orders.

No two Section 504 Plans will be the same, because different students need different things. For example, there is probably no need for a section on self-management for a kindergartener. And a provision allowing the student to test his or her blood glucose before a test may be particularly important for a high school senior.

The sample Section 504 Plan on the following page was developed by the American Diabetes Association (ADA) and the Disability Rights Education and Defense Fund, Inc. (DREDF).

PART A: 504 PLAN FOR A STUDENT WITH DIABETES

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

Student Name: _____

School: _____

School Year: _____

_____ type _____ diabetes
Birth Date _____ Grade _____ Disability _____

Homeroom Teacher: _____ Bus Number: _____

OBJECTIVES/GOALS OF THIS PLAN

Diabetes can cause blood glucose (sugar) levels to be too high or too low, both of which affect the student's ability to learn as well as seriously endangering the student's health both immediately and in the long term. The goals of this plan are to:

- provide the special education and/or related aids and services needed to maintain blood glucose within this student's target range,
- respond appropriately to levels outside of this range in accordance with the instructions provided by the student's personal health care team.

REFERENCES

School accommodations, diabetes care, and other services set out by this Plan will be consistent with the information and protocols contained in the National Diabetes Education Program *Helping the Student with Diabetes Succeed: A Guide for School Personnel*, June 2010.

DEFINITIONS USED IN THIS PLAN

1. **Individual Health Plan (IHP):** A plan that describes the diabetes care regimen and identifies the health care needs of a student with diabetes. This plan is developed and approved by the student's personal health care team and family. Schools must do outreach to the parents and child's health care provider if a IHP is not submitted by the family

2. **Quick Reference Emergency Plan:** A plan that provides school personnel with essential information on how to recognize and treat hypoglycemia and hyperglycemia.
3. **Parent Designated Adult (PDA):** A volunteer, who may be a school district employee, who receives additional training from a health care professional or expert in diabetic care. The volunteer is selected by the parents, and provides care for the child consistent with the individual health plan. "Additional training" might include the performance of blood glucose monitoring, insulin and glucagon administration, recognition and treatment of hypoglycemia and hyperglycemia, and performance of ketone checks.

1. PROVISION OF DIABETES CARE

- 1.1 At least _____ staff members will receive training to be Parent Designated Adults (PDA), and either a school nurse or PDA will be available at the site where the student is **at all times** during school hours, during extracurricular activities, and on school sponsored field trips to provide diabetes care in accordance with this Plan and as directed in the IHP, including performing or overseeing administration of insulin or other diabetes medications (which, for pump users includes programming and troubleshooting the student's insulin pump), blood glucose monitoring, ketone checks, and responding to hyperglycemia and hypoglycemia including administering glucagon.
- 1.2 Any staff member who is not a PDA and who has primary care for the student at any time during school hours, extracurricular activities, or during field trips shall receive training that will include a general overview of diabetes and typical health care needs of a student with diabetes, recognition of high and low blood glucose levels, and how and when to immediately contact either a school nurse or a PDA.
- 1.3 Any bus driver who transports the student must be informed of symptoms of high or low blood glucose levels and provided with a copy the student's Quick Reference Emergency Plan and be prepared to act in accordance with that Plan.

2. PARENT DESIGNATED ADULT

The following school staff member(s) have volunteered and will be trained to become PDA(s) by _____(date):

3. STUDENT'S LEVEL OF SELF-CARE AND LOCATION OF SUPPLIES AND EQUIPMENT

- 3.1 As stated in the attached IHP:

(a) The student is able to perform the following diabetes care tasks without help or supervision:

and the student will be permitted to provide this self-care at any time and in any location at the school, at field trips, at sites of extracurricular activities, and on school buses.

(b) The student needs assistance or supervision with the following diabetes health care tasks:

(c) The student needs a school nurse or PDA to perform the following diabetes care tasks:

3.2 The student will be permitted to carry the following diabetes supplies and equipment with him/her at all times and in all locations:

3.3 Diabetes supplies and equipment that are not kept on the student and additional supplies and will be kept at:

3.4 Parent is responsible for providing diabetes supplies and food to meet the needs of the student as prescribed in the IHP.

4. SNACKS AND MEALS

- 4.1 The school nurse, or PDA if school nurse is not available, will work with the student and his/her parents/guardians to coordinate a meal and snack schedule in accordance with the attached IHP that will coincide with the schedule of classmates to the closest extent possible. The student shall eat lunch at the same time each day, or earlier if experiencing hypoglycemia. The student shall have enough time to finish lunch. A snack and quick-acting source of glucose must always be immediately available to the student.
- 4.2 The attached IHP sets out the regular time(s) for snacks, what constitutes a snack, and when the student should have additional snacks. The student will be permitted to eat a snack no matter where the student is.
- 4.3 The parent/guardian will supply snacks needed in addition to or instead of any snacks supplied to all students.
- 4.4 The parent/guardian will provide carbohydrate content information for snacks and meals brought from home.
- 4.5 The school nurse or PDA will ensure that the student eats snacks and meals at the specified time(s) each day.
- 4.6 Adjustments to snack and meal times will be permitted in response to changes in schedule upon request of parent/guardian.

5. EXERCISE AND PHYSICAL ACTIVITY

- 5.1 The student shall be permitted to participate fully in physical education classes and team sports except as set out in the student's IHP.
- 5.2 Physical education instructors and sports coaches must have a copy of the emergency action plan and be able to recognize and assist with the treatment of low blood glucose levels.
- 5.3 Responsible school staff members will make sure that the student's blood glucose meter, a quick-acting source of glucose, and water is always available at the site of physical education class and team sports practices and games.

6. WATER AND BATHROOM ACCESS

- 6.1 The student shall be permitted to have immediate access to water by keeping a water bottle in the student's possession and at the student's desk, and by permitting the student to use the drinking fountain without restriction.
- 6.2 The student shall be permitted to use the bathroom without restriction.

7. CHECKING BLOOD GLUCOSE LEVELS, INSULIN AND MEDICATION ADMINISTRATION, AND TREATING HIGH OR LOW BLOOD GLUCOSE LEVELS

- 7.1 The student's level of self-care is set out in section 3 above including which tasks the student can do by himself/herself and which must be done with the assistance of, or wholly by, either a school nurse or a PDA.
- 7.2 Blood glucose monitoring will be done at the times designated in the student's IHP, whenever the student feels her/his blood glucose level may be high or low, or when symptoms of high or low blood glucose levels are observed.
- 7.3 Insulin and/or other diabetes medication will be administered at the times and through the means (e.g., syringe, pen or pump) designated in the student's IHP for both scheduled doses and doses needed to correct for high blood glucose levels.
- 7.4 The student shall be provided with privacy for blood glucose monitoring and insulin administration if the student desires.
- 7.5 The student's usual symptoms of high and low blood glucose levels and how to respond to these levels are set out in the attached IHP.
- 7.6 When the student asks for assistance or any staff member believes the student is showing signs of high or low blood glucose levels, the staff member will immediately seek assistance from the school nurse or PDA while making sure an adult stays with the student at all times. Never send a student with actual -- or suspected -- high or low blood glucose levels anywhere alone.
- 7.7 Any staff member who finds the student unconscious will immediately contact the school office. The office will immediately do the following in the order listed or follow the school's emergency guideline practices:
 1. **Contact the school nurse (or a PDA** if the school nurse is not on site and immediately available) who will confirm the blood glucose level with a monitor and immediately administer glucagon (glucagon should be administered if no monitor is available);
 2. **Call 911** (office staff will do this without waiting for the school nurse or PDA to administer glucagon);
 3. **Contact the student's parent/guardian and physician** at the emergency numbers provided below.
- 7.8 School staff, including physical education instructors and coaches, will provide a safe location for the storage of the student's insulin pump if the student chooses not to wear it during physical activity or any other activity.

8. FIELD TRIPS AND EXTRACURRICULAR ACTIVITIES

- 8.1 The student will be permitted to participate in all school-sponsored field trips and extracurricular activities (such as sports, clubs, and enrichment programs) without restriction and with all of the accommodations and modifications, including necessary supervision by identified school personnel, set out in this Plan. The student's parent/guardian will not be required to accompany the student on field trips or any other school activity.

- 8.2 The school nurse or PDA will be available on site at all school-sponsored field trips and extracurricular activities, will provide all usual aspects of diabetes care (including, but not limited to, blood glucose monitoring, responding to hyperglycemia and hypoglycemia, providing snacks and access to water and the bathroom, and administering insulin and glucagon), and will make sure that the student's diabetes supplies travel with the student.

9. TESTS AND CLASSROOM WORK

- 9.1 If the student is affected by high or low blood glucose levels at the time of regular testing, the student will be permitted to take the test at another time without penalty.
- 9.2 If the student needs to take breaks to use the water fountain or bathroom, check blood glucose, or to treat hypoglycemia or hyperglycemia during a test or other activity, the student will be given extra time to finish the test or other activity without penalty.
- 9.3 The student shall be given instruction to help him/her make up any classroom instruction missed due to diabetes care without penalty.
- 9.4 The student shall not be penalized for absences required for medical appointments and/or for illness. The parent will provide documentation from the healthcare professional if otherwise required by school policy.

10. COMMUNICATION

- 10.1 The school nurse, PDA, and other staff will keep the student's diabetes confidential, except to the extent that the student decides to openly communicate about it with others.
- 10.2 Encouragement is essential. The student shall be treated in a way that encourages the student to eat snacks on time, and to progress toward self-care with their diabetes management skills.
- 11.3 The teacher, school nurse or PDA will provide reasonable notice to parent when there will be a change in planned activities such as exercise, playground time, field trips, parties, or lunch schedule, so that the lunch, snack plan, and insulin dosage can be adjusted accordingly.
- 11.4 Each substitute teacher and substitute school nurse will be provided with written instructions regarding the student's diabetes care and a list of all school nurses and PDA at the school.

11. EMERGENCY EVACUATION AND SHELTER-IN-PLACE

- 11.1 In the event of emergency evacuation or shelter-in-place situation, the student's 504 Plan and IHP will remain in full force and effect.
- 11.2 The school nurse or PDA will:
- Provide diabetes care to the student as outlined by this Plan and the student's IHP.
 - Be responsible for transporting the student's diabetes supplies, and equipment.

- Attempt to establish contact with the student's parents and provide updates.
- Will give and receive information from parents regarding the student's diabetes care.

12. PARENTAL NOTIFICATION

12.1 ***NOTIFY PARENTS/GUARDIANS IMMEDIATELY IN THE FOLLOWING SITUATIONS:***

- Symptoms of severe low blood sugar such as continuous crying, extreme tiredness, seizure, or loss of consciousness.
- The student's blood glucose test results are below _____ or are below _____ 15 minutes after consuming juice or glucose tablets.
- Symptoms of severe high blood sugar such as frequent urination, presence of ketones, vomiting or blood glucose level above _____.
- The student refuses to eat or take insulin injection or bolus.
- Any injury or illness, especially involving vomiting.
- Insulin pump malfunctions that cannot be remedied.
- Other:

12.2 **EMERGENCY CONTACT INSTRUCTIONS**

Call parent at numbers listed below. If unable to reach parent, call the other emergency contacts or student's healthcare providers listed below.

EMERGENCY CONTACTS:

_____	_____	_____	_____
Parent's/Guardian's Name	Home Phone	Work Phone	Cell Phone

_____	_____	_____	_____
Parent's/Guardian's Name	Home Phone	Work Phone	Cell Phone

Other emergency contacts:

_____	_____	_____	_____
Name	Home Phone	Work Phone	Cell Phone

_____	_____	_____	_____
Name	Home Phone	Work Phone	Cell Phone

Student's Healthcare Provider(s):

_____	_____
Name	Phone Number

_____	_____
Name	Phone Number

This Plan shall be reviewed and amended at the beginning of each school year or more often if necessary.

Approved and received:

_____	_____
Parent/Guardian	Date

Approved and received:

_____	_____
School Administrator and Title	Date

_____	_____
School Nurse	Date

PART B: DIABETES INDIVIDUAL HEALTHCARE PLAN

Parents and School Nurse to Complete Annually Together

NAME: _____ DOB: _____ SCHOOL: _____ GRADE: _____
Start Date _____ End Date: _____ ☐ Last day of school ☐ Other: _____

Brief History:

Age of onset:	Results and date of Hemoglobin A1C test:
Date(s) of recent hospitalizations:	Related social/emotional factors:
Concurrent illness or disability (including medications):	

Substantial limitation in major life activities:

All students with diabetes are substantially limited in the function of the endocrine system. Additional major life activities affected:

___ Eating ___ Caring for oneself ___ Thinking ___ Communicating ___ Learning
___ Other: _____

ACCOMMODATIONS:

Daily Diabetes Routine:

Daily Snacks (time): _____	Recess Times: _____
Blood Glucose testing:	Insulin Injections:
Time/s: _____	Time/s: _____
Location/s: _____	Location/s: _____
Breakfast eaten at (time): _____	PE days/times: _____
Lunch eaten at (time): _____	

- **District food services department** will provide carbohydrate content information for meals provided by the district.
- **Student will be allowed** unrestricted access to water, meal/snack, and use of restroom. Meals will never be withheld because of nonpayment of fees or disciplinary action.
- 504 team will assess student's ability to take standardized tests, and provide accommodations as necessary.
- The classroom teacher/physical education teacher/coach will be informed if the student has a blood glucose reading that could affect his/her functioning, i.e., blood glucose less than ____ or over ____ by:

☐ Student verbally ☐ Written note from the office ☐ Other (specify) _____

When the student experiences either a low blood glucose reaction or a high blood glucose reaction, his/her thought processes are likely to be adversely affected. Therefore, accommodations will need to be made for performance expectations during the time immediately before and for at least one hour after the reaction is treated.

- **Classroom Parties:** Food treats will be handled as follows: ☐ Student will eat treat ☐ Replace with parent/guardian supplied alternative ☐ Modify the treat _____
☐ Schedule extra insulin per prearranged plan.
- **After school activities/school sponsored events:** _____
Note: Student will be permitted to participate in all school-sponsored activities without restriction and with all of the accommodations and modification indicated in this plan.
- **Field Trips:** All diabetes supplies are taken and care is provided by: ☐ Licensed nurse ☐ PDA ☐ Other _____ Note: In the event that none of these options are (unexpectedly) unavailable, student may remain at school and be provided a comparable experience or stay home when applicable.
- **Transportation:** Student: ☐ Takes the bus (Bus #____) ☐ Walks ☐ Is transported by parent
On bus care is provided by: ☐ Licensed nurse ☐ PDA ☐ Other _____
Note: In the event that the above options are unexpectedly unavailable, parent may transport the student to and from school or the student may remain at home when applicable.
Parent may choose for student to not be transported on school bus with BG < ____ or > ____ within 30 minutes of testing. Call parent to pick up student.
- **Parent Designated Adult:** Is a PDA present for your child? ☐ Yes ☐ No (If Yes, PDA Documentation Required)
- **Additional accommodations:**

EXTRA SUPPLIES (PROVIDED BY PARENT/GUARDIAN), INCLUDING LOCATION (including disaster supplies):

1.
2.
3.
4.

EMERGENCY CONTACTS:

Mother/Guardian

Father/Guardian

Name:	Name:
Home Phone:	Home Phone:
Work Phone:	Work Phone:
Other:	Other:

ADDITIONAL EMERGENCY CONTACTS:

1.	Relationship:	Phone:
2.	Relationship:	Phone:

LICENSED HEALTHCARE PROVIDER:

Name:	Phone:	Fax:
Location/Address:		

SIGNATURES:

Parent/Guardian:	Date:
School Nurse:	Date:

APPENDIX C: School Nurse Checklist for Planning for a Student with Diabetes

This Appendix is an optional tool for school nurses to use when planning and training staff to care for a student with diabetes. Fill in the blank spaces next to each task with the date completed. Renew annually.

Student Name: _____ School Year: _____

_____ School Nurse is notified a student with diabetes will be attending school (often when parent/guardian completes the *Annual Health Record Update/Emergency Contact* form).

_____ Send home or call parent to review *Diabetes Management at School* letter and *History/Questionnaire for Students with Diabetes*, as well as other forms.

_____ Call to arrange a meeting with parent, student and any other school staff that may need to be involved in student's care. Ask parent to obtain and submit *LHP School Diabetes Medication Orders*.

_____ Meet with parent, student and appropriate school staff to:

_____ Review *LHP School Diabetes Medication Orders*;

_____ Develop *High and Low BG ECP and IHP/504 Plan*-Review and discuss **all** accommodations that the student may need;

_____ Discuss and establish a communication plan with the parent and LHP;

_____ Discuss role of school nurse, other school health/office personnel, school staff, and PDA when indicated;

_____ Discuss and complete any PDA paperwork and review PDA plan with parent when indicated;

_____ Have the parent sign:

- *Health Services Prior Notice and Action / Consent for: Evaluation for 504 and development of the ECP and IHP/504 Plan*
- *School Diabetes Medication Orders*
- *ECP and IHP/504 Plan*
- *Authorization for Release of Health Care Information*

_____ Provide the parent with a copy of *Notice of Parent/Guardian and Student Rights Under Section 504* as well as a copy of the completed ECP and IHP/504 Plan.

_____ Receive from the parent or remind them to bring medications, supplies, equipment and snacks that will be needed for the student at school.

_____ Provide **general** diabetes training for all school staff **indirectly** involved with the student (may include office staff, building administrators, athletic coaches, bus drivers, custodians, cooks, teaching staff, paraprofessionals, playground attendants, and others as indicated).

_____ Provide **intensive**, student specific diabetes training for staff **directly** responsible for implementing the student's ECP and IHP/504 Plan (may include teacher(s), office staff, coaches, paraprofessionals, cooks, PDA and others as indicated).

_____ Delegate diabetes care tasks as allowed by law and/or nursing judgment for a specific student to specific staff.

- _____ Provide ongoing supervision of school staff administering nursing care to students with diabetes to ensure a safe, therapeutic learning environment (except for tasks delegated by the parent to a PDA where applicable).
- _____ Provide ongoing assessment of student status-if condition changes, collaborate with parent and LHP to adjust plan of care as needed.
- _____ If PDA is part of the team providing care for student, communicate and work closely with PDA to ensure that diabetes plan of care is comprehensive, meets student's needs and the care is documented. **Note:** Although the school nurse does not supervise the tasks that the parent delegates to the PDA, the school nurse may be highly involved in the overall plan of care for a student with diabetes in school.
- _____ Communicate frequently with school staff, PDA, the student's parent, and the LHP.
- _____ Annually review IHP/504 Plan and ECP or when there is a change in student status and adjust plan as needed.

APPENDIX D: School District Policy Responsibilities

RCW 28A.210.340 directs districts to seek the advice from one or more licensed physicians, nurses, or diabetes educators who are nationally certified in the course of developing the policies.

The policies must address:

- The acquisition of orders from a healthcare provider prescribing within the scope of their prescriptive authority for monitoring and treatment at school. Refer to Appendix I for a sample form.
- The provision for storage of medical equipment and medication provided by the parent.
- The provision for students to perform blood glucose tests, administer insulin, treat hypoglycemia and hyperglycemia, and have easy access to necessary supplies and equipment to perform monitoring and treatment functions as specified in the IHP or Section 504 plan.
- The option for students to carry on their persons necessary supplies and equipment.
- The option to perform monitoring and treatment functions anywhere on school grounds including the students' classrooms, and at school-sponsored events.
- The exceptions to school policy necessary to accommodate students' needs to:
 1. Eat whenever and wherever necessary.
 2. Have easy, unrestricted access to water and bathroom use.
 3. Participate in parties at school when food is served.
 4. Eat meals and snacks on time.
 5. Other necessary exceptions as described in the IHP or Section 504 plan.
- The assurance that school meals will not be withheld because of nonpayment of fees or disciplinary action.
- The inclusion of a description in the IHP or Section 504 plan of students' school day schedules for timing of meals, snacks, blood sugar testing, insulin injections, and related activities.
- The development of individual emergency plans.
- The distribution of the IHP or Section 504 plan to appropriate staff based on students' needs and staff level of contact with students.
- The district's possession of legal documents for the PDA to provide care, if needed.
- The updating of the IHP or Section 504 plan at least annually or more frequently, as needed.

School district administrators should consult with their attorney when developing district policies. The Seattle School District policy is included as a sample.



ACCOMMODATING STUDENTS WITH DIABETES

Policy No. 3415

December 7, 2011

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The program manager of student health services or school nurse designee is appointed to:

- Consult and coordinate with the parents and health care providers of students with diabetes; and
- Train and supervise the appropriate staff in the care of students with diabetes.

The school nurse shall develop and follow an individual health plan for each student with diabetes. Each individual health care plan shall include an individual emergency plan element. The health plans shall be updated annually, and more frequently as needed.

Parents or guardians of students with diabetes may designate an adult to provide care for their student consistent with the student's individual health care plan. At parent/guardian request, school district employees may volunteer to be a parent-designated adult under this policy, but they shall not be required to participate. Parent-designated adults who are school employees shall file a voluntary, written, current and unexpired letter of intent stating their willingness to be a parent-designated adult for the student. Parent-designated adults who are school employees are required to receive training in caring for students with diabetes from the school nurse for care the nurse delegates and from a nationally certified diabetes educator for care that the parent delegates. Parent-designated adults who are not school employees are required to show evidence of comparable training, and meet school district requirements for volunteers. Parent-designated adults shall receive additional training from a parent-selected health care professional or expert in diabetic care to provide the care requested by the parent. School staff are not responsible for the supervision of procedures authorized by the parents and carried out by the parent-designated adult.

In addition to adhering to the requirements of each individual health care plan, for the general care of students with diabetes, the district shall:

- Acquire necessary parent/guardian requests and instructions for treatment.
- Acquire monitoring and treatment orders from licensed health care providers prescribing within the scope of their licensed authority.
- Provide sufficient and secure storage for medical equipment and medication provided by the parent.
- Permit students with diabetes to perform blood glucose tests, administer insulin, treat hypoglycemia and hyperglycemia, with easy access to the necessary supplies, equipment and medication necessary under their individual health care plan. This includes the option for students to carry the necessary supplies, equipment and medication on their person and perform monitoring and treatment functions wherever they are on school grounds or at school sponsored events.



ACCOMMODATING STUDENTS
WITH DIABETES

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- Permit students with diabetes unrestricted access to necessary food and water on schedule and as needed, and unrestricted access to bathroom facilities. When food is served at school events, provision shall be made for appropriate food to be available to students with diabetes.
- School meals shall not be withheld from any student for disciplinary reasons. Students with diabetes shall not miss meals because they are not able to pay for them. The charge for the meal will be billed to the parent/guardian or adult student and collected consistent with district policies.
- Parents/guardians and health care providers of students with diabetes will be provided with a description of their student's school schedule to facilitate the timing of monitoring, treatment and food consumption.
- Each student's individual health care plan shall be distributed to appropriate staff based on the student's needs and the staff member's contact with the student.

The district, its employees, agents or parent-designated adults who act in good faith and in substantial compliance with a student's individual health care plan and the instructions of the student's health care provider or parent shall not be criminally or civilly liable for services provided under chapter 350, Laws of 2002.

Adopted: December 2011

Revised:

Cross Reference: Policy Nos. 2162; 3416; 3520; 5630

Related Superintendent Procedure:

Previous Policies: D101.00; D101.01

Legal References: Ch. 350, Laws of 2002; Section 504 of the Rehabilitation Act of 1973; PL 101-336 Americans with Disabilities Act

Management Resources:

APPENDIX E: Authorization for Exchange of Medical Information

This appendix contains a sample form for Authorization for Exchange of Medical Information. School districts will require parents to sign this form or one developed by the school district to obtain access to the student's health records. This is required by RCW 28A.210.260: *The public school district or private school is in receipt of a written, current and unexpired request from a parent, or a legal guardian, or other person having legal control over the student to administer the medication to the student.*³⁹

Districts may also require parents to sign a consent form for the district staff to provide healthcare, treatments, and special healthcare procedures. These forms will be provided by the individual school district and conform to district policy and requirements.

In the rare event that a parent refuses to sign the form, address this starting at the district level.

Current Happening: *Seattle Children's Hospital is setting the expiration date of these forms for the last day the student will attend a particular school. For example, the expiration date might be, "end of 5th grade," since the student will attend this particular school until they move on to middle school in 6th grade.*

SCHOOL DISTRICT
AUTHORIZATION FOR RELEASE OF HEALTH CARE INFORMATION

Patient Name _____ **Birthdate** _____

I authorize the release of the healthcare information described below to be released from and sent to the following:

Information to be released FROM:

Name of facility or provider

Information to be released TO:

Name(s) of recipient(s)

Name(s) of recipient(s)

Address

City, State, Zip Code

Phone

Specific information to be released:

Purpose for which disclosure is being made:

Specific Minor Patient Authorization:

If the patient has reached the age below, only the patient can authorize disclosure relating to the following:

- | | |
|----------------------------------------------------------------------|---------------------------------------------------|
| <input type="checkbox"/> HIV/AIDS, STDs status, diagnosis, treatment | (consent may be given by student 14 years of age) |
| <input type="checkbox"/> Family planning/abortion | (consent may be given by any age student) |
| <input type="checkbox"/> Alcohol/drug treatment | (consent may be given by student 13 years of age) |
| <input type="checkbox"/> Mental health services | (consent may be given by student 13 years of age) |

My Rights

I understand I have a right to request and receive a Notice of Privacy Practices. I may inspect and receive a copy (a nominal fee may be charged). Unless the purpose of this authorization is to determine payment of a claim for benefits, the requesting entity will not condition the provision of treatment or payment for my care on my signing the authorization. I may revoke this authorization in writing by presenting it as provided in the Notice of Privacy Practices for the Facility, but the revocation will not apply to information already used or disclosed. I understand that once the health information I authorized to be disclosed reaches the noted recipient, that person or organization may re-disclose it, at which time, it may no longer be protected under Privacy laws. The provider must make the healthcare information available within 15 working days after receiving the request or notify the patient of any delay (RCW 70.02.080).

Expiration date: _____

Signature of patient/legal representative

Date

Relationship to Patient

Phone number

Copies: Parent/Guardian or student

School official requesting/receiving the protected health information

APPENDIX F: Parent/Guardian and Student Rights under Section 504

You have the right to be informed by the school district of your rights under Section 504. This is a notice of you and your child's rights under Section 504 and the rights you have if you disagree with the school district's decisions.

WHAT IS SECTION 504?

Section 504 of the Rehabilitation Act of 1973, commonly called "Section 504," is a federal law that protects students from discrimination based on disability. Section 504 assures that students with disabilities have educational opportunities and benefits equal to those provided to students without disabilities. To be eligible, a student must have a physical or mental impairment that substantially limits one or more major life activity.

YOUR CHILD'S EDUCATION

Your child has the right to:

- Receive a free and appropriate public education.
 - Participate in and benefit from the district's educational programs without discrimination.
 - Be provided an equal opportunity to participate in the district's nonacademic and extracurricular activities.
 - Be educated with students who do not have disabilities to the maximum extent appropriate.
 - Be educated in facilities and receive services that are comparable to those provided to students without disabilities.
 - Receive accommodations and/or related aids and services to allow your child an equal opportunity to participate in school activities.
- Receive educational and related aids and services without cost, except for those fees imposed on the parents of children without disabilities.
 - Receive special education services if needed.

YOUR CHILD'S EDUCATIONAL RECORDS

You have the right to:

- Review your child's educational records and to receive copies at a reasonable cost. You will not be charged if the cost would keep you from reviewing the records.
- Ask the district to change your child's education records if you believe that they are wrong, misleading, or are otherwise in violation of your child's privacy rights. If the district refuses this request, you have the right to challenge the refusal by requesting an impartial hearing.
- A response to your reasonable requests for explanations and interpretations of your child's education records.

THE SECTION 504 PROCESS

Your child has the right to an evaluation before the school determines if he or she is eligible under Section 504. You have the right to:

- Receive notice before the district takes any action regarding the identification, evaluation, and placement of your child.

- Have evaluation and placement decisions made by a group of persons, often called a “504 team”, including persons who know your child, the meaning of the evaluation information, and the placement options available.
- Have evaluation decisions based on a variety of sources, such as aptitude and achievement tests, teacher recommendations, physical conditions, medical records, and parental observations.
- Refuse consent for the initial evaluation and initial placement of your child.

If your child is eligible under Section 504, your child has a right to periodic re-evaluations, including re-evaluations before any significant change is made in your child’s placement.

IF YOU DISAGREE WITH THE DISTRICT’S DECISION

If you disagree with the district’s decisions regarding your child’s identification, evaluation, educational program, or placement under Section 504, you may request mediation or an impartial due process hearing. You and your child have the right to take part in the hearing and have an attorney represent you. Hearing requests and other concerns can be made to your district’s Section 504 Coordinator:

Coordinator Name: _____		
Address: _____		
City: _____	State: _____	Zip: _____
Phone: _____		E-mail: _____

You have the right to file a complaint of discrimination with the U.S. Department of Education’s Office for Civil Rights (OCR), or to file a complaint in federal court. Generally, an OCR complaint may be filed within 180 calendar days of the act that you believe was discriminatory. The regional office is located at 915 Second Ave, Room 3310, Seattle, WA 98174-1099.

Phone: 206-607-1600 / TDD: 206-607-1647

Website: www.ed.gov/OCR.

APPENDIX G: Staff Training Policy for Students with Diabetes

1. Local School Board Responsibility

All local school boards shall designate a professional person licensed as a RN, ARNP, MD, DO, or a nationally certified diabetes educator to provide in-service training for school staff on symptoms, treatment, and monitoring of diabetes. Due to the changing nature of diabetes management, it is advised that the licensed professional(s) be competent in current diabetes management techniques.

RCW 28A.210.340 requires that in-service training on diabetes be provided by all school districts for school personnel. "The superintendent of public instruction and the secretary of the department of health shall develop a uniform policy for all school districts providing for the inservice training for school staff on symptoms, treatment, and monitoring of students with diabetes, and on the additional observations that may be needed in different situations that may arise during the school day and during school sponsored events. The policy shall include the standards and skills that must be in place for inservice training of school staff."

2. Parent-Designated Adult Responsibility

- Parent-designated adults (PDA) who **are** school employees are required to receive the training in symptoms, treatment, and monitoring of diabetes provided by the school district.
- PDAs who **are not** school employees must show evidence of training in symptoms, treatment, and monitoring of diabetes that is comparable to what the school district provides. It is recommended that PDAs who are not school district employees participate in the school district training for school personnel **directly** involved with student(s) with diabetes.
- **All** PDAs must receive additional training from a healthcare professional or expert in diabetes care for the additional care the parents have authorized the PDA to provide, which is included in the Individual Health Plan or Section 504 Plan. The diabetes care expert is defined by RCW 28A.210.340 and is selected by the parent. PDAs who are school employees are required to receive training regarding proper procedures for care of students with diabetes to ensure a safe, therapeutic learning environment. PDAs who are not school employees shall show evidence of comparable training. This training could be provided by a licensed nurse or diabetes educator who is nationally certified.
- Questions or concerns about the scope or level of care provided by the PDA could be brought to and addressed by the 504 team.

3. Training Guidelines

- Training in symptoms, treatment, and monitoring of diabetes and related standards and skills are to be guided by the most recent edition of the *Guidelines for Care of Students with Diabetes*. The use of these Guidelines is not intended to replace clinical judgment or individualized consultation with medical care providers.

- **General training** in symptoms, treatment, and monitoring of diabetes is designed for school personnel **indirectly** involved with student(s) with diabetes. School personnel that may be included are office staff, athletic personnel/coaches, bus drivers, custodians, cooks, teaching staff, paraprofessionals, and others.
- **Intensive training** in symptoms, treatment, and monitoring of diabetes is designed for school personnel **directly** involved with the student(s) with diabetes. This training may include teacher(s), coaches, a PDA who is or is not a school employee, and others who are appropriate for the training. The personnel to be trained, and content that they need to be trained on, will be based on the particulars of the IHP.

Refer to the chart at the end of this appendix about how to use the guidelines for training, and for detailed topics to be included in both general and intensive training curricula.

4. Frequency

- The optimal training time is prior to the first day of school **each** school year.
- Additional training of some personnel may need to occur during the school year if:
 - A new student transfers into the school district
 - An enrolled student is newly diagnosed
 - Treatment changes occur

Recommended Standards and Skills

This table serves as a training guide to the *Guidelines for Care of Students with Diabetes*. The content necessary to include in the training for symptoms, treatment, and management of diabetes for both general inservice for all school personnel and intensive training is included. Intensive training will be individualized according to the Individual Health Plan that is developed by the school nurse with the parent and the student.

Topic	General (page #)	Intensive (page #)
Overview of diabetes	8	8
Developing and completing a section 504 plan and IHP	11	App. B, F
Suggested accommodations for students with diabetes	14	14
Insulin action, delivery and storage specific to child		16, App. U
Blood glucose testing rationale and brief process.	19	19
Diabetes supplies		21, App. J
Low blood glucose	23	23, App. K, L
High blood glucose, illness, ketones	25	25, App. M, N
Diabetes nutrition and meal planning	27	27, App. O, P, Q, R
Exercise and sports	32	32
Personnel guidelines for care		34
Questions and concerns raised by parents	39	39
Healthcare provider orders		App. I
Disaster preparedness		App. J
Parent-designated adults	App. H	App. H, T

APPENDIX H: Parent-Designated Adults

[RCW 28A.210.330](#) through 350 allows parents to designate an adult through proper procedures to assist students in managing their diabetes (Appendix A). The purpose of the PDA law is to allow for more adults in school buildings who can address symptoms and provide support to students with diabetes. Parents have the option of delegating care to a PDA, but are not required to do so. The statute defines a Parent-Designated Adult (PDA) as "a volunteer, who may be a school employee, who receives additional training from a healthcare professional or expert in diabetes care selected by the parents, and who provides care for the child consistent with the individual health plan." Parents are responsible for the training of the PDA.

The statute requires districts to provide **an individual health plan (IHP) or Section 504 Plan for every child with diabetes (type 1 and type 2)**. As a part of an IHP or Section 504 Plan, parents may choose to designate an unrelated adult, or PDA, to provide care such as blood glucose monitoring and/or insulin or glucagon administration that would otherwise be performed by a health professional licensed under RCW 18.79. The volunteer PDA may be a school district employee. Note, the PDA law does not allow a school district to shift any responsibility to provide, or secure the provision of, diabetes care to the parent.

The district can assist the parent in securing a PDA and in some cases may be required to do so. For example, if a parent is willing to provide consent for a PDA, and the student's school is not staffed with a nurse, the district must make available a staff member to serve as a PDA or provide a fulltime nurse at the student's school. If a PDA is a school employee, the district must keep on file a current, and unexpired letter of intent from the employee to act as a PDA. This letter must be filed without coercion from the employer. Additionally, the letter must state the employee's willingness to be a volunteer PDA. School district employees may not be subject to any reprisal or disciplinary action for refusing to be a PDA. Furthermore, school districts should keep on file documentation of the required additional training that **all** PDAs must receive for the additional care the PDA may provide as authorized by the parent, such as insulin or glucagon injections and blood glucose monitoring procedures. A model form for documentation is included in this appendix.

RNs and ARNPs may not delegate procedures such as blood glucose monitoring and insulin injections to unlicensed staff. Thus, the law provides that the designated licensed professional is not responsible for the supervision of the PDA for those procedures that cannot be delegated and are authorized by the parent for the PDA to provide.

Parents' Responsibilities in Regards to PDAs

- Provide written authorization for a PDA to provide additional care, specifying the additional care so authorized. This may include blood glucose testing, injections, glucagon administration, and other diabetes care.
- Coordinate with the district-designated licensed professional to ensure that the additional care authorized for the PDA to provide is consistent with the child's IHP.

- Arrange for a healthcare professional or an expert in diabetes to provide training for the additional care that the parent authorizes the PDA to provide. If the PDA does not receive additional training, a health professional licensed under [RCW 18.79](#) would need to perform this care.

Parent-Designated Adult Responsibilities

- Voluntarily submit to the school district a written, current, and unexpired letter of intent. This letter must state the PDA's willingness to be a volunteer **PDA** and must be submitted at least annually.
- Meet with school staff to review the IHP and ensure care will be delivered according to the IHP.
- Attend school district training offered for staff directly involved in care of student with diabetes. The PDA, if not a district employee, may provide documentation of comparable training in lieu of attending district offered training.
- Complete and provide documentation of training for **additional** care authorized by the parents.

Liability

A school district, school district employee, agent, or PDA is not liable in any criminal action or for civil damages in his or her individual, marital, governmental, corporate, or other capacities as a result of the services provided if he or she:

- Acts in good faith.
- Acts in substantial compliance with the student's individual health plan, and the instructions of the student's licensed healthcare professional.
- Provides assistance or services as outlined in [RCW 28A.10.330-350](#).

MODEL VOLUNTARY PARENT-DESIGNATED ADULT NOTICE OF INTENT

Washington State requires public school districts to address the medical needs of students with diabetes. The school district uses this document to certify that a person intends to serve or continue to serve as a volunteer parent-designated adult pursuant to Chapter 350, Laws of 2002 which added sections to [RCW 28A.210](#).

For the purposes of this form, "parent-designated adult" means: a volunteer, who may be a school district employee, who receives additional training from a healthcare professional or expert in diabetes care selected by the parents, and who provides care, if needed, for the child consistent with the individual health plan. The "additional training" is for care that would otherwise be performed by a health professional licensed under [RCW 18.79](#). A parent-designated adult, acting in good faith and in substantial compliance with the student's individual health plan and the instructions of the student's licensed healthcare professional, that provides assistance or services shall not be liable in any criminal action or for civil damages in his or her individual or marital or governmental or corporate or other capacities as a result of the services provided to a student with diabetes.

Name: _____ Birthdate: _____

Address: _____

Phone: _____ Alternate Phone: _____

Statement of Intent

I, _____, certify that I voluntarily will serve or continue to serve as a parent-
(Name)
designated adult for _____ and will provide diabetes related healthcare
(Student Name)

to the best of my ability, consistent with the student's individual health plan. I further certify that:

_____ I have had the individual health plan training provided by the district.

_____ I have completed training comparable to the district-provided training necessary to act as a parent-designated adult.

_____ If applicable, I have completed additional training for the additional care that I am authorized by the parent to provide prior to any acts that I perform as a parent-designated adult.

(Additional language if PDA is a school employee: As a school district employee, I understand that I am not required to serve as a PDA, but choose to do so voluntarily. I have not been coerced by my employer to sign and file this Notice of Intent and I understand that my refusal to do so cannot be a basis for disciplinary action.)

Signature

Date

MODEL DESIGNATION OF A PARENT-DESIGNATED ADULT

Washington State requires public school districts to address the medical needs of students with diabetes. Pursuant to Chapter 350, Laws of 2002, which added sections to RCW 28A.210, the school district uses this document to allow the parent to designate a parent-designated adult who can provide care, if needed, for a student with diabetes.

For purposes of this form, "parent-designated adult" means: a volunteer, who may be a school district employee, who receives additional training from a health care professional or expert in diabetic care selected by the parents, and who provides care, if needed, for the child consistent with the individual health plan. The "additional training" is for care that would otherwise be performed by a health professional licensed under RCW 18.79.

By law, a school district, school district employee, agent, or a parent-designated adult, acting in good faith and in substantial compliance with the student's individual health plan and the instructions of the student's licensed healthcare professional, that provides assistance or services shall not be liable in any criminal action or for civil damages in his or her individual or marital or governmental or corporate or other capacities as a result of the services provided to my child with diabetes.

Student Name: _____ Birthdate: _____

Address: _____ Phone: _____

School Year: _____ School: _____ M/F: _____

Name of PDA: _____ Birthdate: _____

Address: _____ Phone: _____

Alternate Phone: _____ Relationship to Child: _____

Grant of Permission

As a parent or guardian of _____, a child with diabetes, I hereby acknowledge
(Student Name)

that I have read and understand this form and agree to the following:

I hereby authorize _____, to be a Parent-Designated Adult (PDA)
(Parent-Designated Adult Name)

for the above named student and empower him/her to provide diabetes related health care to my child.

I further agree that if the PDA is not a district employee and does not participate in the district individual health plan training, I will arrange for the PDA to receive comparable training. I further agree to arrange for the PDA to receive additional training for the additional care I authorize the PDA to provide, including:

Work Phone

Home Phone

Signature of Parent/Guardian

Date

PLEASE SIGN AND RETURN THIS FORM TO YOUR SCHOOL OFFICE.

If no form is on file, it will be assumed that permission for a PDA has not been granted and there will be no Parent-Designated Adult designated for your child.

APPENDIX I: Healthcare Provider Orders for Students with Diabetes

These forms are intended to help standardize information for students with diabetes. They have been designed to cover situations that may apply to the student while at school. In some cases, the majority of the blank space will not need to be filled in or the answer may be similar to the previous space. Generally, the orders should be completed and reviewed by the healthcare provider, and submitted to the school nurse annually. These sample forms were provided courtesy of the Pediatric Endocrinology and Diabetes Department at Sacred Heart Children's Hospital in Spokane, Washington.

(See following pages for healthcare provider orders)

Student
photo
here

SCHOOL DIABETES ORDERS – INJECTION (PEN/SYRINGE)

Healthcare Provider to Complete Annually

NAME: _____ DOB: _____ SCHOOL: _____ GRADE: _____

Start date: _____ End date: _____ school year ☐ Last day of school ☐ Other: _____

LOW BLOOD GLUCOSE (BG) MANAGEMENT

1. If BG is below 70 or having symptoms, give _____ grams fast-acting carbohydrate (i.e. glucose tabs, juice).
2. Recheck BG in 15 minutes and repeat carbohydrate treatment if BG still < 80 or if child continues to be symptomatic.
School nurse to notify provider's office of repeated hypoglycemia trends (i.e. more than 2-3 lows per week).
3. Once BG is > 80, may follow with 10-15 gram carb snack, or meal if time.

If unconscious, unresponsive, difficulty swallowing, or evidence of seizure: Phone 911 immediately. Do NOT give anything by mouth. ☐ If nurse or trained PDA is available, administer Glucagon (_____ mg SQ or IM)

HIGH BLOOD GLUCOSE (BG) MANAGEMENT

1. Correction with Insulin
☐ If BG is over target range _____ for _____ hours after last bolus or carbohydrate intake, student should receive correction dose of insulin per insulin orders, but only cover with carb ratio at the next meal time.
☐ Never correct for high blood sugars other than at mealtime, unless consultation with student's Healthcare Provider or as set up by 504 plan.
2. Ketones: Test urine ketones if ☐ BG > 300 two times over the course of _____ hrs or mins, or ☐ Never. Call parent if child is having moderate or large ketones.
3. No exercise if having nausea or abdominal pain, or if ketones are tested and found moderate or large.
4. Encourage student to drink plenty of water and provide rest if needed.

BLOOD GLUCOSE TESTING

BG to be tested: ☐ Before meals and for symptoms of low or high BG, or as set up by the 504 plan

Extra BG testing: ☐ before exercise, ☐ before PE, ☐ before going home, ☐ other: _____

Blood glucose at which parents should be notified: Low _____ mg/dL or High _____ mg/dL

Notify the parents if repeated hypoglycemia, abdominal pain, nausea/vomiting, fever, if hypoglycemic before going home, or if there is a refusal of care by the child.

INSULIN ADMINISTRATION at Mealtime ☐ Apidra® ☐ Humalog® ☐ Novolog®

Insulin to Carb Ratio: _____ unit: _____ grams Carb

BG Correction Factor: _____ unit: _____ mg/dL > _____ mg/dL

Pre-meal BG target: ☐ 70-150, or ☐ Other: _____

Insulin dosing to be given: ☐ before, or ☐ after meal

☐ after meal dosing when before meal BG < _____ mg/dL

☐ Parent/caregiver authorized to adjust insulin within _____ percent for carbs, BG level, or anticipated activity

☐ Licensed medical personnel authorized to adjust the insulin dose by +/- 0 to 5 units after consultation with parent/caregiver

STUDENT'S SELF-CARE *Healthcare provider and parents discuss and check box for ability level*

1. Totally independent management <input type="checkbox"/>	6. Student administers insulin injection independently or <input type="checkbox"/>
2. Student tests independently or <input type="checkbox"/>	Student consults with nurse/parent/PDA for insulin dose <input type="checkbox"/>
Student needs verification of number by staff or <input type="checkbox"/>	Student self-injects with verification of the number by designated staff or <input type="checkbox"/>
Assist/Testing to be done by school nurse/PDA/parent <input type="checkbox"/>	Student self-injects with nurse supervision only or <input type="checkbox"/>
3. Student counts carbohydrates independently or <input type="checkbox"/>	Injection to be done by school nurse/PDA/parent <input type="checkbox"/>
Student consults with nurse/parent/PDA or designated staff for carbohydrate count <input type="checkbox"/>	7. Wears Continuous Glucose Monitor (CGM); further management per IHP. Insulin and hypoglycemia management per orders based on blood glucose reading only <input type="checkbox"/>
4. Student self-treats mild hypoglycemia <input type="checkbox"/>	
5. Student tests and interprets own ketones or <input type="checkbox"/>	
Student needs assistance with interpreting ketones <input type="checkbox"/>	

DISASTER PLAN & ORDERS

Parent is responsible for providing and maintaining "disaster kit" and to notify school nurse. In case of disaster:

Use above BG correction scale + carb ratio coverage for disaster insulin dosing every 3-4 hrs.

If Lantus or Levemir long-acting insulin is available, may administer 80% of their usual dose.

If long-acting insulin is not available, then administer rapid-acting insulin every 3-4 hrs as indicated by BG levels.

Healthcare Provider Signature: _____ Print Name: _____ Date: _____

Parent Signature: _____ Print Name: _____ Date: _____

School Nurse Signature: _____ Print Name: _____ Date: _____

Student
photo
here

SCHOOL DIABETES ORDERS – INSULIN PUMP

Healthcare Provider to Complete Annually

NAME: _____ DOB: _____ SCHOOL: _____ GRADE: _____
Start date: _____ End date: _____ school year ☐ Last day of school ☐ Other: _____

LOW BLOOD GLUCOSE (BG) MANAGEMENT

1. If BG is below 70 or having symptoms, give _____ grams fast-acting carbohydrate (i.e. 4 glucose tabs, 4 oz juice).
2. Recheck BG in 15 minutes and repeat carbohydrate treatment if BG still < 80 or if child continues to be symptomatic.
3. Once BG is > 80, may follow with 10-15 gram carb snack, or meal if time.

If unconscious, unresponsive, difficulty swallowing, or evidence of seizure: **Phone 911 immediately. Do NOT give anything by mouth.** ☐ If nurse or trained PDA is available, administer Glucagon (_____ mg SC or IM)

School nurse to notify provider's office of repeated hypoglycemia trends (i.e. more than 2-3 lows per week).

HIGH BLOOD GLUCOSE (BG) MANAGEMENT

1. Correction with Insulin
 - ☐ If BG is over _____ for _____ hours after last bolus or carbohydrate intake, student should receive correction bolus of insulin per insulin administration orders; pump will account for insulin on board (IOB).
 - ☐ Never correct for high blood sugars other than at mealtime, unless consultation with student's Healthcare Provider or as set up by 504 plan.
2. Ketones: Test urine ketones if ☐ BG > 300 two times over the course of _____ hrs or mins, or ☐ Never. Call parent if child is having moderate or large ketones.
3. No exercise if having nausea or abdominal pain, or if ketones are tested and found positive (mod or lg).
4. Encourage student to drink plenty of water and provide rest if needed.

BLOOD GLUCOSE TESTING

BG to be tested: ☐ Before meals and for symptoms of low or high BG, or as set up by the 504 plan

Extra BG testing: ☐ before exercise, ☐ before PE, ☐ before going home, ☐ other: _____

Blood glucose at which parents should be notified: Low _____ mg/dL or High _____ mg/dL

Notify the parents if repeated hypoglycemia, abdominal pain, nausea/vomiting, fever, if hypoglycemic before going home, or if there is a refusal of care by the child.

INSULIN ADMINISTRATION at Mealtime/Snacks ☐ Apidra® ☐ Humalog® ☐ Novolog® Pump Brand: _____

Insulin to Carb Ratio: _____ unit: _____ grams Carb
BG Correction Factor: _____ unit: _____ mg/dL > _____ mg/dL
Basal Rates: basal rates adjusted by parent and HCP

Pre-meal BG target: ☐ 70-150 or ☐ Other: _____
Insulin dosing to be given: ☐ before, or ☐ after meal
☐ insulin & syringe should be used for pump malfunction
☐ after meal dosing when before meal BG < _____ mg/dL

- ☐ Parent/caregiver authorized to adjust insulin within _____ percent for carbs, BG level, or anticipated activity
☐ Licensed medical personnel authorized to adjust the insulin dose by +/- 0 to 5 units after consultation with parent.

STUDENT'S SELF-CARE Healthcare provider and parents discuss and check box for ability level

1. Totally independent management <input type="checkbox"/>	6. Student administers insulin bolus independently or <input type="checkbox"/> Student consults with nurse/parent/PDA for insulin dose <input type="checkbox"/> or Student self-boluses with verification of the number by designated staff or <input type="checkbox"/> Student self-boluses with nurse supervision only or <input type="checkbox"/> Bolus to be done by school nurse/PDA/parent <input type="checkbox"/>
2. Student tests independently or <input type="checkbox"/> Student needs verification of number by staff or <input type="checkbox"/> Assist/Testing to be done by school nurse/PDA/parent <input type="checkbox"/>	7. Student needs assistance with infusion pump site change, pump programming and pump troubleshooting by nurse/parent/PDA <input type="checkbox"/>
3. Student counts carbohydrates independently or <input type="checkbox"/> Student consults with nurse/parent/PDA or designated staff for carbohydrate count <input type="checkbox"/>	8. Wears Continuous Glucose Monitor (CGM); further management per IHP. Insulin and hypoglycemia management per orders based on blood glucose reading only <input type="checkbox"/>
4. Student self-treats mild hypoglycemia <input type="checkbox"/>	
5. Student tests and interprets own ketones or <input type="checkbox"/> Student needs assistance with interpreting ketones <input type="checkbox"/>	

DISASTER PLAN & ORDERS

Parent is responsible for providing and maintaining "disaster kit" and to notify school nurse. In case of disaster:

Use above BG correction scale + carb ratio coverage for disaster insulin dosing every 3-4 hrs.

If Lantus or Levemir long-acting insulin is available, may administer 80% of their usual dose.

If long-acting insulin is not available, then administer rapid-acting insulin every 3-4 hrs as indicated by BG levels.

Healthcare Provider Signature: _____ Print Name: _____ Date: _____
Parent Signature: _____ Print Name: _____ Date: _____
School Nurse Signature: _____ Print Name: _____ Date: _____

APPENDIX J: Disaster Preparedness: Three-Day Emergency Readiness

Include these pages along with copies of Low and High Blood Sugar Plan (Appendices K, L, M, and N) with Disaster Kit.

Food and insulin requirements are the primary needs for a student with diabetes. **Safety is the goal, so slightly higher than normal blood sugar levels are preferable.** The student needs enough food to prevent serious short-term problems of low blood sugar (hypoglycemia) and sufficient insulin to prevent ketoacidosis (from continually increasing high blood sugar).

Diabetes management requires the balancing of food intake with insulin administration and level of activity. Students kept at school during a disaster situation would likely have less activity and less readily available food for an extended period. Therefore, the child's insulin requirements would decrease. However, in response to a stressful incident, insulin levels may vary. Monitor the student closely, and refer to the disaster section of the healthcare provider orders (Appendix I).

Insulin

Orders for insulin amounts to be given during a disaster should be included in the Disaster Kit.

Refer to healthcare provider orders for disaster insulin dosage.

Instructions on how to administer insulin are included in this Appendix. These insulin instructions are specifically designed to allow an adult, in an emergency situation, to supervise a student who performs this skill. A student with diabetes **cannot survive without insulin**. In a disaster situation, it may be necessary for a non-licensed person to use these instructions to draw up and administer the insulin that a young child may not be able to administer on her or his own.

Registered nurses are not permitted by statute to delegate procedures requiring piercing of the skin. For further information on the issue of non-licensed persons performing such skills in a disaster situation, refer to the Nursing Care Quality Assurance Commission Advisory Opinion, Appendix V.

Parents may designate a PDA to provide care that a registered nurse may not delegate, such as insulin injections (see Appendix H). Even so, there may be a disaster situation in which an adult who is not a PDA would need these instructions.

Blood glucose checks and ketone checks

A means of checking blood glucose levels should be available. An extra meter can be left at school and may be used.

In a disaster situation, a non-licensed person may need to assist the student with this skill. However, even very young students may be able to perform or assist in the blood glucose check.

It is also important to have ketone test strips available to measure urine or blood ketones. This should be done if the blood sugar level is over 240, or as determined by healthcare provider orders, or if the student has been running higher than normal blood glucose levels. Ketones should also be checked if the student is not feeling well. If the student runs moderate or large ketones, a doctor should be notified as soon as possible. Attach a copy of the student's High Blood Glucose School Plan (Appendices M and N).

Instructions for blood glucose and ketone checks are included in this Appendix.

Nutrition

Orders regarding the amount of food and/or number of meals and snacks must be obtained from the dietitian and healthcare provider. They should be included in the Disaster Kit.

1. Try to offer three meals along with a mid-morning snack, an afternoon snack, and a bedtime snack at usual meal/snack times.
2. If possible, include a carbohydrate food and a protein food at each meal and bedtime. The table below provides some examples.

CARBOHYDRATE FOODS		PROTEIN FOODS
Bread	Fruit/canned fruit	Cheese/cheese foods
Crackers	Dried fruit	Meat/dried meat
Cereal	Juice	Canned tuna/meat
Cereal/granola Bar	Milk	Peanuts
Chips/pretzels		Peanut butter

3. If protein foods are not available, then offer carbohydrate foods every two to three hours.
4. If the student is required to spend the night at school, the student should be given a bedtime snack consisting of a carbohydrate food and protein food such as a granola or protein bar.

Low blood sugar

If a student's blood sugar is less than 70, she or he should be given a quickly absorbed sugar source such as 4–8 oz. of juice, one-half of a can of regular soda, one to two packets of sugar, one packet of honey, or four to five hard candies. A serving of carbohydrate and protein food, such as cheese and crackers, or half of a sandwich should follow.

Include a copy of the student's Low Blood Sugar School Plan (Appendices K and L) in the disaster kit.

Supplies

Parents should provide a **three-day supply** of the following at the beginning of the school year:

- Blood glucose meter (with instructions) and meter strips
- Blood or urine ketone strips
- Insulin: may be stored in refrigerator but refrigerator may not be accessible during a disaster. Insulin at room temperature may begin to lose potency after one month. Label with date that it is brought to school and date when actually opened

- Insulin syringes or pen needles
- Lancets
- Antiseptic wipes or wet wipes
- Small logbook to record insulin dose/blood sugar results
- Granola or protein bar
- Low blood sugar reaction food supplies: quick-acting sugar and carbohydrate/protein snacks. Send enough supplies for two to three episodes
- Schools are generally prepared for inclement weather with food for one or two meals on hand. If a student needs specialized food, her or his parents should work with the healthcare provider and/or dietitian and the food service manager to plan for emergency situations

Diabetes supplies should be replaced during winter break. This way what has been kept at school can be used before its expiration. It is important that supplies such as meter and all testing strips be kept at room temperature; extreme heat or cold may impair function.

SKILLS INSTRUCTION FOR DISASTERS ONLY

Blood Glucose Checks, Ketone Checks, Insulin Administration

Registered nurses are not permitted by statute to delegate procedures requiring piercing of the skin.

To check blood glucose

1. Wash and dry hands.
2. Obtain drop of blood with lancet.
3. Place drop on meter strip per meter instructions.
4. Record result.

To check urine ketones

1. Obtain a urine sample.
2. Dip test strip into urine and tap off excess against edge of container.
3. Read color change in exactly the number of seconds indicated on strip bottle or box.
4. Compare with color chart.
5. Notify a medical doctor as soon as possible if ketones are moderate or high.
6. If a medical doctor is not available:
 - a. Encourage student to drink as much water as possible.
 - b. Ensure that student rests.
 - c. Ensure student gets scheduled insulin.

To check blood ketones

1. Wash and dry hands.
2. Obtain drop of blood with lancet.
3. Place drop on meter strip per meter instructions.
4. Record result.

TO ADMINISTER INSULIN DURING DISASTERS ONLY

To draw insulin

Most insulin comes premixed. If mixing is needed, refer to the directions and consult with healthcare provider before mixing any insulin. The following charts outline the steps to administer insulin using a pen, or a vial and syringe.

Disaster Insulin Vial and Syringe Method
1. Check insulin for type, expiration date and appearance. Acceptable appearance varies depending on insulin type. Refer to manufacturer instructions.
2. Remove the colored cap but not the rubber stopper. If vial has already been opened, colored cap will not be present. Continue to step 3.
3. Gently roll vial or pen in between your hands to mix contents (for pre-mixed solution).
4. Clean rubber stopper, remove cap from needle and pull plunger back to pull air into syringe until the tip of the plunger is at the line for the number of units required for your dose.
5. Push needle through rubber stopper without the tip of the needle touching the insulin. Press the plunger to push air into the vial of insulin.
6. Turn the vial and syringe upside down so that the tip of the needle is in the insulin.
7. Hold the vial with one hand and pull back the plunger to draw insulin into syringe. Stop when the plunger is at the line for your dose. If there are air bubbles, use plunger to push the insulin back into the vial and repeat the last 3 steps.
8. Double check that the tip of the plunger is at the line marking your dose and pull the needle Out of rubber stopper.
9. Choose an injection site and clean the skin for injection.
10. Pinch a large area of skin and push the needle straight into the skin all the way at a 90-degree angle.
11. With your index finger push the plunger all the way down to inject insulin and slowly count to 5.
12. Pull the needle out of the skin.
13. Safely dispose of used syringe as directed by healthcare provider.

Disaster Insulin Pen Method	
1.	Check insulin for type, expiration date and appearance. Acceptable appearance varies depending on insulin type. Refer to manufacturer instructions.
2.	Remove the pen cap.
3.	Gently roll vial or pen in between your hands to mix contents (for pre-mixed solution).
4.	Push the capped needle straight onto the pen and turn needle forward until it is tight.
5.	Prepare pen by dialing 2 units, then proceed to point the needle upward and tap the device gently to collect air bubbles at the top.
6.	Push the dose nob in and hold for 5 seconds. Priming will be completed when the stream of insulin appears from the needle tip. If stream does not appear, repeat the steps 5 and 6 up to four times. If still does not appear, change needle.
7.	Turn dose knob to the number of units you need to inject.
8.	Choose an injection site and clean the skin for injection.
9.	Pinch a large area of skin and push the needle straight into the skin all the way at a 90-degree angle.
10.	With your thumb push the knob all the way down to inject insulin and slowly count to 5.
11.	Pull the needle out of skin.
12.	Safely replace the outer needle shield and unscrew the capped needle.
13.	Safely dispose of used needle and syringe as directed by healthcare provider.

Disaster insulin dosage

It is a good idea to decrease the student's insulin dosage during a disaster to prevent low blood sugar. A general guideline is to give 80 percent of the student's usual dose during a disaster.

In most emergency situations, basal insulin will not be available. It may be necessary for the student to take rapid acting insulin, or short acting insulin around the clock, or as described in the healthcare provider orders. Parents should update the school nurse as basal dose is adjusted.

The following insulin action chart can be used as a reference, but always refer to the **Healthcare Provider Orders for Students with Diabetes** (Appendix I). Disaster dosages, wherever recorded, must be updated as the student's insulin requirements change.

Insulin action

	Rapid-Acting	Short-Acting	Intermediate-Acting	Long-Acting	Extended-Acting
Morning	Covers the carbohydrate foods consumed at breakfast.	Lasts from breakfast to lunch.	Lasts from breakfast to just before dinner.	Lasts from lunch into the evening.	Lasts for 24-hours
Lunchtime	Covers the carbohydrate foods consumed at lunch.	Lasts from lunch to dinner.	N/A	N/A	N/A
Bedtime basal	N/A	N/A	N/A	N/A	Provides 24-hour basal insulin coverage (may also be taken in morning).

Insulin Pumps	Students will take a bolus for carbs eaten at meals or snacks.
Glargine (Lantus)	Students on this 24-hour basal insulin will take insulin for carbs eaten at all meals and snacks.

APPENDIX K: Low Blood Glucose Emergency Action Plan– For a Student who Uses Insulin Injections

An adult must accompany/stay with any student suspected of having low blood glucose!

Student Name:		Date of Birth:	
Address:	City:	State:	Zip:
Parent/Guardian:	Phone:	Cell:	
Emergency Contact:	Phone:	Cell:	
Healthcare Provider:	Office Phone:	Fax:	

IF YOU SEE THIS.....	DO THIS
Signs of Low Blood Glucose <ul style="list-style-type: none"> • Headache • Sweating, pale • Shakiness, dizziness • Poor coordination • Tired, falling asleep in class • Inability to concentrate • Student states they don't feel "right" or feel "funny" 	<p>Never send a student with suspected low blood glucose anywhere alone.</p> <ol style="list-style-type: none"> 1. Give one of the following "pure" forms of sugar (approximately 15-20 grams): <ul style="list-style-type: none"> • 4-6 oz. orange or apple juice • 2-4 glucose tablets • 6-9 Sweetart candies • 4-6 oz. regular soda (not diet/sugar-free) • Other: _____ 2. Check student's blood glucose. 3. Recheck BG in 15 minutes and repeat carbohydrate treatment if BG < 80 or if child continues to be symptomatic 4. Recheck BG in 15 minutes. <ul style="list-style-type: none"> • If BG remains <70 or child symptomatic, repeat carbohydrate treatment and call parent/guardian to come to school to pick up child. Student will not be transported on school bus with low BG <80 within 30 minutes of departure. • If BG is > 70, follow with 10-15 gram slow carb snack (such as cheese and crackers), if the next meal or snack is more than 1 hour away.
Signs of Low Blood Glucose Danger Zone <ul style="list-style-type: none"> • Unconscious • Unresponsive • Difficulty swallowing • Seizure activity 	<ol style="list-style-type: none"> 1. Call 911 2. Nurse or PDA administers prescribed dose of glucagon SQ or IM into leg, arm or buttock (____mg) 3. Keep student turned on side, vomiting is common. 4. Call School Nurse and parent/guardian. <p><u>An adult must remain with student until help arrives.</u></p>

Health Plan and medication must accompany student on any field trip or school activity.

****Keep plan readily available for substitutes!****

Attention Bus Drivers: To activate emergency procedures-pull over, call dispatch to call 911

APPENDIX L: Low Blood Glucose Emergency Action Plan – For a Student Who Uses an Insulin Pump

An adult must accompany/stay with any student suspected of having low blood glucose!

Student Name:		Date of Birth:	
Address:	City:	State:	Zip:
Parent/Guardian:	Phone:	Cell:	
Emergency Contact:	Phone:	Cell:	
Healthcare Provider:	Office Phone:	Fax:	

IF YOU SEE THIS.....	DO THIS
Signs of Low Blood Glucose <ul style="list-style-type: none"> • Headache • Sweating, pale • Shakiness, dizziness • Poor coordination • Tired, falling asleep in class • Inability to concentrate • Student states they don't feel "right" or feel "funny" 	<p>Never send a student with suspected low blood glucose anywhere alone.</p> <ol style="list-style-type: none"> 1. Give one of the following "pure" forms of sugar (approximately 15-20 grams): <ul style="list-style-type: none"> • 4-6 oz. orange or apple juice • 2-4 glucose tablets • 6-9 Sweetart candies • 4-6 oz. regular soda (not diet/sugar-free) • Other: _____ 2. Check student's blood glucose as soon as possible. 3. Recheck BG in 15 minutes and repeat carbohydrate treatment if BG < 80 or if child continues to be symptomatic. 4. Recheck BG in 15 minutes. 5. If BG remains <70 or child symptomatic, repeat carbohydrate treatment, notify school nurse and call parent/guardian to come to school to pick up student. Student will not be transported on school bus with low BG <70 within 30 minutes of departure. 6. If BG is > 70, may follow with 10–15 gram carb snack, if the next meal or snack is more than 1 hour away. 7. If blood glucose is between 80–150, notify parent and continue to monitor blood glucose.
Signs of Low Blood Glucose Danger Zone <ul style="list-style-type: none"> • Unconsciousness • Seizure 	<ol style="list-style-type: none"> 1. Call 911. 2. Nurse or PDA administers prescribed dose of glucagon SQ or IM into leg, arm, or buttock (_____ mg). 3. Keep student turned on side, vomiting is common. 4. Call School Nurse and parent/guardian. <p><u>An adult must remain with student until help arrives.</u></p>

Health Plan and medication must accompany student on any field trip or school activity.

****Keep plan readily available for substitutes!****

Attention Bus Drivers: To activate emergency procedures-pull over, call dispatch to call 911

APPENDIX M: High Blood Glucose Emergency Action Plan– For a Student Who Uses Insulin Injections

An adult must accompany/stay with any student suspected of having high blood glucose!

Student Name:		Date of Birth:	
Address:	City:	State:	Zip:
Parent/Guardian:	Phone:	Cell:	
Emergency Contact:	Phone:	Cell:	
Healthcare Provider:	Office Phone:	Fax:	

IF YOU SEE THIS.....	DO THIS
Signs of High Blood Glucose <ul style="list-style-type: none"> Excessive thirst Frequent urination Nausea, vomiting Hunger Other:_____ 	Immediate action: <ol style="list-style-type: none"> Accompany student to the health room. Check blood glucose and ketones. No exercise if having nausea or abdominal pain. Encourage student to drink plenty of water. Rest if needed.
High Blood Glucose	<p>Treat High Blood Glucose Levels – only give additional insulin if it has been more than 3 hours since last insulin injection.</p> <p>Blood Glucose >_____:</p> <ol style="list-style-type: none"> Administer the correction factor: _____unit per _____mg/dL >_____via injection. Only after 3 hours since last dose. Recheck BG as scheduled, unless provider orders state otherwise. If BG >300 two times in _____minutes/hours, check ketones (urine or blood). For BG >_____and not responding to treatment, notify school nurse and contact parent/guardian to pick up student at school. Student will not be transported on the bus with BG >_____ 30 minutes prior to departure.
Urine Ketone Levels	<p>If blood glucose is greater than 300 mg/dL two times, check urine ketones. If ill or vomiting, check ketones when BG >300.</p> <p>Ketones = Trace: No intervention needed</p> <p>Ketones = Trace – Small:</p> <ol style="list-style-type: none"> Have student drink 16-24 oz. water over 2 hours. Recheck blood glucose Recheck urine ketones If urine ketones positive, call parent <p>Ketones = Moderate – Large:</p> <ol style="list-style-type: none"> Have student drink 16-24 oz. water. Call parent. Extra insulin may be needed. Parent can direct this, per IHP or Section 504 Plan.

Health Plan and medication must accompany student on any field trip or school activity.

****Keep plan readily available for substitutes!****

Attention Bus Drivers: To activate emergency procedures-pull over, call dispatch to call 911

APPENDIX N: High Blood Glucose Emergency Action Plan– For a Student Who Uses an Insulin Pump

An adult must accompany/stay with any student suspected of having high blood glucose!

Student Name:		Date of Birth:	
Address:	City:	State:	Zip:
Parent/Guardian:	Phone:	Cell:	
Emergency Contact:	Phone:	Cell:	
Healthcare Provider:	Office Phone:	Fax:	

IF YOU SEE THIS.....	DO THIS
Signs of High Blood Glucose <ul style="list-style-type: none"> Excessive thirst Frequent urination Nausea, vomiting Hunger Other: 	Immediate action: <ol style="list-style-type: none"> Accompany student to the health room. Check blood glucose. No exercise if having nausea or abdominal pain. Encourage student to drink plenty of water. Rest if needed.
High Blood Glucose If blood glucose is above target, pump will recommend dosage.	Treat High Blood Glucose Levels Blood Glucose _____ – _____ <ol style="list-style-type: none"> Have student give correction factor bolus. Recheck blood glucose as scheduled, or per provider orders If BG does not go down, assume pump isn't working, give correction via syringe, and change infusion set. Blood Glucose > _____ : <ol style="list-style-type: none"> Have student give correction factor bolus. If glucose is > _____ consider giving the correction factor bolus via injection. _____ If BG is > 300 two times, check urine ketones and take action if required. Recheck blood glucose and urine ketones in 15-20 minutes. Two consecutive unexplained blood glucose levels > _____ : <ol style="list-style-type: none"> Change infusion set. Give correction factor bolus by injection. For BG > _____ not responding to treatment, notify school nurse and contact parent/guardian to pick up student at school. Student will not be transported on the bus with BG > _____ 30 minutes prior to departure.
Urine Ketone Levels	If blood glucose is greater than 300 two times, check urine ketones. If ill or vomiting check ketones, when BG > 300. Ketones= Trace: No intervention needed Ketones = Trace – Small: <ol style="list-style-type: none"> Have student drink 16-24 oz. water over 2 hours. Recheck blood glucose. Recheck urine ketones. If urine ketones positive, call parent. Ketones = Moderate – Large: <ol style="list-style-type: none"> Have student drink 16-24 oz. water. Call parent immediately.

Health Plan and medication must accompany student on any field trip or school activity.

****Keep plan readily available for substitutes!****

Attention Bus Drivers: To activate emergency procedures-pull over, call dispatch to call 911

APPENDIX O: Snacks at School

School specific policy and food provision will be determined by the health planning team and recorded in the student's IHP or Section 504 plan.

1. **Planned snacks are an important part of the nutritional management of most children with diabetes.** Snacks help prevent low blood sugar (hypoglycemic) reactions which can occur when food and insulin are unbalanced; for example, when there is too little food for the amount of insulin present or there is extra activity.
2. **Discuss with parent/guardian when the student has snacks during the day.** If possible, arrange in advance of school if, when, and where the student will eat planned snacks. Most elementary school-age children will have a mid-morning snack. Middle school or high school students may have different scheduled snack times due to changes in their insulin regime and daily routine.
3. **Children may need an afternoon snack at school.** Usually afternoon snacks are eaten at home, but if the child has an early lunch, physical education class late in the day, a long ride home on the bus, or an after school sports practice or other activity, an afternoon snack at school may be needed.
4. **Parent is responsible for providing planned snacks.** If the school is providing snacks and/or there is a special occasion, instructions will be written in the student's IHP or Section 504 plan.
5. **Snacks should be eaten on time.** Delaying snacks can result in low blood sugar.
6. **An extra snack may be needed before extra activity.** This may include an unusually active physical education class, a field trip, extra recess, or sports practice. If possible, alert the parent/guardian to these occasions so that extra food can be sent to school.
7. **An unplanned snack may be needed if hypoglycemia occurs.** If low blood sugar occurs, treatment with a fast-acting, simple sugar (such as two glucose tablets or 4 oz. juice) will be required. If a meal is not scheduled within the next half hour, a snack containing carbohydrate and protein should be eaten. Consistency with follow up snacks is important.
8. **Ask the parent to provide an "emergency snack box" to keep at school to use when unplanned snacks are needed.** Some examples include prepackaged snacks with "slow" carbs such as a cheese and cracker packet, granola bar, and "fast" carbs such as a small box of raisins or juice.

APPENDIX P: Guidelines for School Parties and/or Unplanned Eating

This appendix is more about having a plan for when special occasions that involve food arise than it is about regulating what students can and cannot eat at classroom parties. It is important to consider the health needs of each individual student when planning school parties. School-specific policy and food provisions will be determined by the health planning team and recorded in the student's IHP or Section 504 plan. School parties are usually celebrations of a particular holiday or occasion such as Valentine's Day, a student's birthday, or a special achievement by the class. The following suggestions for parties are a good idea for all students, not just those with diabetes.

1. **Send the party menu home in advance.** If possible, decide on the menu for the party and send this home with the students in advance. Adults at home can help the student with diabetes decide which food choices are appropriate and in what amounts.
2. **Consider the needs of the student with diabetes when setting the time for the party.** A party at the usual snack or lunch time of the student with diabetes would be a good idea.
3. **Substitute party foods for usual snack or lunch foods.** Consult with parents or refer to the student's IHP or Section 504 plan when choosing foods.
4. **Use foods and beverages that will not raise blood sugar very much.** Some examples include:
 - Water
 - Fresh vegetables
 - Nut or seed butter
 - Nuts or seeds
 - Low fat cheese
 - Hummus
 - Low fat or air-popped popcorn (no added butter or salt)

If possible, consider planning a party that doesn't include food. Some ideas include:

- Show and tell
- Special craft
- Dance party
- Extra recess
- Guest read aloud
- Overnight classroom item
- Lunch with teacher
- Birthday book reading and signing

The following resources have more great ideas for classroom parties that aren't centered around food:

- Iowa Department of Education, Non-food Classroom Reward and Celebration Ideas: https://www.educateiowa.gov/sites/files/ed/documents/1415_np_sw_NonFoodRewardsIdeas_v2.pdf
- Real Food for Kids Montgomery, Non-food Classroom Party Ideas: http://www.realfoodforkidsmontgomery.org/Non-Food_Party_Ideas.pdf
- Alliance for a Healthier Generation, Healthy Celebrations: https://www.healthiergeneration.org/_asset/nvgd8g/13-6162_HSPHealthyCelebration.pdf

APPENDIX Q: Nutrition Label Reading for Meal Planning

Schools and families can work with their school district's dietary department for assistance with carbohydrate measurements and portion sizes. This appendix includes information about nutrition label reading. It also includes an example of what a school district's nutritional information menu might look like. Schools may find it helpful to provide this appendix to families of students with diabetes as a resource.

How to read nutrition labels for the purpose of counting carbohydrates⁴⁰

To count carbohydrates, look at three things:

1. Serving size
2. Number of servings per container
3. Grams of total carbohydrate per serving

The total carbohydrate tells how many grams of carbohydrate are in one serving. Be careful when reading the label. There can be more than one serving size in the package, so if you eat more than one serving, you will need to multiply the grams of carbohydrate accordingly.

Nutrition Facts			
Serving Size 1 cup (4 oz)			
Serving Per Container 3			
Amount Per Serving			
Calories 75 Calories from Fat 27			
		% Daily	Value*
Total Fat	3 g		5%
Saturated Fat	0 g		0%
Cholesterol	0 mg		0%
Sodium	300 mg		4%
Total Carbohydrate	10 g		3%
Dietary Fiber	5 g		20%
Sugars	3 g		
Protein	2 g		
Vitamin A 80% - Vitamin C 60% - Calcium 4% - Iron 4%			
* Percent Daily Values are based on a 2,000 calorie diet. Your daily values may be higher or lower depending on your calorie needs:			
	Calories:	2,000	2,500
Total Fat	Less than	65g	80g
Sat Fat	Less than	20g	25g
Cholesterol	Less than	300mg	300mg
Sodium	Less than	2,400mg	2,400mg
Total Carbohydrate		300g	375g
Dietary Fiber		25g	30g
Calories per gram:			
Fat 9 • Carbohydrate 4 • Protein 4			

The serving size for the food is 1 cup.

There are 3 servings or 3 cups in this container.

The total carbohydrate tells how many grams of carbohydrate are in 1 serving.

Sugar is already included in the total carbohydrate amount. This value shows the amount of natural or added sugar.

- The serving size listed is 1 cup (or 4 ounces).
- The number of servings per container is 3.
- The grams of total carbohydrate per serving is 10 grams.
- If you eat the entire box, you would be eating 30 grams of total carbohydrate (3 servings x 10 grams total carbohydrate equals 30 grams).
- Or if you eat half the box, you would eat 15 grams of total carbohydrate (30 grams of total carbohydrate divided by 2 equals 15 grams of total carbohydrate).

When learning to count carbohydrates, measure the exact serving size to help train your eye to see what portion sizes look like. If the serving size is half a cup, measure out half a cup. Keep doing this until you get a good idea of the weights and volumes of different foods. Measuring foods at home can also make you feel more comfortable with estimating portion sizes in restaurants.

When using nutrition labels to count carbs, consider the following tips:

Nutrition Facts labels list a breakdown of the total carbohydrate from dietary fiber, sugars and sugar alcohols.

The grams of dietary fiber are already included in the total carbohydrate count. Since fiber is a type of carbohydrate that your body can't digest, it does not affect your blood sugar levels. Subtract the grams of fiber from the total carbohydrate. Refer to the figure to the right for an example.

Nutrition Facts		
Serving Size 1 cup (4 oz)		
Serving Per Container 3		
Amount Per Serving		
Calories 75 Calories from Fat 27		
		% Daily Value*
Total Fat 3 g		5%
Saturated Fat 0 g		0%
Cholesterol 0 mg		0%
Sodium 300 mg		4%
Total Carbohydrate 10 g		3%
Dietary Fiber 5 g		20%
Sugars 3 g		
Protein 2 g		
Vitamin A 80% - Vitamin C 60% - Calcium 4% - Iron 4%		
* Percent Daily Values are based on a 2,000 calorie diet. Your daily values may be higher or lower depending on your calorie needs:		
	Calories:	2,000 2,500
Total Fat	Less than	65g 80g
Sat Fat	Less than	20g 25g
Cholesterol	Less than	300mg 300mg
Sodium	Less than	2,400mg 2,400mg
Total Carbohydrate		300g 375g
Dietary Fiber		25g 30g
Calories per gram:		
Fat 9 • Carbohydrate 4 • Protein 4		

The total carbohydrate tells how many grams of carbohydrate are in 1 serving.

Fiber has to be subtracted from the Total Carbohydrate

Total CHO (10g)
- Fiber CHO (5g)
5g Net CHO

The **NET** Carbohydrate is 5g

Nutrition Facts		
Sugar Free Candy Bar		
Serving Size 1 bar (60 g)		
Amount Per Serving		
Calories 232 Calories from Fat 106		
		% Daily Value*
Total Fat 12 g		20%
Saturated Fat 7 g		60%
Cholesterol 13 mg		4%
Sodium 50 mg		2%
Total Carbohydrate 29 g		8%
Sugars 0 g		
Sugar Alcohol 18 g		
Protein 2 g		
* Percent Daily Values are based on a 2,000 calorie diet. Your daily values may be higher or lower depending on your calorie needs:		
	Calories:	2,000 2,500
Total Fat	Less than	65g 80g
Sat Fat	Less than	20g 25g
Cholesterol	Less than	300mg 300mg
Sodium	Less than	2,400mg 2,400mg
Total Carbohydrate		300g 375g
Dietary Fiber		25g 30g
Calories per gram:		
Fat 9 • Carbohydrate 4 • Protein 4		

The total carbohydrate tells how many grams of carbohydrate are in one serving. It includes the carbohydrate in fiber, sugars and sugar alcohols

Sugar alcohol is **INCOMPLETELY** absorbed. Estimate that only half of the sugar in sugar alcohol will be absorbed and impact your blood sugar.

In this example the total carbohydrate per serving will be 29 grams **MINUS ONE HALF (1/2)** the carbohydrate in the sugar alcohol.
One half of the sugar in the sugar alcohol per serving is:
 $18\text{g CHO} \div 2 = 9\text{ grams of CHO}$.

So the **TOTAL CARBOHYDRATE PER SERVING** is:
29 grams CHO **minus** 9 grams CHO for the sugar alcohol = **20 grams CHO**

- The grams of sugar are already included in the total carbohydrate amount. So do not count this sugar amount separately. The grams of sugar listed include both natural sugars, from fruit or milk, and added sugars.
- Some Nutrition Facts labels may also list sugar alcohols under total carbohydrate. Sugar alcohols can be found in products that are labeled "sugar-free" or "no sugar added." But don't be fooled – sugar alcohols are still a form of carbohydrate, and they still affect your blood sugar levels, if not as dramatically. Usually about half of the sugar alcohol is counted as carbohydrate. The image below provides an example of how to include sugar alcohols in carb counting.

Other resources for help learning about carb counting include:

1. American Diabetes Association page regarding reading nutrition labels:

<http://www.diabetes.org/food-and-fitness/food/what-can-i-eat/food-tips/taking-a-closer-look-at-labels.html?referrer=https://www.google.com/>

2. Video about nutrition label reading from American Diabetes Association:

<https://www.youtube.com/watch?v=fFD1rmiDyM>

Sample School Meal Nutritional Information Menu

The table below is an example of what a school district's dietary department might provide families regarding nutritional information about school-provided meals. These are not intended to provide specific nutrition information for medical use, but instead aim to provide information to understand the nutritional content of menu items. This example is included with permission from Spokane Schools Nutrition Services Director.

Nutritional Information for the week of February 29, 2016								
Monday 02/29/16	Serving Size	Calories	Fat	Sodium	Carbs	Fiber	Protein	Major Ingredients
HOTDOG	SERVING	329	17	767	27	2	15	Hotdog: beef Bun: wheat, soy, yeast
GRILLED CHICKEN SANDWICH	SERVING	268	7	521	27	1	1	Patty: chicken, soy, corn starch, yeast, sunflower oil, (gluten free) Bun: wheat, soy, yeast
MUSTARD PACKET	1 EACH	4	0	68	0	0	0	Mustard, turmeric, paprika, vinegar
KETCHUP PACKET	1 EACH	10	0	25	3	0	0	Tomato, corn syrup, onion powder
BARBECUE SAUCE	2 TBSP	28	0	128	9	0	0	(Longhorn): tomato, HF corn syrup, Worcestershire sauce powder (molasses, vinegar, corn syrup solids, salt, garlic), saly, onion powder, brown sugar, hydrolyzed soy protein
FRENCH FRIES	½ CUP	153	6	219	24	2	2	Potatoes, soy, wheat, rice flour, corn syrup
**DELI CHOICE PBJ								
PBJ SANDWICH	1 EACH	290	15	340	33	4	10	**Sandwich: bread: wheat, corn syrup, yeast, soybean Filling: PEANUTS , soy & corn ingredients, yeast, molasses, grape or strawberry jelly Cheese: Milk Muffin: wheat, soy, milk, egg, blueberries, applesauce
STRING CHEESE	1 EACH	81	5	192	0	0	7	
MUFFIN	1 EACH	120	3	74	20	2	1	
FRESH FRUIT & VEGETABLE BAR – must take ½ cup								
ROMAIN LETTUCE W/ DRESSING	½ CUP	29	2	36	2	0	0	Romaine lettuce; Mayonnaise: egg, soy, dairy, garlic powder, onion
RED PEPPERS	¼ CUP	13	0	0	2	0	0	Red peppers
CARROTS	¼ CUP	26	0	48	6	2	0	Carrots
BROCCOLI	¼ CUP	11	0	11	1	1	1	Broccoli
LITE RANCH DRESSING	3 TBSP	70	8	185	1	0	0	Mayonnaise: egg, soy, dairy, garlic powder, onion
BAKED BEANS	½ CUP	200	0	552	42	6	7	Legumes (navy beans), tomato, corn ingredients, onion & garlic powder
PEARS	½ CUP	81	0	0	20	0	0	Cabbage, carrots, raisins, pineapple
Additional items maybe on the fresh fruit and vegetable bars								
1% White Milk	1 CARTON	110	2	130	13	8	0	Milk
Skim Milk	1 CARTON	90	0	130	13	9	0	Milk
Nonfat Chocolate Milk	1 CARTON	140	0	240	28	8	0	Milk, cocoa, cornstarch
Lactose Free Milk	1 CARTON	130	5	130	13	0	8	Milk
Soy Milk	1 CARTON	130	4	150	11	1	10	Soy
Some schools offer a Deli Choice menu option everyday with may contain a **peanut butter & jelly sandwich or yogurt. **Product contains peanuts *Commercial products are made in a plant that also manufactures product containing tree nuts or peanuts								

It is not the intention of Nutrition Services to provide specific nutrition information for medical use. But, rather to provide users with information to better understand the nutritional content of the menu items for Spokane Public Schools. Nutrient values are useful guides but must be considered estimates. The information is correct to the best of our knowledge provided from manufacturer's labels and nutrition computer database.

APPENDIX R: Meal Service for Students with Diabetes

Will the food service department provide meals to students with diabetes?

The food service department will provide meals if a diet order is prescribed by a licensed medical authority.

Who pays for meals?

All food and labor used to prepare the food for school lunches and breakfasts can be paid for from food service revenue.

If the school participates in the [National School Lunch Program](#) (NSLP) and/or the [School Breakfast Program](#) (SBP), lunch and/or breakfast will be available in the school. Free and reduced-price meals are available to students based on family size and income. In general, free meals are available to students from families whose income is at or below 130 percent of the federal income poverty guidelines. Reduced-price meals are for families with incomes between 130 percent and 185 percent of this guideline. Schools have applications available for families to fill out.

Who pays for snacks?

If the student requires a meal or snack that is generally not provided (e.g., an afternoon snack), the food service department can provide this snack. If the student qualifies for special education, the snack and time to prepare it can be paid for from special education funds.

Disaster or emergency situations.

Schools are generally prepared for inclement weather with food for one or two meals on hand. If a student needs specialized food, his or her parents should work with the healthcare provider and/or dietitian and the food service staff to plan for emergency situations. Parents should provide emergency supply of hypoglycemic snacks (such as juice or whole grain crackers).

Meals that are withheld or delayed as a disciplinary measure.

Withholding meals as a disciplinary measure is not allowed in the NSLP or SBP. The school must use some other means to discipline its students.

Meals that are withheld because of nonpayment.

This is a school or school district issue. We recommend that the school district or school develop a policy that addresses a way for students to receive meals when they have no cash. The most common method is a petty cash fund that a student can borrow from.

Using food service staff to prepare and portion meals.

Food service staff can prepare and serve meals to students with diabetes based on predetermined diet orders. They will portion food based on diet orders.

Using food service staff to monitor students with diabetes at meal times.

Food service employees are hourly workers with very specific tasks. Their jobs are to prepare food, serve meals, and clean up the kitchen. They are seldom in the cafeteria area except to clean tabletops. The use of food service employees to monitor student mealtime is not an appropriate use of scheduled hours.

APPENDIX S: Special Education if Parents and School Staff Don't Agree⁴¹

When a child is eligible for special education, the child is guaranteed by federal and state law a Free Appropriate Public Education (FAPE) through individualized special education services. Because services are individualized, parents and school districts must work together to determine exactly which services the child needs and how services will be delivered. Sometimes parents and school staff do not agree about what is appropriate for the student's educational program.

When parents and school staff do not agree about the educational program for an eligible special education student, the first step is to consider whether additional IEP meetings would assist in achieving a program that is agreed to by the IEP team.

Ultimately, however, it is the district's obligation to offer a free appropriate educational program for the student.

If differences cannot be resolved through IEP meetings, procedural safeguards give parents and schools several options for making decisions about an educational program for an eligible special education student. For more information about rights covered under the IDEA, see the [Notice of Special Education Procedural Safeguards for Students and Their Families under the IDEA](#)⁴² or contact OSPI Special Education office, at 360-725-6075.

Mediation: Mediation is a voluntary process to help parents and school personnel work out their disagreements about a student's educational program. A trained, neutral mediator helps both parents and school personnel clarify issues at no charge to either party. Together they develop mutually acceptable agreements about the educational program for the student with a disability. Because mediation is voluntary, either party can terminate the mediation process at any time, if the parties do not reach agreement. While mediation is an alternative to starting a due process hearing, it cannot be used to deny or delay a due process hearing.

For more information about special education mediation services, call Sound Options at 1-800-692-2540 or Washington State Relay Service at 1-800-833-6388 (TTY), or 1-800-833-6384 (voice).

Due process hearing: A due process hearing is the formal legal action designed to resolve disagreements between parents and educators about the appropriateness of a student's educational program or other matters involving the student's eligibility for special education. Parents and school districts are usually represented by lawyers who know special education law. The due process hearing is conducted by an impartial (neutral) administrative law judge who will make a decision on the case. A parent or school district may start a due process hearing at any time to resolve differences. Both parties have the right to file an appeal to state superior or federal court within 90 calendar days of the decision.

Citizen's complaint: A citizen's complaint may be filed when a parent believes that a school district has violated state or federal special education laws or regulations. The complaint must be filed with the Office of Superintendent of Public Instruction (OSPI). A copy of the complaint must also be provided to the school district. The complaint will be investigated by OSPI and a written response developed within 60 calendar days after the complaint is received.

Procedural safeguards: Procedural safeguards protect the parents' rights to participate meaningfully in decisions about the student's educational program. Procedural safeguards give parents and school staff a set of tools to help them solve problems and settle disagreements about the educational program of a special education student. Both the local school district and the OSPI have copies of the notice of procedural safeguards. The safeguards address many issues including prior written notice, consent, and access to and confidentiality of records. In addition, copies of the notice should be given to parents at specific times. The school district should be able to go over the procedural safeguards and address any questions regarding them.

Prior written notice: School districts must provide parents with written notice each time they propose or refuse to start or change services for an eligible special education student. The term "services" refers to any action to identify, evaluate, place, or provide FAPE to a student with a disability.

Consent: School districts must get parental consent for evaluation, for initial placement in special education, and for reevaluation (with certain exceptions) of a student. Districts have the right to request a hearing to determine a student's need for services when parents will not give consent. Parents also have the right to appeal such action.

Access to records: Parents have the right to review all educational records kept by the school district about their child as guaranteed by the Family Educational Rights and Privacy Act of 1974 (FERPA). When a parent requests such information, the district must provide it without unnecessary delay (within 45 calendar days) and before any meeting about the child's IEP or due process hearing. If parents find an educational record is inaccurate or misleading, they may request changes or corrections. Schools and education agencies must promptly respond to these requests.

Confidentiality: FERPA also protects confidentiality. A parent's consent is usually needed before personally identifying information is given about a student. Generally, however, an exception may be allowed for school officials who have a legitimate educational interest to review an educational record to fulfill their professional responsibilities. A school official includes school administrators, supervisors, instructors, consultants, therapists, support staff (including health or medical staff and law enforcement personnel), or officials of the school where the student seeks or intends to enroll.

APPENDIX T: Skills Check for PDAs for Additional Care Authorized by Parent

This skills check list is a sample of what could be used in training a volunteer PDA who may or may not be a district employee. The skills included here are for additional care authorized by the parent. A health professional licensed under RCW 18.79 would otherwise perform this care. The training for these tasks is to be provided by a healthcare professional or expert in diabetes selected by the parent. It is recommended that the trainer obtain a copy of the student's individual health plan or Section 504 plan and/or communicate with the school nurse. This will enable the trainer to provide training consistent with the student's individual health plan or Section 504 plan for school.

The educator's initials go in the "Instruction Provided" and "Assessment" boxes. Objectives that are not applicable should be crossed out. Individual objectives may be added. The PDA should take this form with them to their training, and return the signed form to the school nurse.

For more information about developing training curriculum for PDAs, refer to the [Curriculum Standards for Developing Curricula to Train Parent Designated Adults Working with Students with Diabetes](#) (2009), found on OSPI's website.

Name of Parent Designated Adult:

Date of instruction:

Student's Name:

Student's Date of Birth:

Blood Sugar Monitoring

Learning Objectives/Content		Instruction Provided Discussion/ Demonstration	Assessment Returned Demonstration, or Verbalized Understanding	Comments
Identifies supplies:	Meter, strips, lancets, lancet device, cotton ball or Kleenex, Zip lock baggie for strip disposal (optional), log book, if needed.			
Describes steps in monitoring:	Calibration needed and current strips.			
	How to load the strip and when to change.			
	How to load the lancet device.			
	Preparation, including adequate handwashing, and choice of extremity to be poked.			
	Poke forearm vs. finger.			
	Correct way to operate meter.			
	How to read the blood sugar reading, i.e., what does high mean?			
	Storage and disposal of strips.			
Demonstrates obtaining blood sample and running the meter.				

Continuous Glucose Monitoring ⁴³

Learning Objectives/Content		Instruction Provided Discussion/ Demonstration	Assessment Returned Demonstration, Or verbalized Understanding	Comments
Demonstrates:	How to interpret CGM data.			
	How monitor is used to augment testing.			
	How to respond to an alarm.			
	How to confirm with blood sugar monitoring.			

Insulin

Learning Objectives/Content		Instruction Provided Discussion/ Demonstration	Assessment Returned Demonstration, or Verbalized Understanding	Comments
Identifies supplies:	Insulin or insulins, syringe, site rotation plan. Provider orders for amount of insulin to be given, syringe disposal container.			
Demonstrates administration of Insulin:	Insulin action—general and child specific.			
	Site preparation.			
	Determine what and how much insulin is to be given.			
	Syringe size.			
	Air replacement.			
	Draw up insulin.			
	Expulsion of air.			
	Choose area to inject.			
	Injection of insulin.			
	Check site for leakage after injection.			
	Disposal of syringe and storage of insulin.			

Insulin Pen

Learning Objectives/Content		Instruction Provided Discussion/ Demonstration	Assessment Returned Demonstration, or Verbalized Understanding	Comments
Identifies supplies:	Insulin pen-specific to child, pen needles, cartridge.			
Describes pen operation:	Priming of pen with new cartridge and each time usage.			
Demonstrates administration of insulin:	Insulin actions—child specific.			
	Site preparation.			
	Determine what and how much insulin to be given by referring to provider orders.			
	Dial dose needed.			
	Choose area to be injected.			
	Inject insulin.			
	Check site for leakage after injection.			
	Disposal of pen needle and storage of pen and insulin.			

Insulin Pump

Special training outside the normal parent-designated adult instruction is needed. The training must be pump specific. As noted in the paragraph at the top of this appendix, training should be provided by a healthcare professional or expert in diabetes, selected by the parent.

Learning Objectives/Content		Instruction Provided Discussion/ Demonstration	Assessment Returned Demonstration, or Verbalized Understanding	Comments
If the student uses a continuous glucose monitor (CGM), understand and demonstrate calibration. Understand that no treatment should be based on CGM readings – student must test.				
Identifies supplies:	Complete change of reservoir and infusionset (only if trained by pump trainer for that specific pump).			
	Know proper pump storage. Do not store in extreme conditions. Indicate if pump is water proof or not.			
Demonstrates and describes giving bolus:	Understand function of bolus. Identify correction bolus versus meal bolus.			
	Calculate amount of insulin to be given.			
	Give bolus.			
Site change:	Will need specific instruction by the pump trainer for the specific set insertion and device used.			
Describes trouble shooting:	Call parents.			
	Know how to respond to and treat high blood sugars.			
	Symptoms of diabetes ketoacidosis due to failure of insulin delivery or other pump problem.			
	Know and understand backup methods if the pump completely fails. This should be outlined in IHP or Section 504 Plan.			

Glucagon

Learning Objectives/Content		Instruction Provided Discussion/ Demonstration	Assessment Returned Demonstration, or Verbalized Understanding	Comments
Identifies supplies:	Non-expired Glucagon kit.			
Demonstrates Administration of Glucagon:	When to use.			
	Proper mixing and/or administration.			
	Choose site and delivery method per Provider's Orders.			
	Be sure 911 and parents have been called.			
Describes follow up:	Roll child to side in case vomiting occurs.			
	Monitor blood sugar (see skills section for blood sugar monitoring).			

Low blood sugar (Hypoglycemia)

Learning Objectives/Content		Instruction Provided Discussion/ Demonstration	Assessment Returned Demonstration, or Verbalized Understanding	Comments
Describes:	Low blood sugar per IHP or Section 504 plan.			
	Signs and symptoms for this child.			
	Possible causes of low blood sugar.			
	Treatment of mild, moderate, and severe low blood sugar.			

High blood sugar (Hyperglycemia)

Learning Objectives/Content		Instruction Provided Discussion/ Demonstration	Assessment Returned Demonstration, or Verbalized Understanding	Comments
Describes:	High blood sugar per IHP or Section 504 plan.			
	Signs and symptoms for this student.			
	Possible causes of high blood sugar.			
	Treatment of high blood sugar, and when to test for ketones. Know signs and symptoms of ketoacidosis.			

Urine Ketone Testing

Learning Objectives/Content		Instruction Provided Discussion/ Demonstration	Assessment Returned Demonstration, or Verbalized Understanding	Comments
Identifies Supplies:	Ketone test strips properly stored and dated, containers to collect urine, watch/clock for timing.			
Describes:	When to test.			
	Test procedure.			
	Actions in response to a positive ketone test (including trace, small, moderate, and large).			
Identifies that color blindness, especially in males, will interfere with test interpretation.				

I have received training and understand what has been taught. This instruction is valid until _____ (date), unless changes have been made in the student's regimen.

PDA: _____
(signature)

Instructor: _____
(signature)

APPENDIX U: Insulin Action Chart⁴⁴

The table below shows the onset, peak, and duration action times of various insulin types. This table is a guide. Always refer to insulin maker's instructions for use and safety, and healthcare provider orders for more information.

CATEGORY	NAME	ONSET OF ACTION <i>How long before it starts to work.</i>	PEAK ACTION <i>When the insulin has the strongest effect.</i>	DURATION OF ACTION <i>How long the insulin usually lasts.</i>
RAPID-ACTING and REGULAR	Humalog/NovoLog/Apidra	10–15 min	30–90 min	3–4 hours
	Regular	30–60 min	2–4 hours	6–9 hours
INTERMEDIATE-ACTING NPH		1–2 hours	3–8 hours	12–15 hours
LONG-ACTING/BASAL	Lantus	1–2 hours	2–22 hours	24 hours
	Levemir	1–2 hours	2–20 hours	20 hours
PRE-MIXED INSULIN	70/30NPH/Regular	30–60 min	3–8 hours	12–15 hours
	75/25NPH/Humalog	10–15 min	30 min–8 hours	12–15 hours

APPENDIX V: Washington State Nursing Care Quality Assurance Commission Advisory Opinions, Interpretive Statements, Policy Statements, or Declaratory Statements

The Washington State Nursing Care Quality Assurance Commission's (NCQAC) authority includes issuing advisory opinions, interpretive statements and other formal position statements. Statements and opinions do not change the law and are advisory only, but may be helpful in the care planning process.

Complete copies of the opinions, including questionnaires completed by the requestors, may be found on the NCQAC's website or are available by request from the Washington State Nursing Care Quality Assurance Commission, PO Box 47864, Olympia, WA 98504-7864.

(See following pages for full advisory opinion)

Department of Health
Nursing Care Quality Assurance Commission
Advisory Opinion

The Nursing Care Quality Assurance Commission (NCQAC) issues this advisory opinion in accordance with WAC 246-840-800. An advisory opinion adopted by the NCQAC is an official opinion about safe nursing practice. The opinion is not legally binding and does not have the force and effect of a duly promulgated regulation or a declaratory ruling by the NCQAC. Institutional policies may restrict practice further in their setting and/or require additional expectations to assure the safety of their patient and/or decrease risk.

Title:	Registered Nurse Delegation in School Settings	Number:NCAO4.0
References:	RCW 18.79 Nursing Care WAC 246-840 Practical and Registered Nursing Nursing Scope of Practice Decision Tree RCW 28A.210 Delivery of Medications and Services by Unlicensed School Employees Senate Bill 6128 RCW 72.40 State Schools for Blind, Deaf and Sensory Handicapped	
Contact:	Deborah Carlson, MSN, RN	
Phone:	360-236-4725	
Email:	Debbie.carlson@doh.wa.gov	
Effective Date:	July 11, 2014	
Supersedes:	Not Applicable	
Approved By:	Nursing Care Quality Assurance Commission	

Conclusion Statement

The purpose of this advisory opinion is to ensure that nursing care has a consistent standard of practice upon which the profession, school administrators, teachers, parents, other school staff and the public may rely, to safeguard the authority of the registered nurse (RN) to make independent professional decisions regarding delegation of nursing tasks, and to protect students' safety. Nursing delegation is defined as transferring a nursing task to another individual who would not normally be allowed to perform the task (WAC 246-840). Student health and safety must be the primary consideration in the RN's decision to delegate a nursing task to unlicensed assistive personnel (UAP) in public schools, private schools, charter schools, and any entity that considers itself an educational institution or school. Licensed practical nurses (LPNs) may not delegate nursing care in this setting. The RN delegating the care retains accountability and responsibility for the delegation. Delegation of nursing care is not within the authority of school administrators, principals, teachers, office staff, coaches, bus drivers, other health care professionals, or other school employees. RNs cannot delegate to volunteers, parents, or non- school employees during school or during school-sponsored events. Nursing delegation is not appropriate for all students, all nursing tasks, all school settings, or all circumstances. The RN delegating the care must have the education, knowledge, skills, and abilities to delegate nursing tasks competently and safely. No person may coerce a RN into

compromising student safety by requiring delegation if the RN determines it is inappropriate to do so.

Background and Analysis

Nurses, school administrators, and the general public frequently seek guidance from the NCQAC about delegation in school settings. Growing numbers of Washington state students with acute or chronic health care needs depend on help with nursing tasks during the school day. Students must have access to health care during school and extra-curricular school-sponsored events to enable them to participate fully. Many school districts in Washington State do not have a full-time school nurse. To meet student needs, Washington state law allows school RNs to delegate certain nursing tasks to UAP in routine and emergency situations.

Providing nursing care and delegation in school settings is uniquely challenging since a school's primary mission is education, not health care. It is not a traditional health care setting where advanced emergency equipment and other licensed health care providers are readily available. Another challenge is that school administrators, staff, parents, and other health care professionals may not understand the legal and regulatory parameters that guide nursing delegation nor the complexity of delegating care in this setting.

Nurses may be confronted with pressure from school administrators or others to delegate inappropriately, which might extend to threatening their jobs if they refuse to do so. At the same time, they may face disciplinary action if delegation does not follow nursing standards and regulatory practices.

State law stipulates that delegation can only be done if a student's condition is stable and predictable. Legal exceptions exist for emergencies limited to delegating injectable epinephrine for students with known anaphylaxis and intranasal medications for seizures ([RCW 18.79.240](#), [RCW 28A.210.330](#)).

Laws allow a parent designated adult (PDA) to give care for students with seizures and diabetes. The RN does not delegate care to a PDA ([RCW 28A.210.330](#)). The RN may delegate administration of nasal sprays. Intranasal legend drugs (including controlled substances) may be delegated **only** if a licensed nurse is not on the premises ([RCW 28A.210.260](#)). The law requires a school employee (non-nurse) that administers a legend drug (intranasal) to summon emergency medical assistance as soon as practicable.

The RN assigned to a student, or with a student caseload, is solely responsible for the decision to delegate. No one else has the authority to delegate nursing care activities. The law provides protection from coercion from others (such as administrators, teachers, parents, or other health care providers) if the nurse determines it is inappropriate to delegate a task ([RCW 18.79.260](#)). This includes protection from employer reprisal or disciplinary action by the NCQAC if delegation could compromise student safety.

Questions often arise regarding the concepts of supervision and delegation in schools. In this context, supervision is defined as, "providing guidance and evaluation for the specific task including the initial direction of the task, periodic inspection of the actual act of accomplishing the task, and the authority to require corrective action" ([WAC 246-840-010](#)). This definition is different from the overall act of supervision of general performance as an employee. RNs may perform nursing care independently and carry out medical regimens interdependently under

the direction of an authorized provider ([RCW 18.79.260](#)) without supervision. LPNs may carry out medical regimens under the direction and supervision of an authorized provider (physician and surgeon, dentist, osteopathic physician and surgeon, physician assistant, osteopathic physician assistant, podiatric physician and surgeon, advanced registered nurse practitioner, or midwife ([RCW 18.79.060](#))). LPNs may carry out nursing regimens under the direction and supervision of a RN. LPNs may assist RNs in carrying out complex activities. The act of delegation does not apply to LPNs based on the definition previously provided. When supervising UAP or LPNs, the act of supervision does not necessarily mean the RN delegating the care has to be on the premises. The law does not allow LPNs may not delegate to UAP in the school.

As of July 1, 2014, in order to carry out delegated tasks, school district employees who are UAP must first submit letters indicating their willingness to give medications or perform nursing care not previously recognized in law ([SB 6128](#)). School district employees may decline to file letters and are protected from coercion, employer reprisal, or disciplinary action. Employees, school districts or schools, governing board members, and chief administrator are protected from liability if the UAP performs the task in substantial compliance with NCQAC rules, follows the RN's instructions, and follows written school or district policies. School boards must designate a school RN or ARNP to consult and coordinate care with parents and health care providers as well as train and supervise the school UAP to ensure a safe, therapeutic learning environment. This includes ongoing training for tasks performed infrequently. Volunteers and school district UAP are immune from civil damages when they provide emergency medical services (or transport for emergency medical treatment) at a school- sponsored event. This excludes licensed health care providers.

The majority of laws and rules about nursing delegation in schools apply to public school settings. [RCW 28A.210.260](#) addresses delegation of medication administration in public and private schools but does not address delegation of other care that students might require. There is no explicit guidance for nurse delegation in other school-based entities such as private schools; charter schools; tribal schools; state schools such as the schools for the blind, deaf, and sensory handicapped, and juvenile residential schools ([RCW 72.40](#)).

Recommendations

Principles of Delegation

The Nursing Commission adopts the following principles for RNs from the *American Nurses Association and National Council of State Boards of Nursing Joint Statement on Delegation*. A RN delegating in a school setting:

- Takes responsibility and is accountable for providing nursing care.
- Directs the care and determines whether delegation is appropriate.
- Delegates specific tasks but not the nursing process.
- Uses nursing judgment concerning a student's condition, the competence of the UAP, and the degree of supervision required prior to delegation.
- Delegates only those tasks where the UAP has the knowledge, skill, and ability to perform the task safely (considering training, cultural competence, experience, regulations, and institutional policies and procedures).

- Communicates and verifies comprehension and acceptance of delegation and responsibility (consider a letter of intent to accept delegation based on law and school policy in instances where the task is not previously recognized in law).
- Provides opportunities for the UAP to ask questions and clarify expectations.
- Uses critical thinking and professional judgment when following the *Five Rights of Delegation*.

(National Council of State Boards of Nursing):

- Right task – task is appropriate to be delegated
- Right circumstances – appropriate setting and necessary resources
- Right person – right task for the right student
- Right directions and communication – clear, culturally appropriate and concise training of the tasks (objectives, limits, expectations and skills competency demonstration)
- Right supervision and evaluation – appropriate monitoring, evaluation, intervention, supervision, feedback, and documentation
- Should be involved in establishing systems to assess, monitor, verify, and communicate ongoing competency requirements in areas related to delegation.

Delegation Process

1. Use the *School RN Delegation Decision Tree* to determine whether delegation of a nursing task is appropriate.
2. Perform nursing assessment of the student's health care needs; consider available resources and unique factors that could make outcomes of the delegated task unpredictable, such as:
 - Whether there is a nurse available or able to provide care on a regular basis
 - Whether the student's health care needs are stable, uncomplicated, routine, and predictable
 - Whether the environment is conducive to delegation
 - Whether the student is unable to provide self-care
 - Whether the task does not require use of nursing judgment
3. Develop a plan to provide periodic re-training and re-demonstration of competency.
4. Perform periodic inspection and evaluation and take corrective action as needed.
5. Delegate only in accordance with the RN's education, training, knowledge, skills, and experience (seek consultation from another RN if necessary).
6. Assess the UAP's willingness and potential ability to perform the task for the individual student:
 - Consider psychomotor and cognitive skills required to perform the nursing task
 - Verify that the UAP is willing to perform the task in the absence of direct or immediate nurse supervision and has signed the letter of intent (if applicable)
 - Analyze the complexity of the nursing task to determine required or additional training needed by the UAP to competently accomplish the task
 - Assess the level of interaction required, considering language or cultural diversity, that may affect communication or the ability to accomplish the task to be delegated, as well as methods to facilitate the interaction
7. Provide or verify training and competency assessment for the UAP (consider using standardized training modules and assessment processes).

8. Provide clear and specific instructions to the UAP including when and how to contact the RN delegating the care or back-up RN.
9. Implement and evaluate delegation
 - Supervise and evaluate the UAP's performance on a periodic basis (the method and frequency of supervision and evaluation is at the discretion of the RN delegating the care)
10. Document the delegation process and adherence according to school or school district policies.
11. Notify district administration if it is not safe to delegate a particular nursing task and of the potential need for the district to provide nursing services rather than providing the care through delegation to a UAP.

Implementing Changes in Delegated Tasks

The assigned RN retains authority to decide if a new or altered task can be delegated immediately:

1. Review the criteria and process for delegation prior to delegating the new or revised task.
2. Provide training or re-training and competency assessment as appropriate.
3. Document changes in delegation of the new or altered task.

Rescinding Delegation

School RNs delegating care retain the authority to rescind delegation when the following occur:

1. A significant change or decline in the student's health status that would make delegation unsafe.
2. The UAP lacks sufficient training, knowledge, skills, or ability to perform a task safely and competently.
3. A determination that the specific task requires nursing judgment.
4. There is a change in school nurse assignment or school nurse turnover.
5. The school nurse is no longer employed by the school or school district or there is a change in the school nurse's assignment.
6. The school nurse is no longer under contract (for example, during summer vacation).

In such cases, the delegating RN should initiate and participate in developing an alternative plan to ensure continuity. Rescission of delegation and actions taken should be documented.

Transferring Delegation

Delegation authority cannot be transferred from one RN to another. If the delegating RN is no longer assigned to a student or group of students, the RN assuming authority must undertake new delegation to the UAP.

Documentation

The delegating RN should document the delegation process regardless of the documentation system used by the school or school district using the fundamental principles of nursing documentation:

- Instructions for the task should be specific and broken into individual components.
- Document specific steps for the delegated task.
- Consider using a system where the RN and UAP initial each step in the document for complicated tasks.

(Document date(s), training, and competency assessment including RN and UAP signatures.)

Supervision

RNs may have a non-nursing supervisor for general employment purposes. Performance evaluation specific to nursing care should only be done by a RN with the education, knowledge, skills, and abilities specific to school nursing. RNs delegating care must assess students prior to delegation and should determine the appropriate level of supervision of the UAP based on the task and student-specific circumstances:

- Indirect supervision: the RN gives written or oral instructions for the care and treatment and is not on the premises
- Immediate supervision: the RN provides guidance and evaluation, is on the premises within audible and visual range of the student
- Direct supervision: the RN provides guidance and evaluation based on assessment, is on the premises and quickly and easily available

Policies and Procedures

School nurses should follow professional practice standards within the legal framework and individual scope of practice. The school or school district should have policies and procedures based on regulations, scope of practice, and nursing care standards relevant to delegation. School RNs should be involved in developing these.

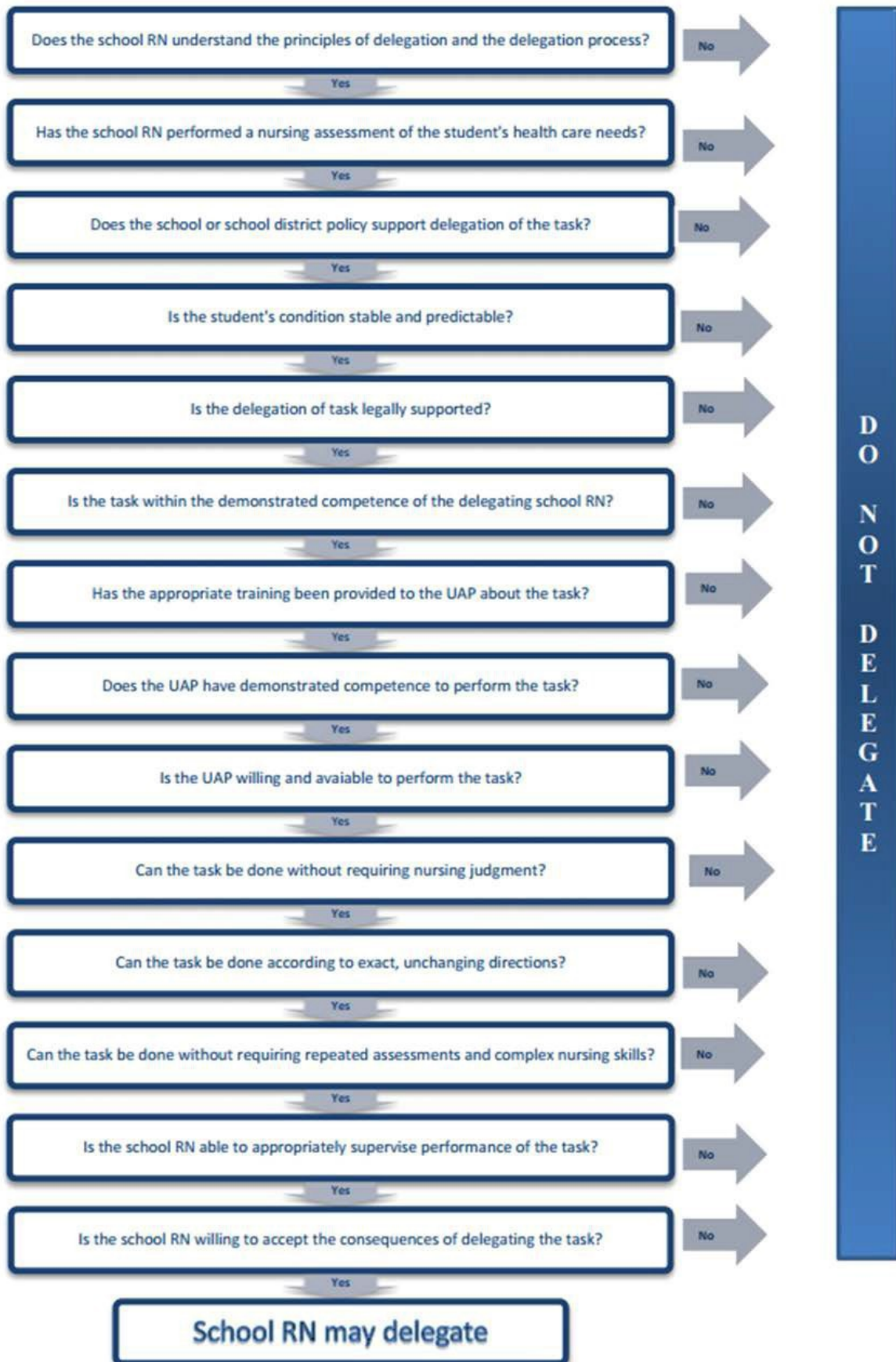
Consultation

School nurses should be knowledgeable about available support resources that provide assistance and consultation from other school nurse colleagues and professional organizations about delegation and related activities such as the Office of Superintendent of Public Instruction, School Health Services Program, Administrator, Regional School Nurse Corps Nurse Administrators, School Nurses Organization of Washington, and National Association of School Nurses.

Conclusion

Safe delegation is critical for the provision of safe, effective, and efficient student health services. Delegation is a process that, used appropriately, can result in safe and effective nursing care. Delegation can free school RNs to attend to more complex patient care needs and allow students with acute and chronic health care needs to participate in school. School nurses need to be able to work effectively with UAP and be competent to delegate, assign, and supervise delegable tasks. School nurses faced with pressure to delegate inappropriately must feel it is safe to follow nursing standards and regulatory practices. Following employer directives does not relieve the school nurse of accountability and responsibility for delegating according to nursing standards and regulation.

School Registered Nurse Delegation Decision Tree^{45,46,47,48,49}



APPENDIX W: Resources

This appendix contains a list of resources for the diabetes community. If you need immediate help with a device, manufacturer contact phone numbers can often be found on the product itself.

Product Information

Diabetes Forecast: Annual Consumer Guide

<http://www.diabetesforecast.org/landing-pages/lp-consumer-guide.html>

Washington State Resources:

Office of Superintendent of Public Instruction

www.k12.wa.us

Washington State Department of Health

www.doh.wa.gov

American Diabetes Association of Washington

<http://www.diabetes.org/in-my-community/local-offices/seattle-tacoma-washington/>

Washington Association of Diabetes Educators

<http://www.wadepage.org>

Washington State Diabetes Connection

<http://diabetes.doh.wa.gov/>

Washington State Nursing Care Quality Assurance Commission

<http://www.doh.wa.gov/LicensesPermitsandCertificates/NursingCommission>

Camps for Students with Diabetes:

Camp Sealth - Vashon Island, WA

Ages 5-17

<http://www.campsealth.org>

Camp Leo – Greenwater, WA

Grades 3-12

<http://www.campleo.org>

Camp STIX – Cusick, WA

Ages 9-18

<https://www.campstix.org>

Camp Twigs – Spokane, WA

Day camp, Ages 6-8

<https://www.campstix.org>

Free PDA Certification Classes – Seattle Children’s Hospital

<http://www.seattlechildrens.org/clinics-programs/endocrinology/endocrine-diabetes-classes-workshops/>

Call 206-987-0195 for more information

Free PDA Certification Classes – Spokane Rockwood Clinic, Diabetes Education Center

Call 509-869-6804 or email ckearns@rockwoodclinic.com for more information

Books

- *Understanding Diabetes*, 13th Edition, 2015, **H. Peter Chase, MD, David Maahs, MD, PhD.**
- *Sugar Surfing: How to Manage Type 1 Diabetes in a Modern World*, 2015, **Stephen W. Ponder and Kevin L. McMahon**
- *Pumping Insulin: Everything You Need to Succeed on an Insulin Pump*, 2012, **John Walsh and Ruth Roberts**
- *Think Like a Pancreas: A Practical Guide to Managing Diabetes with Insulin*, 2012, **Gary Scheiner**

- *Diabetic Athlete's Handbook*, 2009, **Sheri Colberg**
- *The CalorieKing Calorie, Fat & Carbohydrate Counter 2016: Pocket-Size Edition*, **Allan Borushek**
- *My Food Plan for Kids and Teens*, **International Diabetes Center**
- *Understanding insulin Pumps and Continuous Glucose Monitors*, 2nd Edition, **H. Peter Chase, MD and Laurel Messer, RN, MPH, CDE**
- *First Book for Understanding Diabetes: A Companion Book to Understanding Diabetes*, 13th Edition, **H. Peter Chase, MD and David M. Maahs, MD, PhD**

Websites and Apps:

JDRF

www.JDRF.org

Nutritional Information for Carb Counting:

www.calorieking.com

Recipes with Nutritional Calculations:

www.Allrecipes.com

Free Diabetes and Meal Management Apps:

[MyFitnessPal Calorie Counter & Diet Tracker](#)

[Carb Counting with Lenny](#)

[Diabetes Pal App](#)

[GoMeals App](#)

[CalorieKing App](#)

Recipe Builders with Nutritional Calculations:

<https://recipes.sparkpeople.com/recipe-calculator.asp>

http://www.caloriecount.com/cc/recipe_analysis.php

Additional Publications:

- *Staff Model for the Delivery of School Health Services*, April 2000
<http://www.k12.wa.us/HealthServices/pubdocs/SchHealth.pdf>
- *A Parent & Educator Guide to Free Appropriate Public Education (under section 504 of the Rehabilitation Act of 1973)*. Puget Sound Educational Service District
<http://www.k12.wa.us/HealthServices/pubdocs/504ManualFinal.pdf>
- *Family/Educator Guide*, Washington State Special Education Services
<http://www.k12.wa.us/SpecialEd/Families/default.aspx>.
- *Helping the Student with Diabetes Succeed: A Guide for School Personnel*. National Diabetes Education Program, September 2016. <https://www.niddk.nih.gov/health-information/health-communication-programs/ndep/health-care-professionals/school-guide/Pages/publicationdetail.aspx>
- *The Parent Designated Adult*, Instructional DVD created by Seattle Children's Hospital. For a free copy, call 206-987-2640.
- Various publications about Section 504 and Students with Disabilities are available online at: <http://www.k12.wa.us/Equity/Section504.aspx>

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