

# SAMPLE

## Procedures Related to the Care of Students with Diabetes In School

The \_\_\_\_\_ District will address the needs of students with diabetes who attend its schools. The District will not deny a student access to any school or school related activities on the basis that a student has diabetes and will not restrict the assignment of a student with diabetes to a particular school on the basis that the school does not have a full time nurse. The District will comply with the requirements of the *Individuals With Disabilities Education Act*, Section 504 of the *Rehabilitation Act of 1973* and the *Care of Students with Diabetes Act* and accordingly shall facilitate and implement the procedures which follow.

### **A. Definitions**

1. “Delegated care aide” means a District employee who has agreed to receive training in diabetes care and to assist students in implementing their diabetes care plan and has entered into an agreement with a parent or guardian and the District.
2. “Diabetes Care Plan” means a document, provided to the school by a student’s parent or guardian, that specifies the diabetes-related services needed by a student at school and at school-sponsored activities and identifies the appropriate staff to provide and supervise these services.
3. “Health care provider” means a physician licensed to practice medicine in all of its branches, advanced practice nurse who has a written agreement with a collaborating physician who authorizes the provision of diabetes care, or a physician assistant who has a written supervision agreement with a supervising physician who authorizes the provision of diabetes care.

### **B. Plans for Students with Diabetes in a School Setting**

A student with diabetes may be eligible for: a Section 504 plan, if the student’s physical impairment substantially limits one or more major life activities; or for an Individualized Education Program (“IEP”), if the student has a disability (e.g., “other health impairment”) and needs special education. The District will attempt to identify and locate every qualified student with diabetes and determine his or her eligibility for a Section 504 plan or an IEP. With written parent/guardian consent, the school will consult with the student’s health care provider when developing a Section 504 plan or an IEP for a student with diabetes. Parents/guardians will receive procedural safeguards at the initiation of their student's Section 504 plan or IEP and annually thereafter.

### **C. Diabetes Care Plans**

1. For any student with diabetes who seeks assistance with diabetes care in the school setting, a Diabetes Care Plan may be submitted by a student’s parent/guardian to the school principal at the beginning of the school year, upon enrollment, as soon

as practical following a student's diagnosis, or when a student's care needs change during the school year. Parents/guardians should:

- a. Inform the school in a timely manner of any change which needs to be made to a Diabetes Care Plan on file with the school for their student.
  - b. Inform the school in a timely manner of any changes to their emergency contact numbers or contact numbers of health care providers.
  - c. Sign a Diabetes Care Plan submitted to the school.
  - d. Grant consent for and authorize designated District representatives to communicate directly with the health care provider whose instructions are included in a Diabetes Care Plan.
2. Requisite Components of a Diabetes Care Plan: If a parent/guardian provides a Diabetes Care Plan to the school, the Plan should include the health care provider's instructions and reasonable services and accommodations which reflect the current standard of diabetes care. The Plan must contain at least the following components:
- a. The treating **health care provider's instructions** concerning the student's diabetes management during the school day, including a copy of the **signed prescription** and the methods of insulin administration
  - b. The means to ensure that syringes and lancets are disposed of properly
  - c. Requirements for diet, glucose testing, insulin administration, and treatment for hypoglycemia and hyperglycemia
  - d. A plan for responding to the needs of the diabetic student in emergency situations
  - e. A uniform record of glucometer reading and insulin administered by the school nurse or delegated care aide during the school day using the Illinois State Board of Education's standardized format
  - f. Procedures identifying when a delegated care aide should consult with the parent/guardian, school nurse, or health care provider to confirm that an insulin dosage is appropriate
  - g. Authorizations, if any, for the student's self-management of his or her diabetes granting permission for the student to do any or all of the following: check blood glucose; administer insulin; treat hypoglycemia and hyperglycemia; possess at all times the supplies and equipment necessary to monitor and treat diabetes
  - h. Designation of the information to be provided to school employees who transport the student for school-sponsored activities
  - i. Emergency contact information for parents/guardians
  - j. Health care providers' contact information as appropriate
  - k. A picture of the student

1. A consent authorizing designated District representatives to communicate directly with the health care provider whose instructions are included in the Diabetes Care Plan
3. Plan Shall Not Restrict Assignment of Student: A Diabetes Care Plan shall not be implemented in such a manner to restrict the assignment of a student with diabetes to a particular school on the basis that the school does not have a full-time school nurse.

#### **D. Transport of Students with Diabetes**

An **information sheet** shall be provided to any school employee who transports a student for school-sponsored activities. This **information sheet** should include the following:

- a. Identification of the student with diabetes (including a picture),
- b. An explanation of potential emergencies that may occur as a result of the student's diabetes,
- c. The appropriate responses to such emergencies, and
- d. Emergency contact information.

#### **E. Training**

1. General Training: Whenever a student with diabetes is enrolled and attending a school within the District, all employees in that building must annually receive training on the basics of diabetes care, including how to identify when a student with diabetes needs immediate or emergency medical attention, and whom to contact in the case of an emergency. This training will take place as part of the employees' regular in-service training.
2. Initial Training for Delegated Care Aides: For delegated care aides, initial training concerning the basics of diabetes care, how to identify when a student with diabetes needs immediate or emergency medical attention, and whom to contact in an emergency, shall be provided by a licensed healthcare provider with expertise in diabetes or a certified diabetic educator and, as appropriate and with consent of parents/guardians, individualized by the student's parent/guardian.
3. Training for Implementation of the Diabetes Care Plan: Other training as necessary and appropriate to implement a Diabetes Care Plan should be completed promptly after receipt of the Plan and, as necessary, promptly after a change to a Plan.

#### **F. Authorization, Release, and Acknowledgement**

Parents/guardians will be asked to sign the following:

**Authorization to Provide Diabetes Care, Release of Health Care Information, and Acknowledgement of Responsibilities**

As provided by the *Care of Students with Diabetes Act*, I hereby authorize [School District] and its employees, as well as any and all Delegated Care Aides named in

the Diabetes Care Plan or later designated by the District, to provide diabetes care to my student, \_\_\_\_\_, consistent with the Diabetes Care Plan. I authorize the performance of all duties necessary to assist my student with management of his/her diabetes during school.

I acknowledge that it is my responsibility to ensure that the School is provided with the most up- to-date and complete information regarding my student's diabetes and treatment. Therefore, I consent to the release of information about my student's diabetes and treatment by my student's health care provider(s), [student's health care provider(s)], to representatives of [School District]. I further authorize District representatives to communicate directly with the health care provider(s).

I also understand that the information in the Diabetes Care Plan will be released to appropriate school employees and officials who have responsibility for or contact with my student, \_\_\_\_\_, and who may need to know this information to maintain my student's health and safety.

Pursuant to Section 45 of the *Care of Students with Diabetes Act*, I acknowledge that the District and District employees are not liable for civil or other damages as a result of conduct, other than willful or wanton misconduct, related to the care of a student with diabetes.

Parent/Guardian Signature\*: \_\_\_\_\_ Date: \_\_\_\_\_  
\_\_\_\_\_

\*Failure of parent(s)/guardian(s) to execute this document does not affect the civil immunity afforded the District and school employees by Section 45 of the *Care of Students with Diabetes Act* for civil or other damages as a result of conduct, other than willful or wanton misconduct, related to the care of a student with diabetes, or any other immunities or defenses to which the District and its employees are otherwise entitled.