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Recommendations for Individual Diabetes Care Plan Guidelines

Senate Bill 911

G.S. 115C-47 was amended by adding a new subdivision which states that the State Board of Education shall adopt guidelines for the development and implementation of individual diabetes care plans. These guidelines were to be developed with consultation from the North Carolina Diabetes Advisory Council and local school administrative unit employees who have been designated as responsible for coordination and compliance under Section 504. When writing these guidelines the State Board was to refer to the American Diabetes Association for the management of children with diabetes in the school and day care setting and include the following:

- procedures for the development of an individual diabetes care plan at the written request of the student's parent/guardian;
- procedures for the regular review of an individual care plan;
- information to be included in a diabetes care plan, including the responsibilities and appropriate staff development for teachers and other school personnel, an emergency care plan, the identification of allowable actions to be taken, the extent to which the student is able to participate in the student's diabetes care and management, and other information necessary for teachers and other school personnel in order to offer appropriate assistance and support to the student;
- information and staff development to be made available to teachers and other school personnel in order to appropriately support and assist students with diabetes.

Local boards of education are to ensure that the guidelines adopted by the State Board of Education are implemented in schools in which students with diabetes are enrolled.

Development of the Guidelines

A committee of seventeen members was formed consisting of school nurses, counselors (504 coordinator), diabetes educators, Department of Public Instruction staff, Department of Health and Human Services staff, parents, and a community representative. This committee was divided into three sub-committees: 1) parental involvement, 2) care plan development, 3) staff development. Three meetings were held to establish the guidelines that would be recommended to the State Board for adoption.

Recommendations *Procedures for Parent Request*

Forms were designed for parents to request the development and implementation of an individual diabetes care plan and to identify parent/guardian responsibilities. The parental request form stipulates that it is the parent's responsibility to provide a diabetes care plan reviewed by a health care provider to the school prior to the student receiving any medical services other than self care, parent care, and Emergency Medical Services (911) at school. The Parent/Guardian Responsibilities form identifies all of the necessary information and supplies that will need to be provided by the parent for optimal care of the student. These forms will be distributed with the Diabetes Care Plan template, Quick Reference Plan, and School Responsibilities Form in a packet that will be distributed to:

- all students prior to enrollment;
- all students who are known to have diabetes at the close of each school year in preparation for the next school year (a new care plan should be in place at the beginning of each school year);
- diabetes educators;
- pediatric offices;
- local health departments.

This information will also be available on the following websites:

- The Department of Public Instruction
www.ncpublicschools.org
- North Carolina Healthy Schools
www.nchealthyschools.org
- Department Health and Human Services, Diabetes Branch
www.ncdiabetes.org

Care Plan, Quick Reference and School Responsibilities

The Individual Diabetes Care Plan Template was designed by referencing and adapting different components from multiple plans that other states, local school districts, and the American Diabetes Association have used. The Individual Diabetes Care Plan includes student information, parent/guardian contact information, emergency contact and health care provider contact information. The Care Plan outlines general symptoms and behaviors specific to the student, which are signs of diabetes emergencies. The Care Plan identifies precise instructions for treatment during each type (hyperglycemia- high blood sugar levels and hypoglycemia – low blood sugar levels) of emergency. Instructions for blood sugar

monitoring, insulin administration, food and exercise specifications are also identified in the Care Plan. The plan must be signed by the parent/guardian, reviewed and signed by the health care provider, and approved by the school.

A Quick Reference Plan was also recommended which includes background information on diabetes and allows a quick outline of the student's symptoms of an emergency and how to manage each type of emergency. It was proposed that this plan be readily available to all of the student's teachers, substitute teachers, bus drivers, coaches, chaperones on a field trips, and leaders of after school activities in which the student is involved.

Responsibilities of each school serving children with diabetes are:

- Implementation of the Individual Diabetes Care Plan;
- General training (recognizing symptoms for diabetes emergencies) for all school personnel who provide education or care for the student;
- Intensive training for at least two staff members which will include testing of blood sugar levels, administration of glucose and glycogen in an emergency, testing urine or blood for ketones;
- Knowledge of the student's snack and meal schedule and making accommodations as needed;
- Provide immediate access to diabetes supplies and assistance of trained staff members;
- Provide an appropriate location as requested by the student or parent for necessary procedures in self care and management;
- Provide the student with permission to seek medical help, eat a snack and access water, test blood sugar levels, miss school without consequences, as outlined by LEA policy (with a note from the health care provider), and use the restroom when necessary.

Training

Staff training and development are crucial to the initial and on-going implementation of SB-911. In order to prepare school staff to address and respond to the needs of children with diabetes, all personnel will need a basic understanding of the law, its implications, and school responsibilities. Staff will also need a basic understanding of diabetes, potential emergency situations, treatment information, and accessing the diabetes care plan. The Diabetes Prevention and Control Program in the North Carolina Department of Health and Human Services maintains a longstanding partnership with the East Carolina University Brody School of Medicine (ECU-BSOM). Together they provide an

intensive clinical fellowship in diabetes for health care professionals in North Carolina. ECU-BSOM has agreed to develop a curriculum and train “Master Trainers” in the spring of 2003 if funding is available. These “Master Trainers” would be identified by local school districts and deliver a district training involving one representative from each school. The trainer at each school would be responsible for training at least one other staff member in the intensive training and all staff members in the general training. **The committee is seeking funding for this proposal.** The 504 Coordinator for each district will be responsible for identifying “Master Trainers”, coordinating the district training, and establishing procedures for training new employees. For subsequent training, as attrition or turnover occurs, and for ongoing updates, the committee recommends that a diabetes training program be offered in conjunction with the Annual School Nurse Conference, sponsored by the Women and Children’s Section and the School Nurses Association of North Carolina.

PARENTAL REQUEST
For
Individual Diabetes Care Plan
_____ (school)

Student: _____ Grade: _____ Birthdate: _____

Parent/Guardian: _____

Address: _____

Telephone: H () _____ W () _____

I hereby request that an Individual Diabetes Care Plan be developed and implemented for my child. I authorize the institution listed above to secure any related health care information from the health care provider listed below. I understand that I must provide a Diabetes Care Plan reviewed by a health care provider and appropriately trained staff will need to be in place prior to my child receiving medical services, other than self care, parent care, and Emergency Medical Services (911) at school. This plan will require annual review and updates, as medical care needs change.

Signature of Parent or Guardian

Date

Health Care Provider Information

Current Physician or Health Care Provider: _____

Address: _____

Telephone: () _____

Dear _____:

Date: _____

Your request for the development and implementation of an Individual Diabetes Care Plan for _____ (student name) has been received. If you have questions please contact _____ (staff member) at _____. Thank you for your request.

Student's Name _____ ID # _____ Date of Birth _____

School _____ Grade _____ Homeroom Teacher _____

Effective Dates for Plan: ___/___/___ to ___/___/___ Bus # / Transportation _____

Diabetes Care Plan

Parent/Guardian Responsibilities

Instructions: Give to parent/guardian to read and sign. One signed copy to be kept by parent and one kept with student's diabetes care plan.

The parent/guardian will provide the school with a written request for a Diabetes Care Plan and will work with student's health care provider and school personnel in preparing the Diabetes Care Plan. The parent/guardian will provide the school with the following materials, equipment, and information needed for student's diabetes care:

1. Diabetes Care Plan

- Provide a written request for a diabetes care plan for your child. (Using the "Diabetes Care Plan Request" form available from your child's school will speed up the implementation of the diabetes care plan.)
- Obtain a blank "Diabetes Care Plan" and work with health care provider and school personnel to complete the form with the information needed to take care of your child's diabetes at school. A new plan must be filed each school year.
- Obtain signatures needed for the diabetes care plan.
- Obtain "Medication Authorization" and "Authorization for Self-Medication by Students" forms from school for completion by student's health care provider
- Return the completed plan and medication authorizations as soon as possible. Without these documents, school personnel will be limited in the help that they can provide. The student, parent/guardian, or 911 responders (in the event of an emergency) may have to assume responsibility for diabetes care until these documents are signed and returned to the school and the diabetes care plan can be implemented.
- Provide school with diabetes supplies and snacks needed for student's care.

2. Emergency phone numbers for the parent/guardian and student's diabetes care team

- Provide school staff with names and phone numbers of appropriate individuals to contact for routine care and emergencies.

3. Blood sugar testing supplies

- Parent/guardian is responsible for the maintenance of the blood sugar testing equipment (i.e., cleaning and performing controlled testing per the manufacturer's instructions).
- Provide written instructions about student's blood sugar testing schedule and assistance needed.

4. Insulin administration supplies and back-up supplies for insulin pump users, if needed

- Provide written instructions about student's insulin requirements and assistance needed.

5. Ketone testing supplies to check blood or urine, if needed

- Provide written instructions about when to check for ketones.
- Provide written instructions about measures to take if ketones are present.

6. Supplies and instructions about treating low blood sugar (hypoglycemia) and high blood sugar (hyperglycemia)

- Provide written instructions about how to manage student's low or high blood sugar levels.
- Provide snacks, a source of fast sugar, and a glucagon emergency kit, if ordered by health care provider.
- Provide recent photo of student for emergency identification purposes.
- Provide student with medic alert identification and encourage student to wear medic alert I.D. at school.

7. A logbook to be kept at school

- Provide a logbook to be kept with diabetes supplies for the recording of test results. Blood sugar values provided to the parent/guardian for review as often as requested.

8. A container or other appropriate means to ensure proper disposal of used diabetes supplies

9. Information about the student's meal/snack schedule

- Work with the school to coordinate this schedule with that of other students to the safest extent possible.
- Provide instructions for food during school parties and other activities.
- Provide snacks that can be used to prevent or correct low blood sugars.
- Provide information about preferred foods and foods to avoid.

10. Quick Reference Plan for Student with Diabetes

- Obtain a "Quick Reference Plan" from school and complete.
- Return the completed plan to teacher/school administrator.
- The completed "Quick Reference Plan" will be provided to bus driver, substitute teachers, field trip chaperones, and other adults involved in the care or education of student.

11. Information about diabetes and the performance of diabetes-related tasks

- Provide general diabetes information, as well as information specific to the student.

12. Replacement supplies needed for diabetes care

- Check diabetes supplies and snacks on hand at school on a regular basis.
- Provide additional supplies before existing ones run out.

13. Information about changes in student's health status or medical management

- Provide school staff with updates involving student's condition or diabetes care as soon as possible.
- A new diabetes care plan may have to be completed and filed, depending on changes.
- A new diabetes care plan *must* be completed and filed before the start of each new school year to ensure that student receives appropriate diabetes care at school.

14. Note signed by student's health care provider to obtain an excused absence for health care appointments

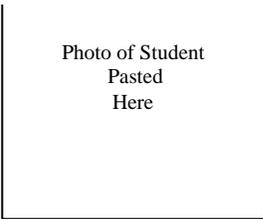
- Follow up with teacher(s) to obtain make-up assignments for excused absences.
- Make sure that student completes missed work within the time frame allowed by school policy or that has been negotiated with teacher.

| | | | |
|------------------------------|------|---|---------------|
| Parent /Guardian (Signed) | Date | School Nurse, Teacher, or Administrator | Date Received |
|------------------------------|------|---|---------------|

One copy to be kept by parent/guardian

One copy to be kept with student's diabetes care plan

Student's Name _____ Student ID # _____ Date of Birth _____
 School _____ Grade _____ Homeroom Teacher _____
 Bus # / Transportation _____ Date of Diabetes Diagnosis _____
 Effective Dates for Plan: ___/___/___ to ___/___/___ Type _____ Diabetes



DIABETES CARE PLAN

Parent/Guardian: Complete this plan with the assistance of your child's health care provider and the school nurse/administrator. The diabetes care plan requires the signature of the student's parent/guardian and health care provider. Return the completed, signed plan to the school. Attach other instructions/forms if needed.
Health Care Provider: Review this diabetes care plan and make any necessary changes or additions. Sign and return the plan to parent/guardian or school.

Parent/Guardian 1: _____ Address _____
 Telephone (Home #) _____ (Work #) _____ (Cell #) _____

Parent/Guardian #2: _____ Address _____
 Telephone (Home #) _____ (Work #) _____ (Cell #) _____

Physician Treating Student for Diabetes: _____ Telephone _____

Other Physician: _____ Telephone _____

Nurse or Diabetes Educator: _____ Telephone _____

Other Emergency Contact: _____ Relationship _____
 Telephone (Home #) _____ (Work #) _____ (Cell #) _____

Trained School Diabetes Care Providers: _____

Where are student's diabetes supplies kept? _____ Does the student wear a medic alert? **YES NO**

Notify parents in the following situations: _____

EMERGENCY ACTION PLAN

LOW BLOOD SUGAR (Hypoglycemia)

SYMPTOMS

Hunger, sweating, trembling, pale appearance, inability to concentrate, confusion, irritability, sleepiness, headache, dizziness, crying, slurred speech, poor coordination, personality change, complains of feeling "low," blood sugar below _____ mg/dl.

Call parent/guardian and health care provider if blood sugar below _____ mg/dl.

Symptoms of low blood sugar for this student: _____

Times student is most likely to experience a low blood sugar: _____

Where are glucose tablets and snacks kept? _____

Has health care provider authorized use of glucagon? YES NO Where is glucagon kept? _____

Name(s) of school diabetes care provider trained to administer glucagon: _____ How to locate trained school diabetes care provider (s): _____

TREATMENT FOR LOW BLOOD SUGAR (Hypoglycemia)

If student is conscious, cooperative, and able to swallow:

- Give fast sugar immediately, such as glucose tablets, fruit juice, regular soda, glucose gel, or _____
- Amount of fast sugar to be given: _____
- If symptoms do not improve in _____ minutes, give fast sugar again.
- When symptoms improve, provide an additional snack of _____
- Check blood sugar level every _____ minutes until it is above _____.
- Do not leave student alone or allow him/her to leave the classroom alone. Remain with student until fully recovered.
- Contact trained school diabetes care provider or school nurse as soon as possible. Notify parents of low blood sugar episode.
- **If symptoms worsen, call 911, parent/guardian, and health care provider. Glucagon, if authorized by student's health care provider, may be needed if student becomes unconscious, has a seizure, or is unable to swallow**

If student is unconscious, experiencing a seizure, or unable to swallow:

- **Contact trained school diabetes care provider or school nurse immediately to inject emergency glucagon, if authorized for student.**
- **Call 911, parent/guardian, and health care provider.** Glucagon dosage (if authorized): _____
- Turn student on side and keep airway clear. Do not insert objects into student's mouth or between teeth.
- Student may vomit. Keep student on side to prevent choking on vomit. Keep airway clear.
- **Other instructions for treating low blood sugar:** _____

SYMPTOMS

Frequent urination, excessive thirst, nausea, vomiting, dehydration, sleepiness, confusion, blurred vision, inability to concentrate, irritability, blood sugar above _____ mg/dl.

Call parent/guardian and health care provider if blood sugar is over _____ mg/dl.

Symptoms of high blood sugar for this student: _____

Where are insulin and ketone testing supplies kept? _____

TREATMENT FOR HIGH BLOOD SUGAR (Hyperglycemia)

- Contact trained school diabetes care provider who will provide insulin administration, insulin pump care, and ketone testing.
- To correct high blood sugar, give insulin: _____ units for every _____ mg/dl over _____
- Check for ketones if blood sugar is above _____. Check blood sugar again in _____ and at _____ intervals.
- Allow free and unlimited use of bathroom. Encourage student to drink water or other sugar-free liquid
- **If moderate or higher ketones are present, call health care provider and parent/guardian immediately.**
- **If symptoms worsen or the student begins vomiting, call health care provider and parent/ guardian immediately.**
- **Other instructions for treating high blood sugar** _____

BLOOD SUGAR MONITORING

Target range of blood sugar: _____ to _____ Type of Meter: _____ Logbook kept at school? **YES NO**

What help will student need with blood sugar testing? _____

Usual times for student to test blood sugar: _____

Other times when blood sugar testing may be needed: _____

Other instructions: _____

INSULIN AND ORAL MEDICATIONS

| TIME (For insulin at school) | TYPE OF INSULIN | INSULIN DOSAGE |
|------------------------------|-----------------|----------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

INSULIN INJECTIONS
Does student know how to:

| | |
|---------------------------------------|---------------|
| Give own injections? | YES NO |
| Determine correct insulin dose? | YES NO |
| Draw up correct insulin dose? | YES NO |
| Handle and dispose of needles safely? | YES NO |

Will student need insulin at school? **YES NO** Where is insulin kept at school? _____

What help will student need with insulin injections? _____

Insulin/carbohydrate ratio for meals/snacks: _____ units for every _____

High blood sugar correction ratio: _____ units for every _____ mg/dl over _____

FOR STUDENTS ON INSULIN PUMPS:

Type of pump: _____ Type of insulin used in pump: _____

Insulin/carbohydrate ratio for meals/snacks: _____ units for every _____

High blood sugar correction ratio: _____ units for every _____ mg/dl over _____

Back-up means of insulin administration? _____

What help will student need with pump? _____

INSULIN PUMPS
Does student know how to:

| | |
|--------------------------------------|---------------|
| Operate the pump without assistance? | YES NO |
| Change infusion site? | YES NO |
| Change tubing? | YES NO |
| Change batteries? | YES NO |
| Change insulin cartridge? | YES NO |
| Determine bolus amount? | YES NO |
| Give bolus? | YES NO |
| Adjust basal rates? | YES NO |

ORAL MEDICATIONS: _____

FOOD AND EXERCISE

| MEAL/SNACK | TIME | FOOD CONTENT / AMOUNT |
|-----------------|-------|-----------------------|
| Breakfast | _____ | _____ |
| Mid-Morning | _____ | _____ |
| Lunch | _____ | _____ |
| Mid-Afternoon | _____ | _____ |
| Before Exercise | _____ | _____ |
| After Exercise | _____ | _____ |
| Other | _____ | _____ |

PREFERRED SNACKS:

FOODS TO AVOID:

Student should not exercise if blood sugar is below _____ mg/dl OR above _____ mg/dl.

Other exercise/activity instructions: _____

| | | | | | |
|-----------------------------|------|---|------------------|------|---|
| Parent/Guardian (Signed) | Date | Health Care Provider (Reviewed and signed) | Telephone Number | Date | School Nurse/Administrator Date Received |
|-----------------------------|------|---|------------------|------|---|

Student's Name _____ Student ID # _____ Date of Birth _____
 School _____ Grade _____ Homeroom Teacher _____
 Bus # / Transportation _____ Date of Diabetes Diagnosis _____
 Effective Dates for Plan: ___/___/___ to ___/___/___ Type _____ Diabetes

Photo of Student
 Pasted
 Here

Quick Reference Plan for Student with Diabetes

Parent/Guardian: Complete and sign this Quick Reference Plan. Give a copy to your child's teacher and/or school administrator.
Teacher: Keep a copy for your reference and provide a copy to field trip chaperones, bus drivers, substitute teachers, and other school personnel as needed.

- This student has Type ____ diabetes. Diabetes is a serious, chronic disease that can result in: a) low blood sugar (hypoglycemia), which is an acute emergency condition; or, b) high blood sugar (hyperglycemia), which can lead to serious medical complications and life threatening diabetic coma.
- Low blood sugar can create a true emergency and can be life threatening if not treated promptly.
- Low blood sugar is characterized by shakiness, headache, sleepiness, pale appearance, irritability, hunger, and other symptoms.
- If a student has a change in behavior or level of consciousness, becomes lethargic, combative, or unconscious, or has a seizure or convulsion, then it must be presumed to be due to low blood sugar and should be treated as a low blood sugar emergency.
IMPORTANT: A student with low blood sugar should never be left alone. Treat a low blood sugar immediately.

1. Emergency Contacts:

Parent/Guardian _____
 Health Care Provider _____
 Trained School Diabetes Care Providers (names and how to locate) _____

2. Diabetes supplies located in _____

3. Symptoms of Low Blood Sugar (Hypoglycemia)

Student complains of feeling "low" or says he/she is having an "insulin reaction." Student may experience one or more of the following symptoms:

| | | | | |
|-------------------------|-----------|------------|--------------------|--------------------------|
| tiredness | headache | weakness | irritability | slurred speech |
| shakiness | trembling | sleepiness | pale appearance | poor coordination |
| dizziness | sweating | clamminess | combative behavior | inability to concentrate |
| blood sugar below _____ | confusion | hunger | | |

Other symptoms: _____

A low blood sugar would most likely, but not always, occur mid-morning, right before lunch, during or after physical activity/exercise, or _____. If in doubt, always treat for low blood sugar.

4. Treatment of Low Blood Sugar (Hypoglycemia)

If student is conscious, cooperative, and able to swallow:

- Give fast sugar such as **glucose tablets, glucose gel, fruit juice, regular soda, or** _____
- Follow with a snack of _____
- Check blood sugar again in _____ minutes and at _____ intervals.
- Contact trained school diabetes care provider as soon as possible for further assistance and instructions.
- Do not leave student alone or allow him/her to leave the classroom alone.
- Notify parent/guardian of low blood sugar episode.

If student is unconscious, experiencing a seizure, or unable to swallow:

- Contact trained school diabetes care provider immediately to administer **emergency glucagon injection, if authorized** by health care provider in the student's individual diabetes care plan.
- Turn student on side and keep airway clear. Do not insert objects into student's mouth or between teeth.
- Student may vomit. Keep student on side to prevent choking on vomit. Keep airway clear.
- **Call 911, parent/guardian, and health care provider.**
- Other instructions for treating low blood sugar _____

5. Symptoms of High Blood Sugar (Hyperglycemia)

Student may experience one or more of the following symptoms:

- | | | | |
|-------------------------|--------------------------|----------------|--------------|
| frequent urination | excessive thirst | nausea | vomiting |
| dehydration | inability to concentrate | sleepiness | confusion |
| blood sugar above _____ | | blurred vision | irritability |

Other symptoms: _____

6. Treatment of High Blood Sugar (Hyperglycemia)

- Call parent/guardian and health care provider if blood sugar is over _____ mg/dl.
- Contact trained school diabetes care provider who will provide treatment according to student's individual diabetes care plan, which may include the following actions:
 - Test urine for ketones if blood sugar is over _____.
 - Give insulin according to student's individual diabetes care plan.
 - If student uses an insulin pump, check pump functioning, including batteries, insulin supply, tubing, and infusion site and take necessary corrective action.
- Check blood sugar again in _____ minutes and at _____ intervals.
- Allow free and unrestricted use of bathroom.
- Encourage student to drink water or other sugar-free liquid.
- **If symptoms worsen or the student begins vomiting, call parent/guardian and health care provider immediately.**
- Other instructions for treating high blood sugar: _____

7. Snack Time(s): _____ Meal Time(s): _____

- Snacks and meals must be eaten on time. If snack or meals are eaten late, low blood sugar can occur.
- Extra time to eat snack or meal may be needed. Do not rush student through snack or meal. Allow student to finish eating.
- If student does not eat most of snack or lunch, notify trained school diabetes care provider, school nurse, or parent/guardian.
- Student may need insulin for food eaten. Contact trained school diabetes care provider for assistance.
- Other food/insulin instructions _____

8. Routine Blood Sugar Testing Times: _____ Other Times: _____

- A student with diabetes is allowed to carry diabetes supplies at school, test blood sugar levels wherever and whenever needed, and take immediate corrective action, all in accordance with his/her individual diabetes care plan. Diabetes supplies should be kept wherever the student is located.
- Assistance, if any, student needs with blood sugar testing _____
- Target blood sugar range: _____
- Notify the trained school diabetes care provider, school nurse, or parent/guardian if blood sugar results are out of range.
- Take appropriate steps to treat blood sugar (hypoglycemia) or high blood sugar (hyperglycemia).
- Other blood sugar testing instructions _____

9. Exercise/Physical Education

- Exercise and physical activity generally lowers blood sugar. If exercise is more strenuous or longer than usual, it can result in a low blood sugar reaction that needs immediate treatment.
- The blood sugar lowering effects of exercise can begin shortly into the activity and can persist in the hours following the activity.
- Extra snacks may be needed before, during, and/or after exercise. Instructions for snacks/exercise _____
- Exercise is generally encouraged and students with diabetes should participate, except when blood sugar is below _____ or above _____ at the time of exercise.
- Blood sugar level should be checked before and after exercise. Level should be checked during exercise if low blood sugar symptoms appear or if _____
- Keep a fast-acting source of sugar available at all times during exercise, in case a low blood sugar occurs. Fast sugar includes glucose tablets, glucose gel, a juice box, a regular soda, or a tube of cake frosting.
- Other instructions for exercise/activity _____

| | | | |
|-----------------------------|------|---|---------------|
| Parent/Guardian (Signed) | Date | Teacher, School Nurse, or Administrator | Date Received |
|-----------------------------|------|---|---------------|

Student's Name _____ ID # _____ Date of Birth _____

School _____ Grade _____ Homeroom Teacher _____

Effective Dates for Plan: ___/___/___ to ___/___/___ Bus # / Transportation _____

Diabetes Care Plan

School Responsibilities

Instructions: Give to parent/guardian to read and sign. One signed copy to be kept by parent and one kept with student's diabetes care plan.

The school will inform the parent/guardian of each identified student with diabetes about the availability and nature of an individualized care plan to manage the student's diabetes at school. At the written request of the parent/guardian, the school will develop, implement, and maintain an individualized care plan for the student with diabetes.

1. The Diabetes Care Plan will:

- Be developed prior to the student's enrollment in school or as soon as the need for a plan is identified.
- Be developed by the parent/guardian, the student, the student's health care provider, the school nurse, where available and appropriate school personnel using the Diabetes Care Plan form and appropriate care attachments.
- Be reviewed annually, with a new plan developed for each school year.
- Be reviewed whenever changes occur in the student's health status or medical treatment, with a new plan developed if necessary.
- Contain provisions for both routine and emergency diabetes care.
- Provide a separate "Quick Reference Plan" for bus drivers, substitute teachers, field trip chaperones, and other school personnel involved in the student's care or education.
- Specify the extent of the student's ability to participate in his/her diabetes care.
- Specify the roles and expectations of the parent/guardian, the student, and school personnel in providing assistance to the student during school and extracurricular activities and any special arrangements that be necessary.

2. The school will provide training to all school personnel who provide education or care for the student about:

- Information about diabetes
- Symptoms and treatment of low blood sugar (hypoglycemia)
- Symptoms and treatment high blood sugar (hyperglycemia)
- Information about emergency procedures.

3. The school will provide training to two or more staff members trained in the following procedures, conducted in accordance with the student's individualized diabetes care plan, to ensure that at least one trained adult is present to perform these procedures in a timely manner while the student is at school, on field trips, and during extracurricular activities or other school-sponsored events:

- Perform or supervise finger-stick blood sugar monitoring and record the results in student's logbook.
- Perform or supervise insulin administration.
- Give fast sugar for low blood sugar (hypoglycemia) or glucagon for severe low blood sugar reactions.
- Assist with insulin pump operation and insulin administration.
- Take appropriate actions for blood sugar levels outside of the target ranges according to student's diabetes care plan.
- Test the urine or blood for ketones when necessary and respond to the results of this test.
- Contact parent/guardian and health provider as indicated in student's diabetes care plan.

4. The school will provide two or more staff members responsible for knowing the schedule of the student's meals and snacks. These staff members will:

- Work with the parent/ guardian to coordinate this schedule with that of other students as closely as possible.
- Notify the parent/guardian in advance of any expected changes in the school schedule that affect the student's meal time or exercise routine.
- Remind young children of snack times, including designated snack times or those in conjunction with physical activity.

5. **The school will ensure that the student has immediate access to supplies and the assistance of a staff member trained in the treatment of low blood sugar (hypoglycemia). The school will also:**
 - o Make treatment for low blood sugar (hypoglycemia) available as close as possible to student's location, including the classroom, indoor and outdoor physical education activities, school evacuations for fire drills, bomb threats or other emergencies, and other school-related events or activities. Students must have immediate access to their supplies at all times.
 - o Supervise student until appropriate treatment has been administered. Student should not be left unattended or sent through school hallways alone with a low blood sugar.
 - o Provide student with emotional support and positive regard to help prevent student from experiencing embarrassment, criticism, ridicule, or undue attention because of his/her diabetes.

6. **The school will provide an appropriate location in the school to provide privacy and/or convenience, as requested by student or parent/guardian, for:**
 - o Blood sugar testing
 - o Ketone testing
 - o Insulin administration
 - o Insulin and glucagon storage
 - o Insulin pump care or infusion site change
 - o Treatment for hypoglycemia (low blood sugar)
 - o Treatment for hyperglycemia (high blood sugar)

7. **The school will give permission for the student to:**
 - o See school medical personnel upon request.
 - o Eat a snack anywhere, including the classroom or the school bus, to prevent or treat low blood sugar).
 - o Test blood sugar levels wherever and whenever necessary and to take immediate corrective actions if student is able to demonstrate:
 - o Accurate finger-stick technique
 - o Appropriate infection control
 - o Appropriate disposal of sharps
 - o Ability to interpret blood sugar results
 - o Ability to administer appropriate corrective measures if necessary
 - o Test and treat blood sugar levels during school testing to ensure optimal academic performance.
 - o Miss school without consequences for required medical appointments to monitor the student's diabetes management. This should be an excused absence with a doctor's note.
 - o Use the restroom and have access to fluids (i.e., water) as necessary.
 - o Have immediate access to diabetes supplies at all times, with supervision as needed. Immediate access includes permission for student to carry his/her supplies in book bag or on person.

8. **As needed, the school will incorporate the following attachments into the student's Diabetes Care Plan and will make them available to parent/guardian and appropriate school personnel:**
 - o Request for diabetes care plan
 - o Medication authorization
 - o Authorization for self-medication by students
 - o Student health history
 - o Release of medical information
 - o An individualized "Quick Reference Plan for Student with Diabetes"
 - o Information sheet "What School Personnel Should Know About the Student with Diabetes"
 - o Symptoms and treatment of low blood sugar (hypoglycemia)
 - o Symptoms and treatment of high blood sugar (hyperglycemia)
 - o Request for modified diet
 - o Log sheets to record blood sugar levels and insulin given
 - o Insulin pump information
 - o Other instructions or information necessary for student's diabetes care

| | | | |
|------------------------------|------|---|---------------|
| Parent /Guardian (signed) | Date | School Nurse, Teacher, or Administrator | Date Received |
|------------------------------|------|---|---------------|

One copy to be kept by parent/guardian

One copy to be kept with student's diabetes care plan

**GENERAL ASSEMBLY OF NORTH CAROLINA
SESSION 2001 SESSION LAW 2002-103
SENATE BILL 911**

AN ACT TO REQUIRE THE STATE BOARD OF EDUCATION TO ADOPT AND DISSEMINATE GUIDELINES FOR THE DEVELOPMENT AND IMPLEMENTATION OF INDIVIDUAL DIABETES CARE PLANS AND TO REQUIRE LOCAL BOARDS OF EDUCATION TO IMPLEMENT THESE GUIDELINES.

The General Assembly of North Carolina enacts: **SECTION 1.** G.S. 115C-47 is amended by adding a new subdivision to read: "(31) To Adopt Guidelines for Individual Diabetes Care Plans. - The State Board shall adopt guidelines for the development and implementation of individual diabetes care plans. The State Board shall consult with the North Carolina Diabetes Advisory Council established by the Department of Health and Human Services in the development of these guidelines. The State Board also shall consult with local school administrative unit employees who have been designated as responsible for coordinating their individual unit's efforts to comply with federal regulations adopted under Section 504 of the Rehabilitation Act of 1973, as amended, 29 U.S.C. § 794. In its development of these guidelines, the State Board shall refer to the guidelines recommended by the American Diabetes Association for the management of children with diabetes in the school and day care setting and shall consider recent resolutions by the United States Department of Education's Office of Civil Rights of investigations into complaints alleging discrimination against students with diabetes. The guidelines adopted by the State Board shall include: a. Procedures for the development of an individual diabetes care plan at the written request of the student's parent or guardian, and involving the parent or guardian, the student's health care provider, the student's classroom teacher, the student if appropriate, the school nurse if available, and other appropriate school personnel. b. Procedures for regular review of an individual care plan. c. Information to be included in a diabetes care plan, including the responsibilities and appropriate staff development for teachers and other school personnel, an emergency care plan, the identification of allowable actions to be taken, the extent to which the student is able to participate in the student's diabetes care and management, and other information necessary for teachers and other school personnel in order to offer appropriate assistance and support to the student. The State Board shall ensure that the information and allowable actions included in a diabetes care plan as required in this subdivision meet or exceed the American Diabetes Association's recommendations for the management of children with diabetes in the school and day care setting. d. Information and staff development to be made available to teachers and other school personnel in order to appropriately support and assist students with diabetes. The State Board shall ensure that these guidelines are updated as necessary and shall ensure that the guidelines and any subsequent changes are published and disseminated to local school administrative units."

SECTION 2. G.S. 115C-47 is amended by adding a new subdivision to read: "(42) To Implement Guidelines to Support and Assist Students With Diabetes. - Local boards of education shall ensure that the guidelines adopted by the State Board of Education under G.S. 115C-12(31) are implemented in schools in which students with diabetes are enrolled. In particular, the boards shall require the implementation of the procedures set forth in those guidelines for the development and implementation of individual diabetes care plans. Local boards also shall make

available necessary information and staff development to teachers and school personnel in order to appropriately support and assist students with diabetes in accordance with their individual diabetes care plans."

SECTION 3. The State Board of Education shall report no later than September 1, 2003, to the Joint Legislative Education Oversight Committee on the Board's progress regarding the adoption, dissemination, and implementation of the guidelines under Sections 1 and 2 of this act.

SECTION 4. This act is effective when it becomes law. The guidelines under Section 1 of this act shall be adopted no later than January 15, 2003, and shall be implemented under Section 2 of this act beginning with the 2003-2004 school year.

In the General Assembly read three times and ratified this the 29th day of August, 2002.

s/ Marc Basnight President Pro Tempore of the Senate

s/ James B. Black Speaker of the House of Representatives

s/ Michael F. Easley Governor

Approved 11:50 a.m. this 5th day of September, 2002

American Diabetes Association Position Statement on Care of Children with Diabetes can be found at

http://care.diabetesjournals.org/cgi/content/full/25/suppl_1/s122

Relationship of Section 504 to Senate Bill 911

Senate Bill 911 requires the State Board of Education to consult with local school administrative unit employees (Section 504 coordinators) who have been designated responsible for coordinating their LEAs efforts to comply with federal regulations adopted under Section 504 of the Rehabilitation Act of 1973, as amended, 29 U.S.C. § 794.

To become eligible for services and protection against discrimination on the basis of disability under Section 504, a student must be determined, as a result of evaluation, to have a physical or mental impairment that substantially limits one or more major life activities. Physiological disorders affecting the endocrine system are listed among the physical impairments for the purposes of coverage of students under Section 504. Diabetes is a disease of the endocrine system. Senate Bill 911 provides for the development of an individual diabetes care plan upon written request of the student's parent or guardian. This written request in essence puts the local education agency on notice that the student has a physical impairment that may substantially limit learning, caring for oneself, seeing, hearing, walking, etc. and may be eligible for accommodations as a student with a disability under Section 504. If the student were determined to be a student with a disability under Section 504, the diabetes care plan and any other necessary curriculum adjustments would be provided as a plan to accommodate for the student's disability.

Senate Bill 911 also requires that a group (including the parent) of appropriate school personnel be involved in the development of the health care plan and that there be regular review of the plan. These requirements are consistent with the responsibilities of the local education agency under Section 504. Generally speaking, Section 504 obligates the local education agency to provide a student with disabilities the health related services that must be performed during the school day to allow for school attendance. Failure to address the health-related needs of students with disabilities would be a violation of Section 504. Section 504 provides for the administration of the health related services for students with diabetes. Parents are responsible for providing the medical supplies, medication, and medically necessary snack food. Since there is such a close alignment between the requirements of Senate Bill 911 and the requirements of Section 504, it is appropriate that the designated Section 504 coordinator in the local education unit oversee the implementation of procedures for individual health care plans.

Diabetes Care Plan Committee

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