

Guidelines for Managing Diabetes in the Chicago Public Schools



Developed by the Chicago Public Schools' Chief Education Office in collaboration with its Office of Special Education and Supports, Office of Student Health and Wellness, and the Chicago Board of Education's Law Department

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Acknowledgements

The Chicago Public Schools modeled these guidelines after the national guide, *Helping the Student with Diabetes Succeed: A Guide for School Personnel*, produced by the U.S. Department of Health and Human Services' National Diabetes Education Program (NDEP) in collaboration with 200 partner organizations. The NDEP is a Federal initiative jointly sponsored by the National Institute of Diabetes and Digestive and Kidney Diseases of the National Institutes of Health and the Division of Diabetes Translation of the Centers for Disease Control and Prevention. This federal guide served as the foundation and primary resource for development of the *Guidelines for Managing Diabetes in Chicago Public Schools*.

Chicago Public Schools also acknowledges support from several partners, including the Ann and Robert H. Lurie Children's Hospital of Chicago, La Rabida Hospital, Chicago Children's Diabetes Center at La Rabida, and the American Diabetes Association. The Chicago Children's Diabetes Center at La Rabida is a joint program between the above hospitals and is the only pediatric diabetes program certified by the American Diabetes Association in the City of Chicago as of the date of this publication. We are grateful for those individuals and organizations that provided professional expertise and input into the content of this document.

Introduction

Diabetes is one of the most common chronic diseases in school-aged children. According to the Centers for Disease Control and Prevention (CDC), approximately 215,000 Americans younger than age 20 have diabetes. Approximately 19,000 youth are diagnosed with diabetes every year.¹

Diabetes must be managed 24 hours a day, 7 days a week.

Diabetes is a group of diseases marked by high levels of blood glucose resulting from defects in insulin production, insulin action, or both and is the seventh leading cause of death in the United States.² Diabetes can lead to serious complications and premature death, but students with diabetes, working together with their families, health care providers, and school personnel can take steps to control the disease and lower the risk of complications that may present barriers to learning.

Purpose of the Guidelines

Under Public Act 096-1485, school boards in Illinois are required to adopt a policy, develop procedures, and coordinate district-wide professional development opportunities that encourage appropriate and consistent diabetes care for students to decrease the risks of serious short-term and long-term complications, increase a student's learning opportunities, and promote individual and public health benefits.

On January 25, 2012, the Board of Education of the City of Chicago adopted such a policy, which is attached as Appendix A. The purpose of the guidelines is to help schools manage implementation of the *Diabetes Management Policy* and address and identify procedures that should be followed for students with diabetes while in school.

¹ Centers for Disease Control and Prevention, 2011. "National Diabetes Fact Sheet: Fast Facts on Diabetes."

² Ibid.

Diabetes Primer for School Personnel³

What is Diabetes?

Diabetes is a chronic disease in which blood glucose (sugar) levels are above normal. People develop diabetes when the pancreas produces little or no insulin or when the cells in the muscles, liver and fat do not use insulin properly.

After a meal, food is broken down into a sugar called glucose, which is carried by the blood to cells throughout the body. Insulin, a hormone made in the pancreas, allows glucose to enter the cells of the body where it is used for energy. If the body does not make enough insulin, or if the insulin does not work the way it should, glucose remains in the blood instead of entering the cells; thus causing blood sugar levels to rise while depriving the body of its main source of energy.

When insulin is no longer made naturally, it must be obtained through an insulin injection or insulin pump. When the body does not use insulin properly, insulin injections or glucose-lowering medications are taken. Currently, there are no cures for diabetes; insulin and medications only help to control the disease.

If not managed effectively, diabetes can affect the blood vessels, eyes, kidneys, nerves, gums and teeth, making it the leading cause of adult blindness, kidney failure and non-traumatic lower limb amputation. Additionally, a diabetic is more than twice as likely as a non-diabetic to have heart disease or a stroke. Research indicates that these serious health problems can be greatly reduced, delayed, or possibly prevented through intensive treatment that keeps blood glucose levels near normal.

The most common types of diabetes are:

- **Type 1 diabetes** was previously called insulin-dependent diabetes mellitus (IDDM) or juvenile-onset diabetes. Type 1 diabetes develops when the body's immune system destroys pancreatic beta cells; the only cells in the body that make the hormone insulin that regulates blood glucose. To survive, people with type 1 diabetes must have insulin delivered by injection or a pump. This form of diabetes usually strikes children and young adults, although disease onset can occur at any age.

Risk factors: Scientists do not currently know what triggers the immune system's attack on the pancreas' beta cells, but they believe that type 1 diabetes is a combination of genetic and environmental factors. There is no known way to prevent type 1 diabetes.

- **Type 2 diabetes** was previously called non-insulin-dependent diabetes mellitus (NIDDM) or adult-onset diabetes. However, people can develop type 2 diabetes at any age, even during childhood. A progressive disease, type 2 diabetes usually begins as insulin resistance, a disorder in which the cells do not use insulin properly. Over time, the pancreas loses its ability to secrete enough insulin in response to meals or to even

³ National Institutes of Health. *Helping the Student with Diabetes Succeed: A Guide for School Personnel*. National Diabetes Education Program. September 2010, http://ndep.nih.gov/media/youth_schoolguide.pdf.

control the glucose level overnight or during periods of fasting. Managing type 2 diabetes requires making lifestyle changes which include making healthy food choices and getting regular physical exercise. Historically, type 2 diabetes was found mainly in overweight or obese adults ages 40 or older; but with more overweight and inactive children and teens, type 2 diabetes is occurring in younger people.

Risk Factors: Type 2 diabetes is associated with being overweight or obese and having a family history of diabetes. In addition, type 2 diabetes is more common in certain racial and ethnic groups such as African Americans, Hispanic/Latino Americans, Native Americans, and some Asian Americans and Native Hawaiians or other Pacific Islanders. Type 2 diabetes in children and adolescents, although still rare, is being diagnosed more frequently among American Indians, African Americans, Hispanic/Latino Americans, and Asians/Pacific Islanders.

- ***Gestational diabetes*** is a form of glucose intolerance diagnosed during pregnancy. Gestational diabetes occurs more frequently among African Americans, Hispanic/Latino Americans, and Native Americans. It is also more common among obese women and women with a family history of diabetes. During pregnancy, gestational diabetes requires treatment to optimize maternal blood glucose levels to lessen the risk of complications in the infant.
- ***Other types*** of diabetes result from specific genetic conditions (such as maturity-onset diabetes of youth), surgery, medications, infections, pancreatic disease, and other illnesses. Such types of diabetes account for 1% to 5% of all diagnosed cases.

Symptoms of Undiagnosed Diabetes

Symptoms of undiagnosed diabetes are often mistaken for severe flu symptoms and include the following:

- Increased thirst
- More frequent urination
- Weight loss
- Blurred vision
- Feeling tired all the time
- Feeling very hungry
- Slow healing sores
- Dry, itchy skin
- Losing the feeling in your feet or the sensation of having tingling feet

When type 1 diabetes is not diagnosed and treated with insulin, a child may lapse into a life threatening condition known as diabetic ketoacidosis (DKA). Signs of DKA include vomiting, sleepiness, fruity breath, difficulty breathing, and if untreated, coma and death.

With type 2 diabetes, or insulin resistance may contribute to high blood pressure or elevated blood lipids (cholesterol). A common physical sign of insulin resistance may appear as acanthosis nigricans, a condition in which the skin around the neck, armpits or groin looks dark, thick and velvety. Some children or teens with type 2 diabetes may have no recognized symptoms when they are diagnosed. For that reason, it is important for the parents to talk to their health care provider about screening children and teens who are at high risk for type 2 diabetes.

Recognizing and Treating Hypoglycemia (low blood glucose)

Though easily treatable, hypoglycemia, which occurs when blood glucose levels fall too low, is considered to be the greatest immediate threat to students with diabetes. Hypoglycemia can impair cognitive abilities and thus negatively impact a student's academic performance. If not treated promptly or properly, hypoglycemia can lead to loss of consciousness, seizures or death.

Not all students will recognize their own symptoms of hypoglycemia. Sometimes, even students who do recognize their own symptoms may not exhibit or experience their usual symptoms. Therefore all school staff must understand and recognize the symptoms of hypoglycemia, which include:

- Unable to eat or drink
- Unconsciousness
- Unresponsiveness
- Seizure activity or convulsions
- Drowsy
- Dizzy
- Confused/disoriented
- Irritable
- Combative
- Altered personality
- Weak/lethargic
- Shaky/jittery
- Hungry
- Pale
- Headache
- Blurred vision

If the student is unable to eat or drink, unconscious, unresponsive or having a seizure or convulsion, staff must call 911 immediately.

The student should be positioned on his/her side to prevent choking and nothing should be given orally. Contact the parent/guardian, and school staff must stay with the student until paramedics arrive.

Hypoglycemia is usually a result of too much insulin, missed meals, not eating properly or unplanned physical activity. Hypoglycemia often occurs suddenly and requires immediate attention and treatment. It is most likely to occur before lunch, at the end of the school day, or during unplanned physical activity. It is important for teachers and school staff to recognize symptoms of hypoglycemia and treat the student swiftly. In the event that a student experiences severe (altered or unconscious) hypoglycemia, the situation must be treated as an emergency situation.

The student's Diabetes Care Plan, which is explained on page 17, details what the teacher and school staff must do for the student during a hypoglycemic emergency. School staff should immediately contact the school nurse or delegated care aide, explained on page 13-14, in order for the student's blood glucose levels to be checked. The parents/guardians should also be contacted.

Symptoms will progress if not treated promptly. When in doubt, always treat the student for hypoglycemia. Call 911 in severe cases.

Recognizing and Treating Hyperglycemia (high blood glucose)

Hyperglycemia develops when there is too much sugar (glucose) in the blood. Glucose levels can change during the day, and hyperglycemia can occur due to a shortage of insulin or other glucose-lowering medications, unexpected food intake or change in physical activity. Additional causes of hyperglycemia include injury, illness, and stress.

Not all students will recognize the symptoms of hyperglycemia. Therefore all school staff must understand and recognize the symptoms of hyperglycemia, which include:

- Increased thirst
- Dry mouth
- Frequent urination
- Change in appetite and nausea
- Fatigue
- Blurry vision

The student's Diabetes Care Plan, specifies the student's target blood glucose range and details what should be done for the student when hyperglycemic, including how to check the student for ketones and insulin administration instructions. The student's Diabetes Care Plan will also instruct how the student's physical activities need to be modified when experiencing hyperglycemia. School staff should contact the school nurse or delegated care aide, in order to determine if student's blood glucose levels are above the predetermined target range.

When hyperglycemic, students will have to be given water or non-sugar beverages and have unrestricted access to these beverages and to the restroom. If insulin was administered, the student's blood glucose levels should be rechecked two hours after administration and every two hours thereafter until the target blood glucose level is reached. If blood sugar is over 300, check for ketones. If the student uses an insulin pump, the device should be checked consistently to ensure it is working properly.

REMEMBER: A student should never be left alone or sent to another location with another student when experiencing hypoglycemia.

Ketones and Diabetic Ketoacidosis

Ketones are produced when the body uses fat instead of carbohydrates for fuel. Ketones are substrates released during lipolysis, or fat breakdown. Burning fat produces ketones, which are toxic to body cells. When ketones build up in the blood they are excreted by the kidneys into the urine and can be measured. Sustained high levels of ketones in the body can be fatal.

Although ketones usually occur as a result of hyperglycemia, they may also occur when blood glucose levels are normal. This typically occurs when a student is ill, stressed, or not eating. The following situations could lead to a breakdown of fat-causing ketones:

- Significant insulin deficiency as a result of failure to take any or enough insulin
- An interruption of insulin delivery due to a pump malfunction
- External physical or emotional stress that could interfere with insulin

Sustained levels of ketones in the body leads to a dangerous build up in the bloodstream causing an emergency called diabetic ketoacidosis (DKA) which can be fatal. Symptoms include, abdominal pain, vomiting, dry mouth/extreme thirst, fruity smelling breath, heavy breathing or shortness of breath, chest pain, lethargy and decreased level of consciousness. Insulin pump malfunction or disconnection from the pump can increase a student's risk for developing DKA more rapidly. If any of these symptoms are observed, school staff must call 911, as well as the parents/guardian, and the student's health care provider.

Return to School After Emergency or Hospitalization

Students who have experienced an emergency or hospitalization for diabetes-related symptoms may need special consideration upon their return to school. The approach taken by the school is dependent upon the severity of the situation, the student's age, and whether the incident occurred at school. At a minimum, the student and parent/guardian should meet with the school nurse and any other school staff to be reassured about the student's safety and to review and amend the student's Diabetes Care Plan as needed. A minor incident may need little or no other intervention. In the event that a student had moderate to severe incident, one or more of the following additional interventions might be appropriate:

- If a student demonstrates anxiety about returning to school, designate a staff person to check in with the student on a daily basis until his/her anxiety is alleviated.
- If a student has a prolonged emotional response to the diabetes-related emergency, social and emotional support may be required and the student's Diabetes Care Plan should be amended accordingly.
- Obtain as much accurate information as possible about the emergency or hospitalization. Helpful information might include:
 - Causes of emergency (hyperglycemia, hypoglycemia, and/or ketones)
 - Type of symptoms
 - Time and response of medications that were given
- Meet with staff and/or parent/guardian to discuss what transpired and dispel any rumors.
- If the parent/guardian and student consent, provide factual information about diabetes to classmates who witnessed or were involved in the incident.

Students returning to school after an emergency room visit or hospitalization will need to submit updated medical information to the school, regardless if they were admitted during school time.

Diabetes Management in Schools

Collaboration and cooperation are key elements in planning and implementing successful diabetes management at school. To work collaboratively, a school health team should be assembled that includes people who are knowledgeable about diabetes, the school environment, and federal and state laws affecting students with diabetes. Students with diabetes are more likely to succeed in school when the school health team and the student's health care provider work together.

School health team members should include the student with diabetes, the parent/guardian, the school nurse and other health care personnel, the delegated care aide, the principal, the classroom teacher, the 504 coordinator/case manager, and lunchroom staff. School health team members work together to develop and implement the student's Diabetes Care Plan which is embedded in the student's 504 Plan or Individualized Education Program ("IEP").

- **Identify students with diabetes**
- **Assemble a school health team**
- **Develop Diabetes Care Plan**
- **Identify Delegated Care Aide**
- **Train school personnel**

Research suggests that poorer academic performance tended to occur in children with poorer diabetic control. Students with hospitalizations due to hyperglycemia had lower academic achievement scores than other students with diabetes who had better metabolic control and fewer hospitalizations (Diabetes Care, 2003).⁴ Students with diabetes also had significantly more school absences (Mean = 7.3 per year) than their siblings (M= 5.3 per year).⁵

Maintaining optimal blood glucose levels

The goal of effective diabetes management is to keep blood glucose levels within a target range as determined by the student's diabetes health care team. Maintaining levels within the optimal range prevents immediate dangers and long-term complications.

Fundamental to maintaining optimal blood glucose control is to carefully balance food intake, physical activity, insulin, and/or medication. As a general rule, food makes blood glucose levels go up. Physical activity, insulin, and diabetes medications make blood glucose go down. Other factors such as growth, puberty, physical and emotional stress, illness or injury can affect blood glucose levels.

Maintaining ideal levels of glucose requires 24 hours a day, 7 days a week attention. In order to manage diabetes, students must monitor blood glucose levels by checking with a meter up to four or more times per day. Levels may need to be checked before and after eating meals and snacks, before participating in physical activity or when symptoms of hypoglycemia or hyperglycemia are present. The following tools can help complete this task:

⁴ American Diabetes Association, 2003. "Factors Associated with Academic Achievement in Children with Type 1 Diabetes."

⁵ American Academy of Pediatrics, 2002. "Effects of Diabetes on Learning in Children".

- 1.) Blood Glucose Meter: After pricking the skin with a lancet, the student places a drop of blood on a test strip which is inserted into the small portable machine. The meter provides a reading of the student's blood glucose level by displaying a digital reading on the machine's screen. The skin prick can occur on the fingertip, forearm or other test site. When obtaining a drop of blood from the forearm or other test site, a specific type of blood glucose meter is needed. Always obtain a drop of blood from the fingertip if hypoglycemia is suspected.
- 2.) Continuous Glucose Monitor: tracks blood glucose levels throughout the day. After inserting a sensor under the skin, the device records interstitial glucose levels at regular intervals and wirelessly sends the reading to the monitor. This monitor may be attached to the insulin pump or a secondary device which is carried or worn by the student. The Continuous Glucose Monitor alerts the student when glucose levels are too high or too low by sounding an alarm. Blood glucose levels should be confirmed by readings from a blood glucose meter prior to any treatment decision or diabetes care plan adjustments.

The key to maintaining optimal blood glucose control is to carefully balance:

- food intake
- physical activity
- insulin

Students with type 1 diabetes must have insulin delivered by injection or a pump. Many people with type 2 diabetes can control their blood glucose by following a healthy meal plan and exercise program, losing excess weight, and taking oral medication. Medications for each student with diabetes will often change during the course of the disease. Some students with type 2 diabetes may also need insulin to control their blood glucose.

Some students are capable of monitoring their blood glucose levels while others may need supervision or assistance from a school nurse or delegated care aide. All students, regardless of their ability to self-manage, may need additional support or assistance when experiencing low blood glucose (hypoglycemia). Students with diabetes must be able to check their blood glucose levels and respond to their readings, low or high, as soon as possible. Therefore, when creating the school-based Diabetes Care Plan, the school health team should consider granting students permission to check blood glucose levels and appropriately respond to their readings while in the classroom, on campus, and during all school activities.

Assisting the student with performing diabetes care tasks

Many students will be able to handle all or most of their nonemergency diabetes care tasks. Some students will require assistance from school personnel because of their age, developmental level, or they have recently been diagnosed so are still learning how to self-manage. In spite of routine daily diabetic care, diabetic emergencies may happen at any time. Therefore, school personnel need to be prepared and trained to provide care to a student with diabetes during school and at all school-sponsored activities in which a student with diabetes participates.

Care tasks for assisting a student with diabetes include:

- Check blood glucose levels and record results;
- Estimate the number of carbohydrates in a snack or meal;
- Administer insulin according to the student's Diabetes Care Plan and record the amount administered;

- Recognize and respond to the symptoms of hypoglycemia according to the Diabetes Care Plan;
- Recognize and respond to the symptoms of hyperglycemia according to the Diabetes Care Plan; and
- Respond in an emergency, including the administration of glucagon.

Developing and supporting self-management by the student

Self-management education and training is vital to improving the health outcomes and quality of life for students with diabetes. Self-care behaviors focus on healthy eating, being physically active, and monitoring blood sugar. It is a collaborative process in which individuals trained in diabetes management help students with, or at risk for, diabetes gain awareness, problem-solving and coping skills they need to successfully self-manage the disease.

Many school-age children can recognize symptoms of hypoglycemia and monitor blood glucose levels. Students can often give their own insulin injections but may not be able to draw up the dose accurately in a syringe until a developmental age of 11 to 12 years.

Adolescents often have the motor and cognitive skills to perform all diabetes-related tasks and determine insulin doses based on blood glucose levels and food intake. This is a time, however, when peer acceptance is important, risk-taking behaviors common, and teenagers search for independence. Thus, adolescents should be supervised in their diabetes management and allowed gradual independence with the understanding that autonomy will be continued only if they adhere to the diabetes regimen and succeed in maintaining reasonable metabolic control.

A student, who is authorized according to his/her Diabetes Care Plan, shall be permitted to do the following:

- Check blood glucose when and wherever needed;
- Administer insulin with the insulin delivery system used by the student;
- Treat hypoglycemia and hyperglycemia and otherwise attend to the care and management of his/her diabetes in the classroom, in any area of the school or school grounds and at any school-related activity or event in accordance with the Diabetes Care Plan; and
- Possess on his/her person, at all times, the supplies and equipment necessary to monitor and treat diabetes, including, but not limited to glucometers, lancets, test strips, insulin, syringes, insulin pens and needle tips, insulin pumps, infusion sets, alcohol swabs, a glucagon injection kit, glucose tablets, and food and drink, in accordance with their diabetes care plan.

Identifying Diabetes Delegated Care Aides (DCA)

The school nurse is the most appropriate person in a school to coordinate diabetes care, provide and monitor the care of students with diabetes, and communicate to parents/guardians and the school health team about the status of the student's diabetes care. Many schools, however, do not have full-time nurses. As a result, The Care of Student with Diabetes Act (105 ILCS 145), which is explained on page 42-43, permits teachers and school staff to serve as delegated care aides to assist students with diabetes when the school nurse is not in the building or not available when a student needs diabetes care assistance.

Diabetes Delegated Care Aide (DCA) is a school employee who volunteers to:

- **Receive additional training in diabetes care**
- **Become authorized by the student's parent/guardian and the Principal to serve as the DCA**
- **Assist students in implementing their Diabetes Care Plan when the school nurse is not available**

All three conditions must be met prior to serving as a student's DCA.

The delegated care aide (DCA) is a full-time, school employee who volunteers and agrees to receive training in diabetes care and assist students in implementing their school Diabetes Care Plan. All schools where a child with diabetes attends must identify a minimum of one volunteer DCA. Before serving as a DCA, employees must complete the DCA training and become authorized by a student's parent/guardian and the Principal to assist with diabetes care when a nurse is not in the building.

The DCA assists a student with diabetes in accordance with the student's Diabetes Care Plan and performs all the duties and tasks outlined in the plan when the school nurse is not available. The DCA will participate in all required training and comply with all guidelines provided to him/her during the training.

The Principal at every school which has a student with diabetes MUST identify a DCA for each student immediately upon being informed the student has diabetes. A DCA will be expected to assist up to three students with diabetes. The DCA will receive training in diabetes management and care, which is explained on page 22. The Principal and/or Assistant Principal are also required to receive all necessary DCA training because if no school employee volunteers to be the DCA, the Principal and/or Assistant Principal must assume that role.

The service level needs for students with diabetes vary. Accordingly, the responsibilities of the DCA differ depending on student need and nursing coverage at the school. When a student is able to self-manage his/her diabetes care, the DCA's role is to

supervise the student as required by the Diabetes Care Plan and provide emergency response and assistance when the nurse is not in the building.

For students unable to self-manage, the DCA will be expected to provide diabetes care and support when the nurse is not in the building or unavailable. Supports may include administration of insulin, along with emergency response and assistance when necessary. The DCA may also be expected to accompany students with diabetes on field trips if required by a student's *Diabetes Care Plan*.

The DCA will consult with the parent/guardian, school nurse, when available, and/or the student's health care provider in accordance with the student's Diabetes Care Plan or when an unexpected snack or meal requires a dose of insulin. This consultation is necessary to confirm that the insulin dosage is appropriate given the number of carbohydrates to be taken and the student's blood glucose level as determined by a glucose reading.

The parent/guardian must agree to the school employee serving as the student's DCA, and authorize the DCA to provide the student with the necessary assistance. The school must also agree to the designated DCA. The parent/guardians must sign the *Diabetes Delegated Care Aide Agreement Form* (see Appendix B). If the parent does not agree to the school employee who has been identified as the student's DCA, including the principal and/or assistant principal, the student's Diabetes Care Plan must indicate the parent's non-agreement and emergency

procedures to be followed when the school nurse is not available. Remember – if the school nurse is unavailable, 911 must be called in a diabetic emergency.

If all above requirements are met (fulltime staff, DCA training, formal agreement between parent/volunteer/DCA), DCAs are eligible to receive a stipend. Partial years will be pro-rated according to when the DCA is identified, trained, and authorized.

Student with Diabetes Example Need Level and DCA Responsibilities

	High Need Students	Moderate Need Students	Low Need Students
Authorizations	Not authorized by physician to self-manage	Physician authorization to self-manage with adult supervision	Physician authorization to self-manage without supervision or home administration of medication only
School Diabetes Care Provided By	Nurse	Student, with supervision by nurse or by DCA when nurse not in the building	Student
DCA Duties	Provide unanticipated diabetes care when Nurse not available or not in building Emergency response and assistance when nurse not in building	Supervise student self-management when nurse not in building Emergency response and assistance when nurse not in building	Emergency response and assistance when nurse not in building
Field Trip Care	Nurse or DCA	Nurse or DCA	DCA unless 504/IEP specifies otherwise

Planning and Implementation for Schools

Identifying Students with Diabetes

In order to effectively plan for and manage diabetes in the school setting, parents/guardians are asked to promptly notify the school upon their child's diagnosis with diabetes. Steps for identifying a student with diabetes include the following:

- 1) At the beginning of each school year, principals will ensure that the Chicago Public Schools' (CPS) *Student Medical Information Form* (see Appendix C) is sent to every parent/guardian and given to the school's nurse when returned.
- 2) When a form is returned identifying a student has been diagnosed with diabetes, the school nurse will send home to the parent/guardian the CPS *Physician's Report on a Child with Diabetes* (see Appendix D) for the student's health care provider to complete. Alternatively, the school may accept the American Diabetes Association's, *Diabetes Medical Management Plan (DMMP)* (collectively referred to herein as the "Physician's Diabetes Care Plan.") These are the only two forms a school may accept as physician documentation for diabetes management in school. The Physician's Diabetes Care Plan, which is described below, serves as the foundation for the school to develop the student's Diabetes Care Plan.
- 3) The school nurse will also send home the CPS *Authorization for Release and Use of Protected Health Information Records* (see appendix E) for the parent/guardian to complete and return. Parents/guardians are expected to promptly complete and return all forms provided by the school nurse.
- 4) Parents are also expected to provide the school with the following:
 - Any medications necessary to treat diabetes along with relevant prescription and dosage information;
 - The glucagon emergency kit which includes a vial of glucagon (powder) and a syringe prefilled with special liquid;
 - Extra syringes and rapid-acting insulin or insulin pens to be used in the event of insulin pump failure;
 - Replace medications after use or expiration;

Required Parent/Guardian Actions:

- **Notify the school that their child has been diagnosed with diabetes via the *Student Medical Information Form***
- **Complete and return CPS medical forms including consent to exchange medical information and release medical records**
- **Provide school with copy of the Physician's Report on a Child with Diabetes**
- **Provide all necessary medications, with relevant prescription and dosage information**
- **Replace medication when necessary**
- **Provide current emergency contact information and update as necessary**

- A description of the student's past diabetic episodes; including triggers and warning signs;
- Current emergency contact information and prompt notice of any updates; and
- A description of the student's emotional response to the condition and the need for intervention.

If the parent/guardian refuses to complete and return the necessary student medical information forms, physician's orders, and/or any documentation regarding the student's diabetes diagnosis and care, a copy of the *Emergency Diabetes Action Plan* should be placed in the student's file and another copy sent home to the parent/guardian. The plan instructs school staff to call 911 immediately upon recognition of signs and symptoms of an emergency.

Physician's Diabetes Care Plan

The Physician's Diabetes Care Plan is the student's treating health care provider's instructions concerning the student's diabetes management during the school day and includes:

- Copy of the signed prescription;
- Methods of insulin administration; and
- Individual Emergency Action Plan which describes steps school staff should take in the event of an emergency.

The services and accommodations specified in a Physician's Diabetes Care Plan should be reasonable and reflect the current standard of diabetes care, including:

- Appropriate safeguards to ensure that syringes and lancets are disposed of properly;
- Requirements for the student's diet;
- Requirements for glucose testing;
- Requirements for insulin administration;
- Requirements for treatment of hypoglycemia, hyperglycemia and emergency situations; and
- When the DCA should consult with the parent/guardian, school nurse and/or health care provider to confirm that the insulin dosage is appropriate.

The Physician's Diabetes Care Plan should be submitted to the school at the beginning of the school year, upon student enrollment, as soon as possible following a student's diagnosis, or when a student's diabetic care needs change during the school year. Parent/guardians are responsible for informing the school in a timely manner of any changes to the Physician's Diabetes Care Plan.

Student's Diabetes Care Plan

Every CPS student with documented diabetes must be offered a 504 Plan to address the prevention of hyperglycemic or hypoglycemic reactions and daily management of diabetes while in school and at school events. In the event the student has an Individualized Education Program (IEP), the IEP must address the prevention of hyperglycemic or hypoglycemic reactions and daily diabetes management. The *Student's Diabetes Care Plan* (see Appendix G) is included in the student's 504 Plan/IEP and should be based on the Physician's Diabetes Care Plan provided by the parent/guardian.

The student's Diabetes Care Plan must address the necessary accommodations the student will need to participate in all activities during the school day, while traveling to and from school,

while on field trips and during other school-sponsored events. The plan, at a minimum, must address:

- Dietary restrictions or requirements;
- Blood glucose monitoring;
- Insulin/medication dosage, method of delivery and schedule for insulin administration;
- Routine and emergency medication storage locations;
- When a DCA should consult with the parent/guardian, school nurse, or health care provider to confirm administration of proper insulin dosage; and
- Emergency response plan for treatment of hypoglycemia, hyperglycemia and emergency situations.

The plan should also explain the frequency for glucometer readings and insulin administration during the school day. If the nurse or DCA perform glucometer readings or administer insulin during school hours or at school events, the nurse or DCA must document these activities on the *Diabetes Management Log*, (see Appendix H), and a copy kept in the student's file.

The Physician's Diabetes Care Plan must be attached to the copy of the 504 Plan/ IEP which is kept in the student's file.

At the 504 Plan/IEP meeting, the team should identify which staff person will serve as the student's DCA. If the parent/guardian agrees to this person serving as their child's DCA, the parent/guardian must sign the *Diabetes Delegated Care Aide Agreement Form* (see Appendix B). The signed form should be attached to the copy of the 504 Plan/IEP which is kept in the student's file. If the parent does not agree to this person, the student's Diabetes Care Plan must indicate the parent's non-agreement and include emergency procedures to be followed (911 will be called) when the school nurse is not available during a diabetic emergency.

The student's Diabetes Care Plans will be updated annually at the 504 Plan/IEP meeting. If the parent/guardian gives the school a new Physician's Diabetes Care Plan that includes changes to the medical management of the student's diabetes, a 504 Plan/IEP meeting should be promptly convened, following all procedural safeguards, in order to address the new information in the student's Diabetes Care Plan.

The student's Diabetes Care Plan must be given to the student's teacher(s), school nurse, DCA and parent/guardian at the beginning of each school year and whenever it is updated or revised.

Summary of Student Diabetes Care Plan

The *Summary of the Student Diabetes Care Plan* (see Appendix I) must be given to food service staff, coaches, transportation staff (bus driver and bus aide), school health professionals, paraprofessionals and other school staff who supervise the student during school sponsored activities (e.g. extra-curricular activities, field trips, sports, before and after school programs).

The school nurse will develop a *Summary of Student Diabetes Care Plan* for each student with diabetes which:

- Identifies the student with diabetes;
- Identifies potential emergencies that may occur as a result of the student's diabetes and the appropriate responses to such emergencies; and
- Provides emergency contact information.

If the parent/guardian of a student with known or suspected diabetes fails or refuses to cooperate with the school for an evaluation or development of an appropriate 504 Plan/IEP Diabetes Care Plan, the school will implement a *Diabetes Emergency Action Plan* (see Appendix F) which instructs school staff to call 911 immediately in the event of an emergency. A copy of the *Diabetes Emergency Action Plan* should be placed in the student's file and another copy sent home to the parent/guardian.

Disposal of Sharps and Materials that Come in Contact with Blood

In order to minimize risk to other students or staff members, each school health team must develop a plan for disposal of lancets and other materials which may have come in contact with blood. This plan must be in accordance with standard universal precautions and local waste-disposal laws.

Sharp objects (lancets and needles) should be disposed of in a plastic container with a tight-fitting lid. Some students may choose to keep the used lancet in their device in order to dispose of it at home. Used blood glucose strips and other materials are safe to be disposed of in the regular trash. The local health department can provide additional information about health and safety requirements.

Administering Insulin

Students with type 1 diabetes and possibly some students with type 2 diabetes will need to receive insulin throughout the school day. The goal is to educate and empower students to self-administer their insulin anywhere and anytime during the school day, as delineated in the student's Diabetes Care Plan.

Insulin can be classified as rapid-acting, short-acting, intermediate-acting and long-acting depending on the reason for administration. The majority of students with type 1 diabetes utilize a basal/bolus insulin plan, sometimes referred to as adjustable insulin therapy, which reproduces the way a healthy pancreas would produce insulin. This method uses a combination of basal and bolus insulin to help achieve and maintain target blood glucose levels. Basal insulin is utilized to control blood glucose levels overnight and between meals while bolus insulin is given to cover the carbohydrates in meals/snacks and lower blood glucose levels that may be above the target range. This method requires multiple injections during the school day unless the student is receiving insulin through an insulin pump.

An alternative to the adjustable insulin plan is the fixed insulin therapy which refers to students who take the same dose of insulin each day with rapid or short acting insulin combined with intermediate acting insulin. The student's Diabetes Care Plan will explain the specific insulin plan for the student.

Insulin is most commonly delivered through:

Syringe –easy and inexpensive method for administering insulin.

Pen – prefilled insulin cartridge used to inject insulin using a disposable needle tip. The user controls the amount of insulin by turning a dial on the pen. The pens are most commonly used

with rapid-acting insulin to help treat hyperglycemia.

Pump - a device that can be programmed to deliver consistent doses of insulin throughout the day (sometimes called basal insulin). Additional doses can be given to respond to food intake or hyperglycemia. It is important for pump users to test their blood glucose levels on a regular basis in order to determine if additional insulin is needed. Insulin pumps use rapid-acting insulin. There are two different insulin pumps which can be used. The first pump can be attached to the student's waistband, belt or pocket. The pump contains insulin attached to an infusion set and a needle or cannula which is permanently under the skin. Infusions are started with a guide needle and then the cannula is left in place under the skin and taped to secure. The second option of insulin pump is a pod/patch. This is attached to the skin, and a guide needle inserts the cannula under the skin. This is usually worn on the abdomen, buttocks, leg or arm. The pod/patch contains insulin and is controlled by a small hand-held device.

Note: Proper storage of insulin is an important component to diabetes management. The school nurse must review the product storage instructions on the packaging and check the expiration date. Typically, most opened vials of insulin can be stored at room temperature for up to 30 days before discarding is required. Unopened vials can be stored in a refrigerator until used or until their date of expiration. The school nurse is responsible for notifying parents/guardians when their child's insulin or other diabetes medication has expired.

All school employees who are authorized to assist students with diabetes and who may perform blood glucose monitoring and/or insulin administration should be familiar with the recommendations to reduce the risk of exposure to bloodborne viruses and other infections. Universal precautions should be practiced to prevent contact with blood or other potentially infectious materials. Protection from bloodborne viruses and other infections is a basic requirement and expectation anywhere healthcare is provided. The CPS Communicable Disease Policy outlines the Board's responsibilities related to blood borne pathogens and universal precautions. The policy can be found at:
<http://policy.cps.k12.il.us/download.aspx?ID=85>.

Planning for Special Events, Field Trips, and Extracurricular Activities

Students with diabetes may not be excluded from any school related activities because of their diabetes. The student's Diabetes Care Plan must outline what procedures should be followed during special school events, on field trips and when participating in extracurricular activities. With the proper advance planning, the need for possible adjustments to insulin dosages or meal plans will be made to enable the student with diabetes to fully participate in these activities.

When planning school parties, school staff should incorporate healthy food choices which are not high in fat, sugar and carbohydrates to enable the students with diabetes to eat during the party along with the non-diabetic students. Encouraging healthy decision-making is beneficial for all students and avoids isolating students with have diabetes. The parent/guardian must always be given advance notice of all school/class parties so they can decide for their child with diabetes whether the student should eat the food that will be served at the party, if the parent will provide a substitute food option for their child, or adjust the child's insulin dosage the day of the party.

In the event of a field trip, the student's Diabetes Care Plan should state whether the school nurse or DCA must accompany the student with diabetes. Nurse/DCA chaperones are

responsible for ensuring the student's snacks and meals are available and that supplies for checking blood glucose, administering insulin, and treating hypoglycemia are taken on the trip.

No student with diabetes can be denied access to any school or school-related activity on the basis of the student's diabetes. If the school cannot follow a student's 504 Plan/IEP Diabetes Care Plan and provide the necessary accommodations and safety procedures at a school event as planned, the school must alter the event in such a manner so that the student's plan can be implemented and the student can safely participate.

Dealing with Social and Emotional Issues

Growing up can be difficult. Changing bodies and the fear of being different are issues that many children experience. Students with diabetes face with the additional challenge of learning to manage a complex chronic disease. Diabetes management tasks can make the student with diabetes feel different or isolated from his/her peers, which could lead to feelings of resentment or anger about having the condition. School staff should be mindful of the student's feelings about having diabetes and also understand that students with disabilities will vary about how they feel about their condition.

Depression is not uncommon among children and teens, especially for those living with diabetes. It is necessary for the parent/guardian and the school health care team to maintain awareness of the emotional and behavioral health of students with diabetes. A student's 504 Plan/IEP should address known social/emotional issues arising because of the student's diabetes so the school team can be sensitive and support the student. When appropriate, the social worker should meet with the student to help him/her develop the self-help skills necessary for the student to deal with his/her feelings about living with diabetes.

Students with diabetes can all feel pressure to please their health care providers and/or parent/guardian. To appease the adults in their lives, a student could report false glucose levels because he/she perceives glucose levels that are too high or too low as a personal failure on their part. A student might be afraid of hypoglycemia and purposefully avoid taking all of his/her insulin to avoid this from occurring. If this is a concern for the student, the parent/guardian and the health care team should consistently check the memory of the blood glucose meters or insulin pump to ensure that proper insulin amounts are being delivered.

Students with type 2 diabetes could be struggling to maintain a healthy weight. School staff and the parent/guardian can support the student by encouraging them to make healthy food choices and to participate in regular physical activity.

Planning for Disasters and Emergencies

Effective diabetes management involves planning for the unexpected. In order to ensure that schools are prepared to respond to a natural disaster or emergency, the parent/guardian of a diabetic student is required to provide an emergency supply kit which must be kept in the school and used in the event students are forced to stay in school due to an unexpected emergency. The emergency kit should contain supplies sufficient to provide care for a student for up to 72 hours.

School-Wide Professional Development

In every school that has a student with diabetes, regardless of the student's self-management status, ALL school employees must complete a school-wide training on the basics of diabetes care, how to identify and respond to the signs and symptoms of diabetes, and whom to contact in the case of an emergency. Best practice recommendation is for all schools, regardless of student with diabetes enrollment, receive the school-wide training.

All classroom teachers and any other school personnel who has responsibility for directly serving a student with diabetes will receive the above training along with any additional training necessary for them to carry out their roles and responsibilities as outlined in the student's Diabetes Care Plan and how to respond in case of a diabetes emergency.

The school nurse, who has been trained on best practices in diabetes management and treatment, will be responsible for providing the school-wide professional development on diabetes. The Principal is responsible for designating a time for the school nurse to provide the school wide training at the beginning of each year. It is recommended best practice for all school staff to also receive any additional training that is being provided to the classroom teachers and direct service providers.

Delegated Care Aide (DCA) Training

All DCAs, along with principals and assistant principals, must receive training to perform the tasks necessary to assist a student with diabetes in accordance with his/her school Diabetes Care Plan when the school nurse is not in the building or otherwise not available. The DCA training will include hands on instruction on how to:

- (1) Check blood glucose and record results;
- (2) Recognize and respond to the symptoms of hyperglycemia and hypoglycemia;
- (3) Estimate the number of carbohydrates in a snack or lunch;
- (4) Administer insulin according to the student's Diabetes Care Plan and keep a record of the amount administered; and
- (5) Respond in an emergency, including how to administer glucagon and call 911.

Initial DCA training will be provided by a licensed healthcare provider with expertise in diabetes or a certified diabetic educator and individualized by the student's parent/guardian. A DCA must complete the training within ten (10) business days of being designated as a student's DCA and agreed to by the parent/guardian. DCA training will be provided annually and updated when a student's Diabetes Care Plan is changed.

All DCAs, principals and assistant principals, can register for the DCA training on CPS University. Visit <https://hrportal.cps.k12.il.us>. Click on CPS University under "Quick Links" located in the lower left screen. Search using keyword, "diabetes." Live trainings and webinars will be available and CDPU's will be offered.

Roles and Responsibilities of School Staff, Students, and Parents

The following are recommended best practices for individuals responsible for dealing with students with diabetes in the school. The checklists are grouped into eleven major categories: The checklists are not a comprehensive legal list of everything school personnel must do to comply with relevant federal and state laws. Rather, the checklists are steps that administrators, school nurses, school personnel, the parents/guardian, and students should take to ensure effective diabetes management at school.

Remember - One staff member may fill more than one role. For example, a teacher or a coach may also be trained as a DCA. The checklists should be copied and distributed to the appropriate staff members and students.

- Principal/School Administrator
- School Nurse
- Delegated Care Aide (DCA)
- Parent/Guardian
- Student
- Classroom Teacher
- Physical Education Teacher, Coaches and Extra-Curricular Staff
- Nutrition Support Services and School Dining Manager
- Bureau of Student Transportation, Bus Driver and the Bus Aide
- Case Manager or 504 Coordinator
- Chaperones for School Sponsored Events

Principal/School Administrator Checklist

- ☒ Identify for every student with diabetes in the school a Delegated Care Aide (DCA)
- ☒ Ensure that all DCAs have received the appropriate DCA training within ten (10) business days of being identified and agreed to by the parents/guardians
- ☒ If necessary, provide staff coverage for DCA to receive training
- ☒ Attend, along with the assistant principal, DCA training
- ☒ At the beginning of each school year, ensure that the school nurse has allotted time to provide the school-wide diabetes training to all school staff
- ☒ Keep documentation of all DCA and school-wide diabetes training, which includes sign-in sheets and training materials
- ☒ Ensure all students with diabetes have a 504 Plan or IEP with an up-to-date Diabetes Care Plan
- ☒ Ensure that all teachers who have a student with diabetes have a copy of the student's Diabetes Care Plan and a copy was given to the student's parent/guardian
- ☒ Ensure that the student's *Summary of the Diabetes Care Plan* is given to food service staff, coaches, transportation staff (bus driver and bus aide), school health professionals, paraprofessionals and other school staff who supervise the student during school sponsored activities (e.g. extra-curricular activities, field trips, sports, before and after school programs)
- ☒ Ensure *Diabetes Emergency Action Plan* (Appendix G) is displayed in every classroom.
- ☒ Ensure trained staff are on the bus to assist students in the event of a hypoglycemic or hyperglycemic emergency and to implement the necessary emergency actions
 - ✓ NOTE: Do not send students with diabetes home on the bus if they report any symptoms of hypoglycemia or hyperglycemia, no matter how "minor"
- ☒ At the beginning of each school year and upon enrollment of new students, ensure that the *Student Medical Information Form* is given to the parent/guardian to complete
- ☒ Ensure the school nurse receives all completed *Student Medical Information Forms*
- ☒ Ensure that the DCA and/or school nurse are able to accompany a student on a field trip if required by the student's Diabetes Care Plan
- ☒ Establish a contingency plan in the case the school nurse and DCA are absent
- ☒ Ensure protocols are in place for training any substitute staff that may have responsibility for a student with diabetes including teachers, school nurse, nutrition services,

paraprofessionals, bus drivers and any other adult responsible for implementing the Diabetes Care Plan

- ☒ Ensure school has emergency procedures in place, which include calling 911
- ☒ Know where emergency supplies are kept and the procedures for handling emergencies
- ☒ Provide emergency equipment and communication devices for all school activities involving students with diabetes
- ☒ Promote a supportive learning environment for students with diabetes to manage their diabetes safely and effectively at school. This includes: enabling students to monitor blood glucose levels, administer insulin and other medications, eat snacks for routine diabetes management and for treating low blood glucose levels, have bathroom privileges and access to drinking water, participate in all school-sponsored activities, and provide accommodations for health care appointments or prolonged illnesses.
- ☒ Be familiar with and ensure compliance with Federal and State laws that may apply to students with diabetes, including Section 504 of the Rehabilitation Act of 1973, the Americans with Disabilities Act, the Individuals with Disabilities Education Act, and the Care of Students with Diabetes Act. Understand the procedures for implementing these laws.

School Nurse Checklist

A school nurse is the most appropriate person in school to provide for all healthcare needs related to diabetes. The school nurse, who provides care to students with diabetes and facilitates diabetes management training for school personnel, has the professional responsibility to acquire and maintain current knowledge and competency related to diabetes management on a regular and ongoing basis.

The school nurse is responsible for the following actions:

- ☒ Ensure that a *Student Medical Information Form* has been completed and returned for every student in the school
- ☒ For any student who has been identified as having diabetes, send home to the parent/guardian to complete and return the following forms:
 - Student Medical Information
 - Physician's Report on a Child with Diabetes
 - Authorization for Release and Use of Protected Health Information Records
 - Diabetes Delegated Care Aide Agreement Form
- ☒ Follow-up with parent/guardian to ensure the above forms, along with the Physician's Diabetes Care Plan, is completed and returned to the school
- ☒ Review the Physician's Diabetes Care Plan and other pertinent information from the student's parents/guardian
- ☒ In the Student Information System (SIM) input the date of the Physician's Diabetes Care Plan, and enter the appropriate code for students with diabetes type 1 or type 2.
- ☒ Notify the school's case manager/Section 504 coordinator of the student's diagnosis of diabetes and request a 504/IEP meeting be convened in order to develop the student's Diabetes Care Plan
- ☒ Attend the 504/IEP meeting and provide necessary medical information to assist with the development of the student's Diabetes Care Plan
- ☒ Prepare the *Summary of Student Diabetes Care Plan* (See Appendix I) to be distributed to designated school personnel.
- ☒ Utilize the Student Skill Assessment (See Appendix J) to engage the student in developing self-management skills.
- ☒ Implement the 504 Plan/IEP Diabetes Care Plan
- ☒ Perform routine and emergency diabetes care tasks, including blood glucose monitoring, urine ketone testing, insulin and glucagon administration
- ☒ Maintain accurate documentation of all diabetes care provided at school.

- ☒ Document when you performed glucometer readings or administered insulin during school hours or at school events on the Diabetes Management Log, and place a copy kept in the student's file
- ☒ Monitor compliance with the student's Diabetes Care Plans and facilitate follow-up meetings of the school health team to discuss concerns, receive updates, and evaluate the need for changes to the student's plans, as appropriate
- ☒ Collaborate weekly with the delegated care aide regarding diabetic incidents which occurred when the nurse was out of the building or not available
- ☒ Document communications with students, the parents/guardian, student's physician and delegated care aide
- ☒ Obtain insulin/medications, materials and medical supplies necessary for performing diabetes care tasks from the parents/guardian
- ☒ Track insulin/medications for expiration dates and arrange for medications to be current
- ☒ Arrange a system for notifying the student or the parents/guardian when supplies have expired or need to be replenished
- ☒ Collaborate with the student's health/care provider to address any insulin/medication changes
- ☒ When new physician orders are received which require revising the student's Diabetes Care Plan, notify the school's case manager/Section 504 coordinator so that a meeting may be convened to address the new medical information
- ☒ Ensure insulin, glucagon emergency kit and any other diabetes related medications are stored in a secure, unlocked designated area
- ☒ Ensure that appropriate school personnel know the location of the medications
- ☒ Assist the classroom teacher(s) with developing a plan for substitute teachers
- ☒ Assist the physical education teacher with managing the student's physical activity program at school
- ☒ Work with the classroom teacher and delegated care aide at least one week in advance of a field trip so that he/she can assist in acquiring the insulin/medication and food that will be needed for the field trip and ensure it is in a labeled container with the date and time that it is to be given
- ☒ Annually provide training for all school personnel on the basics of diabetes care, how to identify and respond to the signs and symptoms of diabetes, and whom to contact in the case of an emergency.
- ☒ At least annually or when changes occur to a student's Diabetes Care Plan, provide training to all classroom teachers and any other school personnel who has responsibility

for directly serving a student with diabetes on how to carry out their roles and responsibilities as outlined in the student's Diabetes Care Plan and how to respond in case of a diabetes emergency

- ☒ If a parent/guardian requests, work with them to individualize the classroom teacher and service provider training for their child
- ☒ Promote and encourage independence and self-care consistent with the student's ability, skill, maturity, and development as indicated in the student's Diabetes Care Plan
- ☒ Help ensure that the student has a supportive learning environment and is treated the same as students without diabetes.
- ☒ In the event 911 is called, complete an incident report
- ☒ Understand your role in ensuring compliance with federal and state laws that may apply to students with diabetes, including Section 504 of the Rehabilitation Act of 1973, the Americans with Disabilities Act, the Individuals with Disabilities Education Act and the Care of Students with Diabetes Act. Understand the procedures for implementing these laws.

Delegated Care Aide (DCA) Checklist

With proper supervision and training, nonmedical school personnel, called Delegated Care Aides (DCA), can help students manage their diabetes safely at school. The specific roles and responsibilities of the DCA are:

- ☒ Within ten (10) business days of being identified as a student's DCA, attend the DCA training
- ☒ Register for the DCA training at CPS University by visiting <https://hrportal.cps.k12.il.us>. Click on CPS University under "Quick Links" located in the lower left screen. Search using keyword, "diabetes."
 - Live trainings and webinars will be available and CDPUs will be offered
- ☒ Attend the school-wide and classroom teacher trainings on diabetes and how to respond in an emergency
- ☒ Obtain a copy of the student's Diabetes Care Plan and become familiar with it
 - Request clarification from the school nurse and the student's parent/guardian if you do not understand something in the student's Diabetes Care Plan
- ☒ Attend the school-wide and classroom teacher trainings on diabetes and how to respond in an emergency
- ☒ Perform routine and emergency diabetes care tasks, including blood glucose monitoring, urine ketone testing, insulin administration, and glucagon administration, when the school nurse is not in the building or unavailable
- ☒ Per the student's Diabetes Care Plan, be available on campus during regular school hours, for field trips and/or when the student participates in school-sponsored extracurricular activities held before or after school
- ☒ On a field trip, ensure the student's insulin/medication, supplies and food that will be needed during the field trip is in a labeled container with the date and time that it is to be given and is brought on the trip
- ☒ Know how to recognize the signs and symptoms of hypoglycemia and hyperglycemia, know where emergency supplies are kept, how to implement the student's safety plan outlined in the student's Diabetes Care Plan
- ☒ Document when you performed glucometer readings or administered insulin during school hours or at school events on *Diabetes Management Log*, and place a copy kept in the student's file
- ☒ Communicate directly with student's health care provider and/or parent in case of emergency
- ☒ Help ensure that the student has a supportive learning environment and is treated the same as students without diabetes, except to respond to medical needs.

Parent/Guardian Checklist

- ☒ Notify the school nurse, school principal, and teacher(s) that your child has diabetes when the student enrolls in school or is newly diagnosed with the disease
- ☒ Work with your child's personal diabetes health care team to develop a *Physician's Diabetes Care Plan* that contains the medical orders for your child
- ☒ Sign the *Physician's Diabetes Care Plan* to indicate your agreement with it
- ☒ Submit the signed *Physician's Diabetes Care Plan* from your child's personal diabetes health care team to the school nurse, as soon as possible after your child has been diagnosed with diabetes, at the beginning of each school year, and when there are changes in your child's diabetes care plan.
- ☒ Submit all required documentation for your child including the following:
 - Student Medical Information
 - Parent Authorization to Release Medical Records and Exchange of Information
 - Physician's Report on Child with Diabetes
 - Diabetes Delegated Care Aide Agreement Form
- ☒ Permit sharing of medical information necessary for your child's safety between the school and your child's health care providers and talk with your child's personal diabetes health care team about communicating with the school health team and responding to student emergencies as they occur
- ☒ Provide specific information to the school health team about your child's diabetes and performance of diabetes care tasks at home
- ☒ Provide accurate and current emergency contact information to the school, and update the school about any changes
- ☒ Attend and participate in all 504 Plan/IEP meetings and assist in the development of the student's Diabetes Care Plan
- ☒ Inform the school nurse or delegated care aide about any changes in your child's medical orders or social-emotional health status
- ☒ Provide all supplies and equipment necessary for implementing your child's Diabetes Care Plan, which includes blood glucose monitoring equipment, supplies for insulin administration, urine and blood ketone testing, snacks, quick acting glucose products, and a glucagon emergency kit
- ☒ Consult with the school nurse to monitor supplies and replenish insulin, medication and supplies and as needed; refill or replace supplies that have expired
- ☒ Provide and maintain all supplies and equipment necessary to accommodate your child's long-term needs (72 hours) in case of a disaster or emergency

- ☒ Order the medic alert bracelet/necklace for your child
- ☒ Inform appropriate school staff (principal, teachers, coaches, and others) when your child plans to participate in school-sponsored activities that take place before or after school or off campus so that health care coverage can be coordinated to ensure your child's health and safety.
- ☒ Submit updated medication information when your child returns to school after hospitalization or emergency room visit

Student with Diabetes Checklist

- ☒ Review and become familiar with your 504 Plan/IEP/Diabetes Care Plan and as allowed self manage your diabetes care at school
- ☒ Know who the school nurse is and how to contact him/her if assistance is needed
- ☒ Know who your delegated care aide is and how to contact him/her if assistance is needed
- ☒ Participate, as appropriate, in the 504 Plan/IEP to talk about your Diabetes Care Plan and assist in developing your diabetes management while at school
- ☒ Always wear a medical alert ID if required
- ☒ Always carry a quick-acting source of glucose as recommended by your health care team
- ☒ Tell your teachers and other school staff members if you feel symptoms of low or high blood glucose, especially if assistance is needed
- ☒ Work with the school health team if you need help monitoring your blood glucose, getting insulin, or eating the right amount of food, at the right time, during the school day
- ☒ Use the Diabetes Management Log to track and monitor your diabetes self-management if allowed and submit your log to the school nurse bi-weekly
- ☒ Know where your daily and emergency diabetes supplies are stored if you do not carry them and who to contact when you need to use the supplies

Classroom Teacher Checklist

- ☒ Have a copy and become familiar with every student with disabilities' 504 Plan/IEP Diabetes Care Plan who is in your class
- ☒ If you do not understand something in the student's Diabetes Care Plan, request clarification from the school nurse and the student's parent/guardian
- ☒ Attend the classroom teacher specific training on how to carry out your role and responsibilities as outlined in the student's Diabetes Care Plan and how to respond in case of a diabetes emergency
- ☒ Attend the training for all school personnel on the basics of diabetes care, how to identify and respond to the signs and symptoms of diabetes, and whom to contact in the case of an emergency
- ☒ Display the Diabetes Emergency Action Plan in your classroom
- ☒ Attend the 504 Plan/IEP meeting and assist with the development of the 504 Plan/IEP and student's Diabetes Care Plan
- ☒ Implement the student's Diabetes Care Plan, including all accommodations for classroom work and assessments
- ☒ Know who is the student's delegated care aide and how to contact him/her
- ☒ Collaborate with the school nurse and delegated care aide to implement the student's Diabetes Care Plan
- ☒ Allow the student to monitor blood glucose levels and/or administer insulin, as outlined in the student's Diabetes Care Plan
- ☒ Allow the student to eat a snack during class if necessary
- ☒ Ensure student eats lunch on time
- ☒ Collaborate with the physical education teacher to determine if physical activity should be limited or avoided
- ☒ Have a plan for a substitute teacher which addresses the student's diabetes care, including what to do in an emergency
- ☒ Recognize that a change in the student's behavior could be a symptom of blood glucose changes, including that a student with low or high blood glucose levels may experience some cognitive impairment
- ☒ Respond immediately to the signs and symptoms of hypoglycemia (low blood glucose) and hyperglycemia (high blood glucose) in accordance with the student's Diabetes Care Plan. Call 911 when appropriate.

- ☑ Know where supplies to treat low blood glucose are kept and where your students with diabetes normally keep their supplies
- ☑ Communicate with the school nurse, delegated care aide, and the parent/guardian regarding the student's progress or any concerns about the student
- ☑ Notify the parents/guardian in advance of changes in the school schedule such as class parties, field trips, and other special events
- ☑ On a field trip, ensure the student's insulin/medication, supplies and food that will be needed during the field trip is in a labeled container with the date and time that it is to be given and is brought on the trip
- ☑ Treat the student with diabetes the same as other students, except to respond to their medical needs
- ☑ Provide a supportive learning environment for students with diabetes to manage their diabetes safely and effectively at school. This includes enabling students to monitor blood glucose, administer insulin and other medications, eat snacks for routine diabetes management and for treatment of low blood glucose levels, have bathroom privileges, access to drinking water, and participate in all school-sponsored activities.

Physical Education Teacher/Coach/Extra-Curricular Staff Checklist

- ☒ Have a copy and become familiar with every student with disabilities' 504 Plan/IEP/Diabetes Care Plan who is in your class/team
- ☒ If you do not understand something in the student's Diabetes Care Plan, request clarification from the school nurse and the student's parent/guardian
- ☒ Attend the classroom teacher specific training on how to carry out your role and responsibilities as outlined in the student's Diabetes Care Plan and how to respond in case of a diabetes emergency
- ☒ Attend the training for all school personnel on the basics of diabetes care, how to identify and respond to the signs and symptoms of diabetes, and whom to contact in the case of an emergency
- ☒ Implement the student's 504 Plan/IEP/Diabetes Care Plan
- ☒ Know who is the student's delegated care aide and how to contact him/her
- ☒ Ensure blood glucose monitoring equipment and a quick-acting form of glucose are with the student at all activity sites.
- ☒ Have a plan for a substitute teacher/coach which addresses the student's diabetes care, including what to do in an emergency
- ☒ Allow the student to monitor blood glucose levels and/or administer insulin, as outlined in the student's Diabetes Care Plan
- ☒ Allow the student to wear their medical ID during physical activity
- ☒ Allow the student to bring his/her diabetes supplies to all physical education activities, practices, and games
- ☒ Include the *Summary of Student's Diabetes Care Plan*, which includes emergency response for hypoglycemia and hyperglycemia in the first aid kit which is at all activities sites
- ☒ Communicate with the school nurse and/or delegated care aide, regarding any observations or concerns about the student
- ☒ Recognize that a change in the student's behavior could be a symptom of blood glucose changes and limit physical activity accordingly
- ☒ Respond immediately to the signs and symptoms of hypoglycemia and hyperglycemia in accordance with the student's Diabetes Care Plan, including calling 911 when appropriate
- ☒ Encourage the same level of participation in physical activities and sports for students with diabetes as for other students, except to meet medical needs.

Nutrition Support Services and School Dining Manager Checklist

- ☒ Obtain a copy of the *Summary of Student's Diabetes Care Plan*, which includes emergency response for hypoglycemia and hyperglycemia, and become familiar with it
- ☒ Ensure that the student with diabetes has timely access to food and sufficient time to finish eating.
- ☒ Ensure that you and your staff work with the school health team to implement the student's 504 Plan/IEP Diabetes Care Plan
- ☒ Attend the training for all school personnel on the basics of diabetes care, how to identify and respond to the signs and symptoms of diabetes, and whom to contact in the case of an emergency
- ☒ Know which school staff are acting as delegated care aides for the students with diabetes and how to contact them
- ☒ Provide accurate breakfast and lunch menus and a meal schedule in advance to the student's parent/guardian and when possible include grams of carbohydrates and other necessary nutritional information for each meal or snack
- ☒ Ensure that cafeteria staff know where supplies (e.g., 3 or 4 glucose tablets or 1 tube of glucose gel or 4 ounces of fruit juice, not low-calorie or reduced sugar, or 6 ounces of soda, not low-calorie or reduced sugar) are kept to treat hypoglycemia
- ☒ Communicate with the school nurse regarding the student's progress or any concerns about
- ☒ Respond immediately to the signs and symptoms of hypoglycemia and hyperglycemia in accordance with the student's Diabetes Care Plan, including calling 911 when appropriate
- ☒ Ensure that staff treats the student with diabetes the same as other students and are responsive to their medical needs

Bureau of Student Transportation, Bus Drivers and Bus Aides Checklist

- ☒ Inform drivers/bus aides about which students on their bus routes have diabetes, consistent with the student's right to privacy and confidentiality
- ☒ Obtain a copy of the *Summary of Student's Diabetes Care Plan*, which includes emergency response for hypoglycemia and hyperglycemia, and bus drivers and aides should become familiar with it
- ☒ Develop a plan to ensure substitute drivers and aides receive the *Summary of Student's Diabetes Care Plan*, which includes emergency response for hypoglycemia and hyperglycemia
- ☒ Attend the training for all school personnel on the basics of diabetes care, how to identify and respond to the signs and symptoms of diabetes, and whom to contact in the case of an emergency
- ☒ Allow the student with diabetes to eat snacks and drink beverages that are brought from home, on the bus
- ☒ Ensure that drivers/bus aides recognize that a student's behavior change could be a symptom of blood glucose changes
- ☒ Ensure that drivers/bus aides are prepared to respond immediately to the signs and symptoms of hypoglycemia and hyperglycemia and take initial actions in accordance with the *Summary of Student's Diabetes Care Plan*, including calling 911 when appropriate
- ☒ Ensure that drivers/bus aides communicate with the school nurse, delegated care aide and other members of the school health team regarding the student's progress as well as any concerns
- ☒ Ensure that drivers/bus aides treat the student with diabetes the same as other students, except to respond to their medical needs as needed

Case Manager/504 Plan Coordinator Checklist

- ☒ Upon notification of a student with diabetes enrolled in the school, notify the school nurse of the diagnosis
- ☒ Ensure all students with diabetes have a 504 Plan or IEP with an up-to-date Diabetes Care Plan
- ☒ Collaborate with school nurse to ensure all medical documentation is received prior to scheduling the 504 Plan/IEP meeting
- ☒ Schedule all 504 Plan/IEP meetings and ensure the appropriate school staff, including the nurse, are in attendance and parental notice of meeting has been sent following all procedural safeguards
- ☒ Coordinate the 504 Plan/IEP development, including the student's Diabetes Care Plan
- ☒ Ensure all classroom teachers, any other school staff who directly serve the student with diabetes and the student's delegated care aide have a copy of the student's 504 Plan/IEP Diabetes Care Plan
- ☒ Ensure that the *Summary of Student's Diabetes Care Plan* is given to food service staff, coaches, transportation staff (bus driver and bus aide), school health professionals, paraprofessionals and other school staff who supervise the student during school sponsored activities (e.g. extra-curricular activities, field trips, sports, before and after school programs).
- ☒ Inform bus drivers and bus aides which students on their bus routes have diabetes, consistent with the student's right to privacy and confidentiality and ensure they have the *Summary of Student's Diabetes Care Plan*
- ☒ Attend the training for all school personnel on the basics of diabetes care, how to identify and respond to the signs and symptoms of diabetes, and whom to contact in the case of an emergency
- ☒ Help ensure that the student has a supportive learning environment and is treated the same way as students without diabetes

Chaperones for School Sponsored Events Checklist

- ☒ Ensure you have a copy of the *Summary of Student's Diabetes Care Plan* and understand your role in implementation
- ☒ If you have any questions about your role in the student's diabetes care, seek clarification from the school nurse or the student's delegated care aide
- ☒ Know who is the student's delegated care aide and how to contact him/her during the event
- ☒ Recognize that a change in the student's behavior could be a symptom of blood glucose changes
- ☒ Respond immediately to the signs and symptoms of hypoglycemia and hyperglycemia in accordance to the *Summary of Student's Diabetes Care Plan*, including calling 911 when appropriate Allow students with diabetes to wear their medical ID during fieldtrips.
- ☒ Treat the student with diabetes the same as other students

Making Healthy Choices for Students with Diabetes

Following an Individualized Meal Plan

The goal of meal planning for students with diabetes is to achieve and maintain normal blood glucose and lipid levels. Nutrition needs do not differ between students who are diabetic and students who are not. In order to maintain normal growth and development, all students need a healthy diet which includes protein, fruits, vegetables and low fat dairy. What makes a diabetic meal plan unique is the strategy of timing, food content and portion size. Special attention is given to the students' nutritional needs, insulin plan, medications and physical activity levels.

Historically, individualized meal planning options for students with diabetes were severely restricted. Students were often prescribed a limited meal plan which utilized "exchange lists" in order to parallel insulin dosing. Advances in medical knowledge have allowed some flexibility with which to meet individual student's lifestyle and preference (e.g., dietary needs, eating habits, food preference and schedule). Insulin dosing is still structured to parallel the student's diet but is implemented with less rigidity, on a case-by-case basis.

Although students with diabetes are not forbidden any foods, they are encouraged to avoid "liquid carbs" (e.g., soda, juice, pancake syrup), which rapidly increase blood glucose and contain large amounts of carbohydrates in even small portions. Additionally, "liquid carbs", are difficult to balance with insulin and provide little to no nutritional value. A student with diabetes should have meals and snacks consistently scheduled throughout the day.

Carbohydrate Counting

Maintaining a healthy weight is an important component of managing type 2 diabetes. Implementation of a meal plan can help manage weight by setting caloric and carbohydrate counts for meals and snacks throughout the day. In addition to weight management, these plans can help control blood glucose levels, which is necessary to avoid the occurrence of hypoglycemia or hyperglycemia. Carbohydrate counting is an effective method of meal planning for students with diabetes. It is a process which involves the calculation of carbohydrate grams and/or choices of carbohydrates that a student eats. For example, one "carb" choice is equal to 15 grams of carbohydrates. Some sources of carbohydrates include:

- Bread
- Crackers
- Cereal
- Pasta
- Rice
- Fruits
- Vegetables
- Dried beans
- Peas
- Milk
- Yogurt
- Sweets

Getting Regular Physical Activity

Exercise has been shown to be a critical component in the management of diabetes. Although exercise is important for all children, it is especially beneficial for students with diabetes. Some benefits include improved cardiovascular health, increased high-density lipoprotein (HDL) cholesterol, decreased low-density lipoprotein (LDL) cholesterol, weight control, lowered blood glucose levels and improved self-esteem. Students with diabetes should be encouraged to participate in physical education classes and sports activities. In order to prevent the

occurrence of hypoglycemia while exercising, students may need to adjust their insulin and food intake and perform more frequent checks on blood glucose levels.

The student's Diabetes Care Plan should identify when a student needs to be restricted from physical activity due to blood glucose readings (high or low) or if ketones are present. This plan, along with training for how to identify symptoms of hypoglycemia, must be presented and understood by the student's physical education teachers and sports coaches. Additionally, during participation in physical activity, the *Summary of the Student's Diabetes Care Plan*, which outlines what should be done in an emergency, a quick-acting source of glucose, blood glucose meter and plenty of water should always be accessible.

For students who use a pager-type pump, their Diabetes Care Plan should indicate if they are allowed to disconnect themselves from the pump while participating in physical activity. If they are not allowed to disconnect themselves, insulin rates might have to be reduced or suspended while exercising in accordance with the student's Diabetes Care Plan. School staff must provide a safe location for students to store their pump, should they decide to disconnect.

Maintaining a Healthy Weight

Maintaining weight is an important component of diabetes management as it can help to improve blood glucose control. Students with diabetes who are overweight can lose weight by including daily exercise and reducing calories. Although students with diabetes need to maintain a consistent meal and snack schedule, they can consume smaller portions and incorporate healthy food options. School staff can help students maintain a healthy weight by educating, modeling and encouraging healthy lifestyle choices. Additionally, nonfood rewards and healthy snacks can be provided within the classroom. Teaching healthy lifestyle habits to students with diabetes can help them develop into healthy adults.

Tips for Helping Students to Reach and Maintain a Healthy Weight

- 1.) **Participate in physical activity for at least 60 minutes per day.** Examples of physical activity include riding a bike and walking the dog. Limit sedentary activities such as TV and computer time to 1-2 hours per day.
- 2.) **Decrease caloric intake.** Students can be taught how to read food labels and count calories. Students can also be taught how to cut calories by drinking water instead of juice, eating fruit instead of junk food, eating smaller portions and measuring food.
- 3.) **Eat a healthy breakfast.**
- 4.) **Lose weight slowly.** It is recommended the children not lose more than 1 to 2 pounds per month as their bodies are still growing and developing.

Overview of Laws

Potential Legal Consequences

Schools are prohibited by federal law from discriminating against students with diabetes and are required to provide them with the same educational services and activities that other students receive. While the students are in the custody of the school, the school has the responsibility to keep them safe. Since diabetes is potentially deadly, the consequences of a school's negligence in protecting a student with diabetes could result in legal and financial liability, including personal injury lawsuits brought by harmed students or their families.

An Overview of Laws Requiring Schools to Protect Students with Diabetes

Certain federal and state laws govern the Chicago Public Schools' responsibilities for meeting the needs of students with diabetes. These guidelines are in addition to, and not in lieu of, those federal and state laws. The Chicago Public Schools has an obligation to seek suitable means of reasonably accommodating a student upon notification and confirmation of a diagnosis of diabetes and to keep a record indicating that the school conscientiously carried out this obligation. Included in this duty is an obligation to gather sufficient information from the student with diabetes, his/her health care provider and parent/guardian to determine what accommodations are necessary during school and at school-sponsored events. Each student with diabetes is different and will require a different individualized Diabetes Care Plan based on a variety of factors, including his or her age, type of diabetes, medical history, recommendations from doctors, and facilities in the school. Sometimes a student's individual needs will require the school to take more precautions and to make more accommodations than are required by these general guidelines.

Illinois Care of Students with Diabetes Act

Illinois Public Act 096-1485 requires that the Chicago Board of Education adopt a policy, develop procedures, and coordinate district-wide professional development opportunities that encourage appropriate and consistent diabetes care for Chicago Public School students with diabetes.

The Act mandates for all students with diabetes a diabetes care plan be developed which describes the management of the student's diabetes during the school day and at school sponsored events. The school-based diabetes care plan is based on the student's current physician order/diabetes care plan which is signed by student's parent/guardian.

The Act encourages students to self-manage their diabetes care. Accordingly, if the student's diabetes care plan allows, a student is permitted to do the following:

- Check blood glucose when and wherever needed;
- Administer insulin with the insulin delivery system used by the student;
- Treat hypoglycemia and hyperglycemia and otherwise attend to the care and management of his/her diabetes in the classroom, in any area of the school or school grounds and at any school-related activity or event in accordance with the diabetes care plan; and

- Possess on his or her person, at all times, the supplies and equipment necessary to monitor and treat diabetes, including, but not limited to glucometers, lancets, test strips, insulin, syringes, insulin pens and needle tips, insulin pumps, infusion sets, alcohol swabs, a glucagon injection kit, glucose tablets, and food and drink, in accordance with the diabetes care plan.

The Act also creates a delegated care aide (DCA) who is a school employee who has volunteered to receive training in diabetes care and to assist students in implementing their diabetes care plan. The DCA is allowed to perform the duties necessary to assist a student with diabetes in accordance with his/her diabetes care plan, including the administration of insulin.

The Act prohibits any student with diabetes from being denied access to any school or school-related activity on the basis that the student has diabetes. Additionally, a school employee cannot be subjected to disciplinary action for choosing not to agree to serve as a delegated care aide. Finally, under the Act, no school employee can be found liable for civil or other damages for conduct related to the care of a student with diabetes, unless the misconduct was willful and wanton.

Section 504 of the Rehabilitation Act of 1973 (“Section 504”)

Section 504 prohibits all programs and activities receiving federal financial assistance, including all public schools and some private schools, from discriminating against students with disabilities, as defined in the law. A student with a disability under Section 504 is defined as one who (1) has a physical or mental health impairment that substantially limits a major life activity; or (2) has a record of such impairment; or (3) is regarded as having such impairment. 29 U.S.C. §794; 34 C.F.R. § 104, *et seq.*

A physical or mental impairment is defined as any physiological disorder or condition, cosmetic disfigurement, or anatomical loss affecting one or more of the following body systems: neurological; musculoskeletal; special sense organs; respiratory, including speech organs; cardiovascular; reproductive; digestive; genito-urinary; hemic and lymphatic; skin; and endocrine; or any mental or psychological disorder, such as mental retardation, organic brain syndrome, emotional or mental illness, and specific learning disabilities.

Major life activities are defined to include, but not limited to, caring for one's self, performing manual tasks, seeing, hearing, eating, sleeping, walking, standing, lifting, bending, speaking, breathing, learning, reading, concentrating, thinking, communicating, and working. Major life activities also include the operation of major bodily functions, including, but not limited to, functions of the immune system, normal cell growth, digestive, bowel, bladder, neurological, brain, respiratory, circulatory, endocrine, and reproductive functions.

Diabetes may affect multiple major life activities and bodily functions. Every student with diabetes in the Chicago Public Schools must be offered a 504 Plan, unless the student is already on an IEP.

Title II of The Americans with Disabilities Act (the “ADA”) of 1990

Like Section 504, the ADA also prohibits discrimination against any individual with a disability, and extends the Section 504 requirements into the private sector. The ADA contains a definition of "individual with a disability" that is almost identical to the Section 504 definition. (42 U.S.C. § 12101 et seq.; 29 C.F.R. § 1630 et seq.).

Individuals with Disabilities Education Act (“IDEA”)

School districts are required to provide special education and related services to students with disabilities who are covered by IDEA. IDEA differs from Section 504 in that it identifies thirteen specific disabling conditions which are covered by the Act for students from the ages of 3 through 21. Additionally, to qualify for services under IDEA, the student's disability must adversely affect learning therefore requiring the services of a special education teacher. Thus, IDEA is not as broad as Section 504. When a student qualifies for special education and related services under IDEA, schools must develop an Individualized Education Program (IEP) for the student. If a student has diabetes and already has an IEP, the student's IEP should include the student's Individual Health Care Plan for accommodating the diabetes during school and school events and outline all safety procedures to be followed. The student's Emergency Action Plan should be attached to the IEP.

Diabetes Screening

Illinois Public Act 93-0530 requires that diabetes screening be completed as a required part of each health examination. Illinois Department of Public Health rules require that each student, at the time of his/her physical, be assessed for risk of having or developing type 2 diabetes. Results of the diabetes risk assessment must be documented on the Certificate of Child Health Examination form.

Tools and Resources

Additional Resources

The National Diabetes Education Program (NDEP), a partnership of the National Institutes of Health (NIH), the Centers for Disease Control and Prevention (CDC) and more than 200 public and private organizations has published the guide titled *“Helping the Student with Diabetes Succeed: A Guide for School Personnel.”* This comprehensive resource guide helps students with diabetes, their health care team, school staff, and parents work together to provide optimal diabetes management in the school setting.

This guide served as the primary resource for the development of this document, *Guidelines for Managing Diabetes in Chicago Public Schools*. Copies of the guide are available free of charge by visiting <http://www.ndep.nih.gov/publications/PublicationDetail.aspx?PubId=97#main>.

American Diabetes Association provides resources and training modules for key personnel working with school diabetes management: <http://www.diabetes.org/living-with-diabetes/parents-and-kids/diabetes-care-at-school/school-staff-trainings/diabetes-care-tasks.html>.

Children with Diabetes provides sample 504 plans: www.childrenwithdiabetes.com.

Juvenile Diabetes Research Foundation provides sample 504 plans: www.JDRF.org.

National Certification Board for Diabetes Educators Provides updated information on how to become a certified diabetes educator: www.ncbde.org.

National Diabetes Education Program Provides additional guidance and resources pertaining to provision of care for students with diabetes: <http://www.ndep.nih.gov/index.aspx>.

Appendix A: Chicago Public Schools' Diabetes Management Policy

Chicago Public Schools Policy Manual

Title:	DIABETES MANAGEMENT POLICY		
Section:	704.11		
Board Report:	12-0125-PO4	Date Adopted:	January 25, 2012

THE CHIEF EXECUTIVE OFFICER RECOMMENDS:

That the Board adopt a new Diabetes Management Policy.

PURPOSE: The purpose of this policy is to promote the management of diabetes during school and school-related activities. This policy also establishes diabetes care training requirements for school personnel and for delegated care aides.

POLICY TEXT:

I. SCOPE: This policy covers students diagnosed with type 1 diabetes or type 2 diabetes by a licensed medical provider.

II. IDENTIFYING STUDENTS WITH DIABETES

A. Request for Diabetes Information: In order to effectively plan for and manage diabetes in the school setting, parents/guardians are asked to promptly notify the school upon their child being diagnosed with diabetes. At least annually at the beginning of each school year, Principals shall request parents/guardians to report information about their child's known or suspected diabetes. The Chief Education Officer or designee shall make medical information forms available to schools for this purpose.

B. Parent Submissions: When a parent/guardian reports that their child is diagnosed with diabetes, the school shall request the parent/guardian to provide the following:

- (1) Written authorization to obtain detailed information on the child's condition from the physician;
- (2) Written consent to share diagnosis and other information with school personnel;
- (3) Written consent to administer or self-administer medications during the school day, as applicable in accordance with the Board's Administration of Medication Policy;
- (4) Physician's Diabetes Care Plan, as described in Section III herein, completed and signed by the child's licensed health care provider and signed by the parent/guardian;
- (5) Any medications necessary to treat diabetes along with relevant prescription and dosage information. Parent/guardian shall replace medications after use or expiration;
- (6) A description of the student's past diabetic episodes; including triggers and warning signs;
- (7) Current emergency contact information and prompt notice of any updates;
- (8) A description of the student's emotional response to the condition and the need for intervention; and
- (9) Recommendations on age appropriate ways to include the student in planning or care and implementing their 504 Plan.

D. Non-Cooperation: If the parent/guardian of a student with known or suspected diabetes fails or refuses to cooperate with the school for an evaluation or implementation of an appropriate 504 Plan or any documentation required to offer a 504 Plan, the school shall implement a simple Emergency Diabetes Action Plan (EDAP) stating to call 911 immediately upon recognition of signs and symptoms along with sending written notification to the parent/guardian of the student's EDAP.

III. PHYSICIAN'S DIABETES CARE PLAN

A. The Physician's Diabetes Care Plan shall include the treating health care provider's instructions concerning the student's diabetes management, including, but not limited to, a copy of the signed prescription and the methods of insulin administration and an Emergency Diabetes Action Plan which describes steps school staff should take in the event of an emergency.

B. The services and accommodations specified in a Physician's Diabetes Care Plan shall be reasonable, reflect the current standard of diabetes care, include appropriate safeguards to ensure that syringes and lancets are disposed of properly, and include requirements for diet, glucose testing, insulin administration and treatment for hypoglycemia, hyperglycemia and emergency situations.

C. A Physician's Diabetes Care Plan shall be submitted to the school 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 are responsible for informing the school in a timely manner of any changes to the Physician's Diabetes Care Plan or their emergency contact numbers.

IV. 504 PLAN/IEP

A. Plan Establishment: Every child with physician-documented diabetes must be offered a 504 Plan to address the prevention of hyperglycemic/hypoglycemic reactions and daily management of diabetes while in school and at school events. In the event the student has an Individualized Education Program (IEP), the IEP shall address the prevention of hyperglycemic/hypoglycemic reactions and daily management. The 504 Plan or IEP shall include a School Diabetes Care Plan that will identify what the school will do to accommodate the individual needs of the student with diabetes. The 504/IEP team shall develop a School Diabetes Care Plan for a student with diabetes which shall incorporate the Physician's Diabetes Care Plan and shall identify a delegated care aide(s) in accordance with Section V herein. The School Diabetes Care Plan shall (i) include procedures regarding when a school delegated care aide shall consult with the school nurse, parent/guardian or health care provider to confirm that an insulin dosage is appropriate, (ii) address blood glucose monitoring, uniform record of glucometer readings and insulin administered during the school day, (iii) address where medication, including emergency medication is located and emergency response plan during the school day, while traveling to and from school, during school-sponsored events and while on field trips. The student's Physician's Diabetes Care Plan, including the Emergency Diabetes Action Plan shall be attached to the 504 Plan or IEP.

B. Plan Updates: 504 Plans and IEP's are updated annually in accordance with Section 504 of the Rehabilitation Act of 1973 and the Individuals with Disabilities Education Act. Notwithstanding the annual update requirement, in the event the parent/guardian furnishes a new Physician's Diabetes Care Plan that includes changes to the medical management of the student's diabetes, the 504 Plan or IEP will be promptly updated to address the new information.

C. Plan Dissemination: The School Diabetes Care Plan shall be disseminated to the delegated care aide, the student's teacher and the parent/guardian of the student. The School Diabetes Care Plan will be distributed at the beginning of each school year for continuing students and whenever it is updated or revised or for new students or newly diagnosed students, upon establishment of a School Diabetes Care Plan. A summary of the School Diabetes Care Plan will be disseminated and a food service staff, coaches, transportation staff, school health professionals, paraprofessionals and other school staff who supervise the student school sponsored activities (e.g. extra-curricular activities, field trips, sports, before and after school programs). The summary shall identify the student with diabetes, identify potential emergencies that may occur as a result of the student's diabetes and the appropriate responses to such emergencies and provide emergency contact information.

V. DELEGATED CARE AIDE

A. Duties: The Illinois Care of Students with Diabetes Care Act permits teachers, school staff and school administrators to serve as a delegated care aide to assist a student with diabetes when the school nurse is not in the building or not available when needed. The delegated care aide shall perform the duties and tasks necessary to assist a student with diabetes in accordance with the child's School Diabetes Care Plan. When required by the School Diabetes Care Plan or when an unexpected snack or meal requires a dose of insulin not anticipated in a student's School Diabetes Care Plan, the delegated care aide shall consult with the parent/guardian, school nurse or health care provider to confirm that the insulin dosage is appropriate given the number of carbohydrates to be taken and the student's blood glucose level as determined by a glucometer reading.

B. Identification: The Principal or designee shall ensure that a delegated care aide, authorized by the parent/guardian and the Principal, is identified for each diabetic student. School employees who agree to serve as a student's delegated care aide shall receive training in diabetes management and care. If no school employee agrees to serve as a student's delegated care aide, or if the parent/guardian declines proposed delegated care aide(s), the Principal shall follow the procedures outlined in the Diabetes Management Guidelines.

C. Training: The delegated care aides shall complete training provided by the Chief Education Officer or designee to perform the tasks necessary to assist a student with diabetes when the school nurse is not in the building or not available when needed, in accordance with his/her School Diabetes Care Plan. Delegated care aide training shall include the following:

- (1) Check blood glucose and record results;
- (2) Recognize and respond to the symptoms of hyperglycemia and hypoglycemia per the Physician's Diabetes Care Plan;
- (3) Estimate the number of carbohydrates in a snack or lunch and assist student with carbohydrate counting, and correction insulin dosing per health care provider's orders;
- (4) Administer insulin according to the student's School Diabetes Care Plan and keep a record of the amount administered; and
- (5) Respond in an emergency, including how to administer glucagon and call 911.

Initial training of a delegated care aide shall be provided by a licensed healthcare provider with expertise in diabetes or a certified diabetic educator and shall be consistent with the guidelines provided by the U.S. Department of Health and Human Services guide entitled "Helping the Student with Diabetes Succeed", and individualized by the parent/guardian as needed. Thereafter, delegated care aide training shall be provided annually and updated to address changes in a student's diabetes care plan.

VI. SCHOOL-WIDE TRAINING: In schools that have a student with diabetes, regardless of a student's self-management status, all school employees shall complete training on the basics of diabetes care, how to identify and respond to the signs and symptoms of diabetes, and whom to contact in the case of an emergency.

VII. EMERGENCY RESPONSE: If glucagon is injected in response to a hypoglycemic event, 911 will be called. In the event emergency response measures outlined in a student's Diabetes Care Plan and Emergency Diabetes Action Plan are undertaken but not effective, 911 will be called. School staff shall remain with the student at all times during a medical emergency or perceived medical emergency. If a student is transported to a hospital, a full-time school staff member shall accompany the student until the parent/guardian or emergency contact arrives. A school shall complete an incident report in all instances when emergency response measures are activated or other emergency health issue occurs.

VIII. SELF-MANAGEMENT: A student who is authorized under their Physician's Diabetes Care Plan to self-manage their diabetes care shall be permitted, when specified by their physician, to do the following:

- (1) Check blood glucose when and wherever needed;
- (2) Administer insulin with the insulin delivery system used by the student;
- (3) Treat hypoglycemia and hyperglycemia and otherwise attend to the care and management of his or her diabetes in the classroom, in any area of the school or school grounds, and at any school-related activity or event in accordance with the diabetes care plan; and
- (4) Possess on his or her person, at all times, the supplies and equipment necessary to monitor and treat diabetes, including, but not limited to glucometers, lancets, test strips, insulin, syringes, insulin pumps, infusion sets, alcohol swabs, a glucagon injection kit, glucose tablets, and food and drink,

A student's self-management activities shall be set out in the School Diabetes Care Plan. A physician's authorization for a student to self-manage their diabetes care in the school setting (whether on a supervised or unsupervised basis) does not constitute a waiver from the requirements of this policy including, but not limited to, the requirement to establish of a School Diabetes Care Plan and a delegated care aide and the completion of staff training.

IX. ADMINISTRATION OF MEDICATION IN SCHOOL: The administration of diabetes-related medications at school is further subject to the documentation requirements set out in the Board's Administration of Medication Policy.

X. BULLYING: Bullying, intimidation or harassment of students with diabetes is not acceptable in any form and will not be tolerated at school or any school-related activity. Schools shall discipline students who engage in this behavior to the fullest extent permitted under the Board's Student Code of Conduct.

XI. GUIDELINES: The Chief Education Officer or designee is authorized to develop and implement diabetes management guidelines, standards and procedures for the effective implementation of this policy. Such guidelines shall establish individuals to serve as a delegated care aide in the absence of a volunteer.

XII. VIOLATIONS: Failure to abide by this policy or guidelines will subject employees to discipline up to and including dismissal in accordance with the Board's Employee Discipline and Due Process Policy.

Amends/Rescinds:

Cross References:

Legal References: Care of Students with Diabetes Act 105 ILCS 145; Individuals with Disabilities Education Act, 20 U.S.C. §1400 et. seq.; Section 504 of the Rehabilitation Act of 1973, 29 U.S.C. §706 et. seq. and 34 C.F.R. 100 et. seq; U.S. Department of Health and Human Services Guidelines *Helping the Student with Diabetes Succeed, A Guide for School Personnel*.

Appendix B: Diabetes Delegated Care Aide Agreement Form

**Office of Student Health and Wellness**

125 South Clark Street, Suite 800 • Chicago, Illinois 60603

Telephone: 773-553-1800 • Fax: 773-553-1883

DIABETES DELEGATED CARE AIDE AGREEMENT FORM_____
Student Name_____
Student ID#_____
Date of Birth_____
Home Address (City, State, Zip Code)_____
Parent/Guardian Name_____
Parent/Guardian Home Phone #_____
Emergency # (Work or Phone)_____
School Name_____
Student Grade

The above-referenced student has diabetes and a Diabetes Care Plan has been developed. The Chicago Public Schools is identifying the following to act as the student's Diabetes Delegated Care Aide:

(Please print Name, Title, CPS Employee I.D. No.)

Does the parent/guardian accept the above named Delegated Care Aide ☐ Yes ☐ No

Parent/Guardian Signature_____
Date_____
Principal /Assistant Principal_____
Date

If the parent does not agree to the identified Delegated Care Aide, the student is not authorized to have a Delegated Care Aide in school. In case of emergency, 911 will be called.

Scan the signed form into the student's SSM file and place hard copy into the student's record.
Provide parent with a signed copy of this form.

Send copy of signed form to Office of Student Health & Wellness at schoolhealth@cps.edu or fax (773) 553-1883.

Also see the following for more information: <http://www.cpsspecialeducation.org> ; School Health Services: Diabetes

Rev. 10/12

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Appendix C: Student Medical Information Form



Office of Student Health and Wellness • 125 South Clark Street, Suite 800 • Chicago, Illinois 60603
Telephone: 773-553-1886

Student Medical Information – 2012/2013 School Year

INFORMATION MUST BE UPDATED AND SUBMITTED ANNUALLY FOR ALL STUDENTS

PLEASE PRINT ALL INFORMATION

SCHOOL: _____

Student Name: _____ Date of Birth: _____ Grade: ____ Homeroom: _____

In order to ensure the safety of your child during the school day, extracurricular activities, on any field trip, and when being transported by the Chicago Public Schools (CPS) we are asking you to please complete this form. For confidentiality purposes, this information will only be shared with relevant CPS staff.

Thank you for your cooperation in this important matter.

Please indicate with a check below if applicable:

- ☐ Food Allergies: (Type) _____
- ☐ Non-Food Allergies: (Type) _____
- ☐ Asthma
- ☐ Diabetes: Type 1 ☐ Type 2 ☐
- ☐ Seizures
- ☐ Other Medical Condition

- ☐ My child has no allergies, medical conditions and/or does not take any medications during school hours.

For any medical condition identified above which requires a prescribed medication be available and taken by your child during school hours, please include an **Action Plan (Emergency, Asthma, or Diabetes)** signed by a medical provider, which includes signs and symptoms of episode, what medication is to be given during school hours, including medication frequency, and any emergency procedures to be taken. You can request an Action Plan from your school nurse or your medical provider.

Parent Name (Please Print): _____

Date: _____

Parent Signature: _____

Phone number: _____

***Return form to school**

Revised: June 15, 2012

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Appendix D: Physician's Report on Child with Diabetes



Office of Student Health and Wellness • 125 South Clark Street, Suite 800 • Chicago, Illinois 60603
Telephone: 773-553-1886

PHYSICIAN'S REPORT ON A CHILD WITH DIABETES

Student Name _____ Student ID# _____ Date of Birth _____ Student Grade _____

Home Address (City, State, Zip Code) _____ Parent/Guardian Name _____

Parent/Guardian Home Phone # _____ Alternate # (Work or Phone) _____

School Name _____ School's Address _____ School's Fax Number _____

Dear Doctor,

The School Nurse of Chicago Public Schools is requesting your cooperation in completing the following questions. Please return this form to the above child's school and retain a duplicate copy for your files.

Signature of School Nurse

BLOOD GLUCOSE MONITORING

Student diagnosed with:

☐ Diabetes Type 1

☐ Diabetes Type 2

Date: _____

Target Blood Glucose _____ mg/dl

Usual Time(s) to check blood glucose _____

Times to do extra blood glucose checks (check all that apply)

☐ Before Exercise

☐ After Exercise

☐ When Student exhibits symptoms of hyper/hypoglycemia

Student can perform own glucose checks

☐ Yes

☐ No

Type of Meter Used _____

INSULIN/ORAL MEDICATION REQUIREMENTS

Oral Medications used to manage Diabetes

☐ Yes ☐ No

Type _____ at _____ (time)

Insulin is used to manage Diabetes

☐ Yes ☐ No

Type _____ Units at _____ (time)

Student requires Insulin on Sliding Scale

☐ Yes ☐ No

Type of Insulin _____

_____ units if blood glucose is _____ to _____ mg/dl

_____ units if blood glucose is _____ to _____ mg/dl

_____ units if blood glucose is _____ to _____ mg/dl

_____ units if blood glucose is _____ to _____ mg/dl

ADMINISTRATION OF INSULIN

Student can self-administer insulin injections

☐ Yes ☐ No

Student must be supervised when administering insulin injections

☐ Yes ☐ No

Adult must administer insulin injections

☐ Yes ☐ No

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For Students with Insulin Pumps Only:

Insulin Pump used to Manage Diabetes ☐ Yes ☐ No

Student Independent in Insulin pump management ☐ Yes ☐ No

Basal Rates: _____ 12 am to _____ (time), _____ (rate) _____ (time) to _____ (time), _____ (rate)
_____ (time) to _____ (time)

Insulin/Carbohydrate Ratio: _____ Correction Factor: _____

Meals and Snacks

Carbohydrate calculations required for management ☐ Yes ☐ No Student is independent ☐ Yes ☐ No

	Time	Food Content/Amount		Time	Food Content/Amount
Breakfast			Mid-Morning		
Lunch			Mid-Afternoon		

Restrictions on activity, if any: _____

Physician's Name _____ Hospital Affiliation _____

Address _____ Telephone# _____ Fax# _____

Physician Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

*This request is valid for 1 year from date of signature. Any medication change or dose requires a new request form.

Rev. 8/12

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Appendix E: Authorization for Release and Use of Protected Health Information



Office of Student Health and Wellness • 125 South Clark Street, Suite 800 • Chicago, Illinois 60603
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AUTHORIZATION FOR RELEASE AND USE OF PROTECTED HEALTH INFORMATION RECORDS

_____ Student Name	_____ Student ID#	_____ Date of Birth
_____ Home Address	_____ Home Phone #	
I, _____ Parent/Guardian	hereby authorize	_____ Insert name of individual authorized to disclose records
_____ Address	_____ Phone Number	

to release my child's medical records to Chicago Public Schools and allow my child's physician/hospital/clinic/agency to communicate directly with the school nurse and other Chicago Public School staff as necessary to address all school-related medical needs, which include but are not limited to, coordination of school health services, development of Individual Education Program or Section 504 Plan health related accommodations and/or individualized health plans and emergency action plans.

Specific information to be released (check all that apply):

- ☐ Medical Records from (insert date) _____ to (insert date) _____
- ☐ Medical Records regarding treatment for the following condition or injury _____
- ☐ Entire Medical Record, including patient histories, office notes (except psychotherapy notes), test results, radiology studies, films, referral, consults, billing record, insurance records and records sent to you by other health care providers, including:
(Indicate by Initialing)
 - ☐ Alcohol/Drug Treatment
 - ☐ Mental Health Information
 - ☐ HIV Related Information
- ☐ Other: _____

This authorization for disclosure is valid for one calendar year and will expire on _____ (Date). If I am authorizing the release of HIV related, alcohol or drug treatment, or mental health treatment information, the recipient is prohibited from redisclosing such information without my authorization unless permitted to do so under federal or state law. I understand that I may revoke this authorization at any time by submitting written notice of the withdrawal of my consent. I understand that my revocation of this authorization will not be effective for actions taken by the Chicago Public Schools or health care provider in reliance upon my authorization and prior to notice of my revocation. I understand that failing to authorize disclosure of records may adversely impact the educational programming and/or medical treatment for my child. I recognize that health records, once received by the Chicago Public Schools, may not be protected by the Health Insurance Portability and Accountability Act (HIPAA) privacy provisions, but will become education records protected by the Family Educational Rights and Privacy Act (FERPA). I also understand that if I refuse to sign, such refusal will not interfere with my child's ability to obtain health care. I also understand that I have the right to inspect and copy educational records and to challenge their contents.

_____ Signature of Consenting Party*	_____ Date
_____ Witness (Person Identifying Consenting Party)	_____ Relationship

*Student signature is required if the minor student is over 12 years old and if this authorization is for the release of mental health records.

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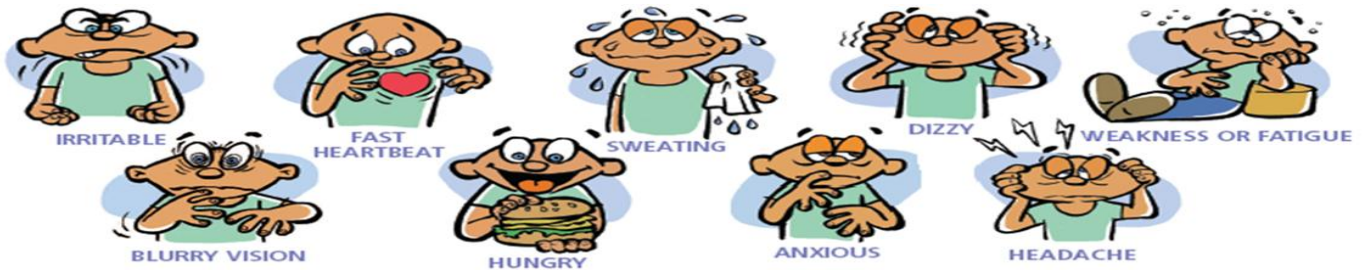
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Appendix F: Diabetes Emergency Action Plan

Diabetes Emergency Action Plan***

HYPOGLYCEMIA (Low Blood Sugar)

Never send a child with suspected low blood sugar anywhere alone.



Causes:	Too much insulin	Missed/delayed food	Excessive/unscheduled activity
Onset:	Hypoglycemia <u>can occur</u> suddenly.		

SYMPTOMS

Mild	Moderate	Severe
Hunger Paleness Anxiety Irritability Sweating Drowsiness Personality change Inability to concentrate	Headache Behavior change Poor coordination Blurry vision Weakness Slurred speech Confusion	Loss of consciousness Seizure Inability to swallow



ACTION



NEEDED



Mild	Moderate	Severe
<ul style="list-style-type: none"> •Student may/may not self treat. •Provide quick-sugar source (3-4 glucose tablets OR 4 oz. juice OR 6 oz. regular soda). •Wait 10-15 minutes. •Repeat food if symptoms persist or blood glucose is less than normal. •Follow with a snack of carbohydrate and protein (e.g., cheese and crackers). 	<ul style="list-style-type: none"> •Some assistance. •Give students quick-sugar source per mild guideline. •Wait 10-15 minutes. •Repeat food if symptoms persist. •Follow with a snack of carbohydrate and protein (e.g., cheese and crackers). 	<ul style="list-style-type: none"> •Don't attempt to give anything by mouth. •Position on side, if possible. •Call 911. •Contact parents/guardian. •Stay with student.

**CALL 911 IMMEDIATELY
UPON RECOGNITION OF SIGNS AND SYMPTOMS OF AN
EMERGENCY.**



Office of Student Health and Wellness
125 S. Clark Street, 8th Floor
Chicago, IL 60603

***Revised 12.17.2012

Diabetes Emergency Action Plan***

HYPERGLYCEMIA (High Blood Sugar)

Never send a child with suspected high blood sugar anywhere alone.



Causes:	Too much food	Too little insulin	Illness/Infection	Stress
Onset:	Hyperglycemia <u>can occur</u> over time from several hours to days.			

SYMPTOMS

Mild	Moderate	Severe
Thirst Frequent urination Fatigue Sleepiness Increased hunger Blurred vision Weight loss Stomach pains Lack of concentration Sweet, fruity breath	Mild symptoms plus: Dry mouth Nausea Stomach cramps Vomiting	Mild and moderate symptoms plus: Labored breathing Very weak Confused Unconscious



Actions Needed

- Allow frequent use of the bathroom.
- Encourage student to drink water or sugar-free drinks.
- Contact the school nurse or trained DCA to check urine or administer insulin.
- If student is nauseous, vomiting or lethargic, call the parent/guardian or call medical assistance if parent/guardian cannot be reached.

**CALL 911 IMMEDIATELY
UPON RECOGNITION OF SIGNS AND SYMPTOMS OF AN
EMERGENCY.**



Office of Student Health and Wellness
125 S. Clark Street, 8th Floor
Chicago, IL 60603

***Revised 12.17.2012

Appendix G: Student's Diabetes Care Plan

Diabetes Care Plan	
Student Name: Student ID: 12356790	
Medication Name: insulin	
Accommodations (such as training of delegated care aides; dietary restrictions; schedule for glucose testing and insulin administration, etc.). If the student is authorized by his/her health care provider to self-manage his/her diabetes, this MUST be indicated in this section. If the student does not require accommodations for any area, "None" must be indicated in the text box.	
School day:	
Extracurricular:	
Field Trips:	
Bus:	
Safety procedures consistent with current medical orders (such as treatment for hypoglycemia or hyperglycemia; use of glucagon; appropriate disposal of syringes and lancets; when the delegated care aide should consult with the parent/guardian or school nurse or student's health care provider; and any other emergency procedures.). If the student does not require safety procedures for any area, "None" must be indicated in the textbox.	
School day:	
Extracurricular:	
Field Trips:	
Bus:	
If glucagon is injected, 911 will be called. If any of the above safety procedures are not effective, 911 will be called.	
Is the Physician's Emergency Action Plan attached to the hard copy of this Diabetes Care Plan? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<div> <input type="button" value="Save, Done Editing"/> <input type="button" value="Save, Continue Editing"/> <input type="button" value="Cancel"/> <input type="button" value="Help"/> </div>	

Appendix H: Diabetes Management Log

Student Name											Date of Birth				
Type of Device	Insulin Syringe			Insulin Pen			Insulin Pump			Type of Insulin					
Month/Year															
Date	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Glucometer Reading															
Carbohydrate Intake															
Insulin Dose Administered															
Time															
Initials															
Date	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
Glucometer Reading															
Carbohydrate Intake															
Insulin Dose Administered															
Time															
Initials															
Date	31	Notes:													
Glucometer Reading															
Carbohydrate Intake		Initials and Signature:													
Insulin Dose Administered															
Time															
Initials															

The calculated carbohydrate intake for the meal eaten is to be used in calculating the insulin dose, per the child's Medical Order. If the child's Medical Order does not include a formula for determining insulin to be given based on carbohydrate intake, enter "N/A" in the spaces following "**Carbohydrate Intake**"

Public Act 96-1485

Appendix I: Summary of Student Diabetes Care Plan



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SUMMARY OF STUDENT DIABETES CARE PLAN

Student Name	Student ID#	Date of Birth
Home Address (City, State, Zip Code)		Parent/Guardian Name
Parent/Guardian Home Phone #		Emergency # (Work or Phone)
School Name	Student Grade	Non-Attending

The above referenced student has diabetes.

Hypoglycemia, which occurs when blood glucose levels fall too low, is considered to be the greatest immediate threat to students with diabetes. If not treated promptly or properly, hypoglycemia can lead to loss of consciousness, seizures or death. The symptoms of hypoglycemia are:

Unable to eat or drink	Unconsciousness	Unresponsiveness
Seizure activity or convulsions	Drowsiness	Dizziness
Confused/disoriented	Irritable	Combative
Altered personality	Weak/lethargic	Shaky/jittery
Hungry	Pale	Headache
Blurred vision		

If the student exhibits hypoglycemic symptoms, the following emergency actions are to be administered:

Symptoms will progress if not treated promptly. When in doubt, always treat the student for hypoglycemia. **Call 911 in severe cases.**

Hyperglycemia occurs when blood glucose levels rise above the student's target range. Symptoms of hyperglycemia are:

Increased thirst	Dry mouth	Frequent urination
Change in appetite and nausea	Fatigue	Blurry vision

If the student exhibits hyperglycemic symptoms, the following emergency actions are to be administered:

Appendix J: Student Skill Assessment

STUDENT SKILL LEVEL ASSESSMENT CHECKLIST

Student _____ ID# _____

Please place an ✓ in the box that best describes the student's skill level.

	Does it Alone	Does it with Supervision	Parent assists	Parent does it
Utilizes Standard Precautions.				
Chooses and pricks finger.				
Reads monitor accurately.				
Documents results accurately.				
Able to read the lunch menu and select type and amount of food.				
Correctly uses Insulin to carb ratio to determine dose.				
Uses the correction factor to determine Insulin dose.				
Determines the type of Insulin to be given.				
Draws up Insulin in a syringe accurately.				
Dials Insulin in a Pen accurately.				
Selects and prepares appropriate injection site.				
Injects Insulin without hesitation.				
Counts carbohydrates accurately in grams.				
Documents carbohydrates accurately.				
Does ketone testing if blood sugar is over 300 mg/dl.				
Reads ketone strips accurately.				
Documents results accurately.				
For Pumps:				
Enters carbohydrates into pump accurately.				
Able to change insertion site when appropriate.				
Able to bolus insulin when necessary.				
Able to secure tubing to prevent blockage/kinking.				

Appendix K: Glossary of Terms

Blood glucose monitoring or testing: A method of testing how much sugar is in your blood. Home blood glucose monitoring involves pricking your finger with a lancing device, putting a drop of blood on a test strip and inserting the test strip into a blood glucose-testing meter that displays your blood glucose level. Blood sugar testing can also be done in the laboratory. Most large recognized organizations recommend blood glucose monitoring numerous times during the day if you have diabetes. Most recommend a glucose check first thing in the morning before eating and a sugar check two hours after meals.

Certified Diabetes Educator (CDE): A health care professional certified by the American Association of Diabetes Educators (AADE) to teach people with diabetes how to manage their condition.

Delegated Care Aide (DCA): A school employee who receives training in diabetes care, assists students in implementing their diabetes care plan when the school nurse is not available, and enters into an agreement with the parent or guardian of a student with diabetes.

Diabetes Care Plan: A school created document (504/IEP) that specifies the diabetes related services needed by a student at school and at the school sponsored activities and identifies the appropriate staff to provide and supervise these activities. This plan is developed utilizing the physician and parent diabetes care plans.

Glucagon: A hormone that raises the level of glucose in the blood by releasing stored glucose from the liver. Glucagon is sometimes injected when a person has lost consciousness (passed out) from a low blood sugar reaction. The injected glucagon helps raise the level of glucose in the blood.

Glucose: A simple sugar found in the blood. It is the body's main source of energy; also known as "dextrose."

Health care provider: A physician licensed to practice medicine in all its branches, advanced practice nurse who has a written agreement with a collaborating physician who authorizes the provision of diabetic care, or a physician assistant who has a written supervision agreement with a supervising physician who authorizes the provision of diabetes care.

Human insulin: Bio-engineered insulin very similar to insulin made by the body. The DNA code for making human insulin is put into bacteria or yeast cells and the insulin made is purified and sold as human insulin.

Hyperglycemia: High blood sugar. This condition is fairly common in people with diabetes. Many things can cause hyperglycemia. It occurs when the body does not have enough insulin or cannot use the insulin it does have.

Hypoglycemia: Low blood sugar. The condition often occurs in people with diabetes. Most cases occur when there is too much insulin and not enough glucose in your body.

Insulin: A hormone produced by the pancreas that helps the body use sugar for energy. The beta cells of the pancreas make insulin.

Insulin pump: A small, computerized device -- about the size of a small cell phone -- that is worn on a belt or put in a pocket. Insulin pumps have a small flexible tube with a fine needle on the end. The needle is inserted under the skin of the abdomen and taped in place. A carefully measured, steady flow of insulin is released into the body.

Ketones: Substrates released during lipolysis, or fat breakdown. Burning fat produces ketones, which are toxic to body cells. When ketones build up in the blood they are excreted by the kidneys into the urine and can be measured. Sustained high levels of ketones in the body can be fatal.

Lancet: A fine, sharp pointed needle for pricking the skin. Used in blood sugar monitoring.

Parent's Diabetes Care Plan: A parent created diabetes care plan signed by the parent which includes instruction for the care of their child during the school day. This plan is utilized in developing the Diabetes Care Plan with instructions for the delegated care aide.

Physician's Diabetes Care Plan: A plan created and signed by a physician or health care provider which includes instructions for the care of a diabetic student during the school day. This plan includes signed health care provider orders for any medication or treatment required during the school day.

Syringe: A device used in medicine to inject fluid into or withdraw fluid from the body. Medical syringes consist of a needle attached to a hollow cylinder that is fitted with a sliding plunger. The downward movement of the plunger injects fluid; upward movement withdraws fluid.

Appendix L: References

Centers for Disease Control and Prevention. *National diabetes fact sheet: National estimates and general information on diabetes and prediabetes in the United States*, 2011. Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, 2011. http://www.cdc.gov/diabetes/pubs/pdf/ndfs_2011.pdf

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