

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

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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



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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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Telephone: 773-553-1886

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.

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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
Telephone: 773-553-1886

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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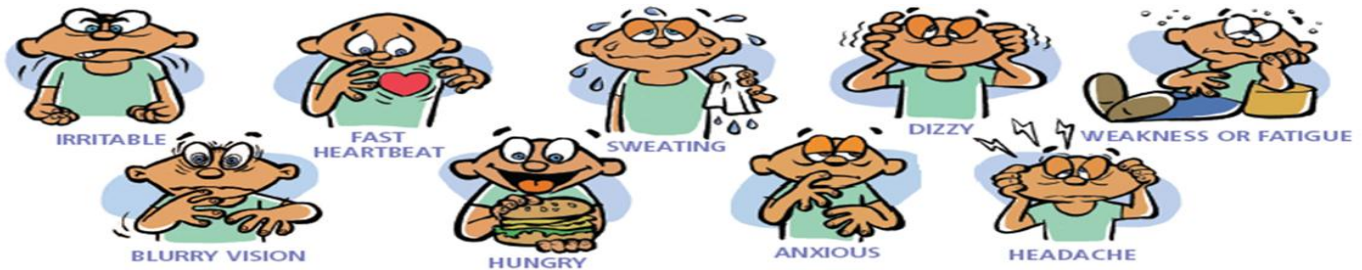
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Appendix F: Diabetes Emergency Action Plan

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 text box.	
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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Telephone: 773-553-1886

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

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.

McCarty, A.M., Lindgren, S., Mengeling, M.A., Tsalikjan, E., and Engvall, J. "Factors Associated With Academic Achievement in Children With Type 1 Diabetes", *Diabetes Care* 26, (2003): 112-117. doi:10.2337/diacare.26.1.112.

McCarty, A.M., Lindgren, S., Mengeling, M.A., Tsalikjan, E., and Engvall, J, "Effects of Diabetes on Learning on Children", *Pediatrics* 109: (2002):e9. doi: 10.1542/peds.109.1.e9 .