

ADOPT A NEW DIABETES MANAGEMENT POLICY**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.

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*.

Approved for Consideration:



Noemi Donoso
Chief Education Officer

Respectfully submitted:



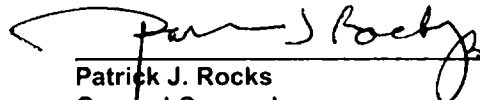
Jean-Claude Brizard
Chief Executive Officer

Noted:



David G. Watkins
Chief Financial Officer

Approved as to Legal Form: 



Patrick J. Rocks
General Counsel