



DEPARTMENT OF EDUCATION

OFFICE OF THE SUPERINTENDENT

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JON J. P. FERNANDEZ
Superintendent of Education

STANDARD OPERATING PROCEDURES

SOP#: 1200-011

SUBJECT: Diabetes Management at School and School sponsored activities

INQUIRIES: Student Support Services Division

EFFECTIVE DATE: ASAP

I. REFERENCES:

- A. Board Policy 336 - Student Health Services
- B. Standard Operating Procedure 1200 – 006 Medication Administration
- C. American Diabetes Association (ADA)
 - www.diabetes.org
 - www.diabetes.org/schooltraining
- D. FERPA Guidelines
 - <http://www.nasn.org/ToolsResources/HIPAAandFERPA>
- E. Section 504 of the Rehabilitation Act of 1973, as amended, 29 U.S.C. 794, Implementing regulations at 34 CFR Part 104.
 - <http://www2.ed.gov/policy/rights/reg/ocr/edlite-34cfr104.html>
- F. Title II of the Americans with Disability Act of 1990, as amended, 42 U.S.C. 12134 et seq., implementing regulations at 28 CFR part 25.
 - <http://www2.ed.gov/policy/rights/reg/ocr/edlite-28cfr.html>
- G. The Americans with Disability Act Amendments Act of 2008.
 - http://frwebgate.access.gpo.gov/cgi-bin/getdoc.cgi?dbname=110cong_bills&docid=f:s3406enr.txt.pdf

II. APPLICABILITY: DOE Public Schools and/ or DOE sponsored activities

III. PURPOSE: Providing guidelines in the management of diabetes at school and at school sponsored activities.

IV. INTERNAL CONTROL: Deputy Superintendent of Educational Support and Community Learning

V. TRAINING: All School Health Counselors (SHCs) are responsible for initiating the Diabetes Management Plan and train school personnel on a need to know basis.

VI. REPORTS: The SHCs are responsible to submit quarterly reports to the Community Health & Nursing Services Administrator (CH&NSA)

VII. PENALTY: Failure to adhere to this SOP may result in disciplinary action in accordance with the DOE Personnel Rules & Regulations.

VIII. EFFECTIVE DATE: This SOP is effective upon date of approval and signature.

IX. CHANGE(s): Changes to this policy shall be effectuated by the Superintendent of Education.

X. PROCEDURE:

1. All students diagnosed with Diabetes need a Diabetes Medical Management Plan (DMMP) that will be provided by the school, completed and signed by their Licensed Healthcare Provider and parent/guardian.
2. DMMP will contain all aspects of routine and emergency diabetes care.
3. Detail the health care services needed at school
4. DMMP will include an evaluation of the student's ability to self-manage, and assess the level of understanding of his/her diabetes
5. The DMMP is developed by the School Health Counselor (SHC) in collaboration with the student's healthcare team and parent/guardian
6. The DMMP contains student specific information and is reviewed by the SHC and parents/guardian at the beginning of the school year and periodically as needed. It is a summary of how to recognize and treat hypoglycemia (low blood glucose) or hyperglycemia (high blood glucose).
7. The DMMP should be given to all personnel responsible for the students with Diabetes (teachers, lunchroom staff, coaches, bus drivers, etc.)
8. An Education Plan (504 or IEP) will be developed as needed. It will be written by a team of school personnel, parents/guardians and the coordinator for the district.
9. Parents/ guardians should provide an emergency supply kit for use in the event of natural disasters or emergencies when students need to stay in school. It would contain enough supplies for at least 72 hours to carry out medical orders.

10. The kit should include:

- Blood glucose meter, testing strips, lancets and batteries for meter
- Insulin, syringes, and/or insulin pens and supplies
- Other prescribed medication
- Antiseptic wipes or wet wipes
- Quick acting source of glucose
- Water
- Hypoglycemia treatment supplies (enough for three episodes)
- Glucagon emergency kit (if prescribed)

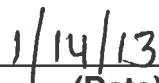
11. Parents/guardians are responsible for restocking supplies (lancets, syringes, snacks, etc.) and ensuring items with expiration dates are up-to-date

() APPROVED

() DISAPPROVED



JON J.P. FERNANDEZ
Superintendent of Education



(Date)

Appendices List:

Appendix A: Diabetes Medical Management Plan (DMMP)

Appendix B: Individualized Health Plan for Diabetics (IHP)

Appendix C: Emergency Health Plan for Diabetics (EHP)

Appendix D: Diabetes Log



Diabetes Medical Management Plan



This plan should be completed by the student's personal diabetes health care team (includes parent/guardian, physician, school nurse, registered dietician, and diabetic educator). This plan must be renewed yearly.

Date: _____ Valid for the current school year:
Student Name: _____ Date of Birth: _____
Diagnosis: Type I Type 2 Other
School & Grade: _____
School Nurse: _____

CONTACT INFORMATION

Mother/Guardian: _____

Address: _____

Home Phone: _____ Work phone: _____ Cell phone: _____
Email: _____

Father/Guardian: _____

Address: _____

Home Phone: _____ Work phone: _____ Cell phone: _____
Email: _____

Student's Physician/Health Care Provider:

Address: _____

Telephone: _____

Email: _____ Emergency Number: _____

Other Emergency Contacts:

Name: _____ Relationship: _____
Home phone: _____ Work phone: _____ Cell phone: _____

Other Emergency Contacts:

Name: _____ Relationship: _____
Home phone: _____ Work phone: _____ Cell phone: _____

Other Emergency Contacts:

Name: _____ Relationship: _____
Home phone: _____ Work phone: _____ Cell phone: _____

THIS PART TO BE COMPLETED BY PHYSICIAN/HEALTH CARE PROVIDER

CHECKING BLOOD GLUCOSE

Target range of blood glucose:

70-130 mg/dL 70-180 mg/dL other _____

Check blood glucose level:

Before breakfast _____
 Before lunch _____ Hours after lunch
 2 hours after a correction dose Mid-morning Before PE After PE
 Before dismissal
 Other _____
 As needed for signs/symptoms of low or high blood glucose
 As needed for signs/symptoms of illness

Student's self-care:

Independently checks own blood glucose
 May check blood glucose with supervision
 Requires school nurse or trained diabetes personnel to check blood glucose

Continuous Glucose Monitor: Yes No Alarms set for: _____

HYPOGLYCEMIA TREATMENT

Student's usual symptoms of hypoglycemia (list below):

If exhibiting symptoms of hypoglycemia, or if blood glucose is less than _____ mg/dL, give a quick acting glucose product equal to _____ grams of carbohydrate.

Recheck blood glucose in 10-15 minutes and repeat treatment if blood glucose is less than _____ mg/dL.

Additional treatment: _____

If student is unable to eat or drink, is unconscious or unresponsive, or is having seizure activity or convulsions, give:

GLUCAGON: 1 mg 1/2 mg **Route:** SC IM
Injection Site: arm thigh other

***Call 911 (Emergency Medical Services) and the student's parents/guardians.**

*Contact student's health care provider if possible.

HYPERGLYCEMIA TREATMENT

Student's usual symptoms of hypoglycemia (list below):

For blood glucose is greater than ____ mg/dL AND at least ____ hours since last insulin dose, give correction dose of insulin (see orders below).

*Give extra water and/or non-sugar containing drinks (not fruit juices): ____ounces per hour.

Additional treatment: _____

*Notify parents/guardians of onset of hyperglycemia.

*If the student has symptoms of a hyperglycemia emergency, including dry mouth, extreme thirst, nausea and vomiting, severe abdominal pain, heavy breathing or shortness, chest pain, increasing sleepiness or lethargy, or depressed level of consciousness: call 911 (EMS) and the student's parent/guardian.

*Contact student's health care provider if possible.

INSULIN THERAPY

Type of insulin therapy at school

Adjustable insulin dosage

Fixed insulin dose

No insulin

Correction dose scale (Sliding Scale):

Blood glucose ____ to ____ mg/dL give ____ units Name of insulin: _____

Blood glucose ____ to ____ mg/dL give ____ units Name of insulin: _____

Blood glucose ____ to ____ mg/dL give ____ units Name of insulin: _____

Blood glucose ____ to ____ mg/dL give ____ units Name of insulin: _____

Blood glucose ____ to ____ mg/dL give ____ units Name of insulin: _____

Blood glucose ____ to ____ mg/dL give ____ units Name of insulin: _____

Blood glucose ____ to ____ mg/dL give ____ units Name of insulin: _____

Blood glucose ____ to ____ mg/dL give ____ units Name of insulin: _____

Fixed insulin:

Name of insulin: _____

Dose: ____ units Time: _____ (pre-snack) or (pre-lunch)

Student's self-care insulin administration skills:

Yes No Independently calculates and gives own injections

Yes No May calculate and give own injections with supervision

Yes No Requires school nurse or trained personnel to calculate/give injections

MEAL PLAN INSTRUCTIONS

Meals/snacks/special events: _____

PHYSICAL ACTIVITY AND SPORTS

Special instructions:

SIGNATURES

This Diabetes Medical Management Plan (DMMP) has been approved by:

Physician/Health Care Provider Date

I, (parent/guardian) _____ give permission to the school nurse or another qualified health care professional or trained diabetes personnel of (school name) _____ to perform and carry out the diabetes care tasks as outlined in (student name) _____ DMMP. I also consent to the release of the information contained in this DMMP to all school staff members and other adults who have responsibility for my child and who may need to know this information to maintain my child's health and safety. I also give permission to the school nurse to contact my child's physician/health care provider.

Acknowledged and received by:

Student's Parent/Guardian _____ Date _____

Student's Parent/Guardian _____ Date _____

School Nurse Date

Please attach *Medication Consent Form* and renew yearly. *Physical Exam Form* to be completed and signed by physician.



Individualized Health Care Plan (IHP) Diabetes



Student: _____ School: _____
Grade: _____
Date(s): _____
School Year: _____
IHP Completed by and Date: _____
IHP Review Dates: _____
Nursing Assessment Review: _____
Nursing Assessment Completed by and Date: _____

Nursing Diagnosis	Interventions and Activities	Date Implemented	Outcome Indicator	Date Evaluated										
Managing Potential Diabetes Emergencies (risk for unstable blood glucose)	<p>Establish and document student's routine for maintaining blood glucose within goal range including while at school.</p> <p>Blood Glucose Monitoring</p> <ul style="list-style-type: none">Where to check blood glucose: Classroom Health room OtherWhen to check blood glucose: Before breakfast Mid-morning Before Lunch Before snack Before PE After PE 2 hours after correction dose Before dismissal As needed Other: _____Student Self-Care Skills: Independent Supervision Full assistanceBrand/model of BG: _____		<p>Blood glucose remains in goal range</p> <p><i>Percentage of Time</i></p> <table><tr><td>0%</td><td>25%</td><td>50%</td><td>75%</td><td>100%</td></tr><tr><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td></tr></table>	0%	25%	50%	75%	100%	1	2	3	4	5	
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1	2	3	4	5										

<p>Supporting the Independent Student (effective therapeutic regimen management)</p>	<ul style="list-style-type: none"> Brand/model of CGM: _____ <p>HYPOGLYCEMIA MANAGEMENT STUDENT WILL:</p> <ul style="list-style-type: none"> Check blood glucose when hypoglycemia suspected. Treat hypoglycemia (<i>follow Diabetes Emergency Care Plan</i>). Take action following a hypoglycemia episode: Type: _____ Location: _____ Routinely monitor hypoglycemia trends r/t class schedule (e.g., time of PE, scheduled lunch, recess) and insulin dosing. Report and consult with parents/guardian, school nurse, HCP, and school personnel as appropriate. 		<p>Readiness to Learn</p> <table> <thead> <tr> <th><i>Never Demonstrated</i></th> <th><i>Consistently Demonstrated</i></th> </tr> </thead> <tbody> <tr> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td>5</td> </tr> </tbody> </table>	<i>Never Demonstrated</i>	<i>Consistently Demonstrated</i>	1	2	3	4	5	
<i>Never Demonstrated</i>	<i>Consistently Demonstrated</i>										
1	2	3	4	5							
<p>Supporting Positive Coping Skills (<i>readiness for enhanced coping</i>).</p>	<p>Environmental Management</p> <ul style="list-style-type: none"> Ensure confidentiality Discuss with parents/guardian and student's coping status at school. Collaborate with parents/guardian and school personnel to meet student's coping needs. Collaborate with school personnel to create an accepting and understanding environment. 		<p>Readiness to Learn</p> <table> <thead> <tr> <th><i>Severely Compromised</i></th> <th><i>Not Compromised</i></th> </tr> </thead> <tbody> <tr> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td>5</td> </tr> </tbody> </table>	<i>Severely Compromised</i>	<i>Not Compromised</i>	1	2	3	4	5	
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1	2	3	4	5							



Diabetes Emergency Care Plan



Hypoglycemia Emergency Care Plan (For Low Blood Glucose)

Student's Name: _____

Grade/Teacher: _____

Dates of Plan: _____

Emergency Contact Information

Mother/Guardian: _____

e-mail address: _____ Home phone: _____

Work phone: _____ Cell: _____

Father/Guardian: _____

e-mail address: _____ Home phone: _____

Work phone: _____ Cell: _____

Health Care Provider: _____

Phone number: _____

School Nurse: _____

Contact number(s): _____

Trained Diabetes Personnel: _____

Contact number(s): _____

The student should never be left alone, or sent anywhere alone, or with another student, when experiencing hypoglycemia.

Causes of Hypoglycemia	Onset of Hypoglycemia
<ul style="list-style-type: none">• Too much insulin• Missing or delaying meals or snacks	<ul style="list-style-type: none">• Sudden symptoms may progress rapidly

<ul style="list-style-type: none"> • Not eating enough food (carbohydrates) • Getting extra, intense, or unplanned physical activity • Being ill, particularly with gastrointestinal illness 	
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Hypoglycemia Symptoms		
Circle student's usual symptoms		
<ul style="list-style-type: none"> • Shaky or jittery • Sweaty • Hungry • Pale • Headache • Blurry vision • Sleepy • Dizzy • Confused • Disoriented 	<ul style="list-style-type: none"> • Uncoordinated • Irritable or nervous • Argumentative • Combative • Changed personality • Changed behavior • Inability to concentrate • Weak • Lethargic • Other: _____ 	<ul style="list-style-type: none"> • Inability to eat or drink • Unconscious • Unresponsive • Seizure activity or convulsions (jerking movements)

Actions for Treating Hypoglycemia	
Notify School Nurse or Trained Diabetes Personnel as soon as you observe symptoms.	
If possible, check blood glucose (sugar) at fingertip.	
Treat for hypoglycemia if blood glucose level is less than _____ mg/dL.	
Treatment for Mild to Moderate Hypoglycemia	Treatment for Severe Hypoglycemia
<ul style="list-style-type: none"> • Provide quick-acting glucose (sugar) product equal to _____ grams of carbohydrates. • Examples of 15 grams of carbohydrates include: 	<ul style="list-style-type: none"> • Position the student on his or her side. • Do not attempt to give anything by mouth. • Administer glucagon: _____ mg at _____ site. • While treating, have another person call 911

<ul style="list-style-type: none"> ○ 3 or 4 glucose tablets ○ 1 tube of glucose gel ○ 4 ounces of fruit juice (not low-calorie or reduced sugar) ○ 6 ounces of soda (1/2 can) (not low calorie or reduced sugar) ● Wait 10 to 15 minutes. ● Recheck blood glucose level. ● Repeat quick acting glucose product if blood glucose level is less than _____ mg/dL. ● Contact the student's parents/guardian. 	<p>(Emergency Medical Services).</p> <ul style="list-style-type: none"> ● Contact the student's parents/guardian. ● Stay with the student until Emergency medical Services arrive. ● Notify student's health care provider.
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Hyperglycemia Emergency Care Plan (For High Blood Glucose)

Student's Name: _____

Grade/Teacher: _____

Dates of Plan: _____

Causes of Hypoglycemia	Onset of Hypoglycemia
<ul style="list-style-type: none"> ● Too little insulin or other glucose lowering medication ● Food intake that has not been covered adequately by insulin ● Decreased physical activity ● Illness ● Infection ● Injury ● Severe physical or emotional stress ● Pump malfunction 	<ul style="list-style-type: none"> ● Over several hours of days

Hyperglycemia Signs	Hyperglycemia Emergency Symptoms (Diabetic Ketoacidosis, DKA, which is associated with hyperglycemia, ketosis and dehydration)
Circle student's usual signs and symptoms	
<ul style="list-style-type: none"> ● Increased thirst and/or dry mouth ● Frequent or increased urination ● Change in appetite and nausea ● Blurry vision ● Fatigue ● Other: _____ _____ 	<ul style="list-style-type: none"> ● Dry mouth, extreme thirst and dehydration ● Nausea and vomiting ● Severe abdominal pain ● Fruity breath ● Heavy breathing or shortness of breath ● Chest pain ● Increasing sleepiness or lethargy ● Depressed level of consciousness

Action for Treating Hyperglycemia	
Notify School Nurse or Trained Diabetes Personnel as soon as you observe symptoms	
Treatment for Hyperglycemia	Treatment for Hyperglycemia Emergency
<ul style="list-style-type: none"> ● Check the blood glucose level: _____ mg/dL. ● Check urine or blood for ketones if blood glucose levels are greater than: _____ mg/dL. ● If student uses a pump, check to see if pump is connected properly and functioning. ● Administer supplemental insulin dose: _____. ● Give extra water of non-sugar containing drinks (not fruit juices): _____ ounces per hour. ● Allow free and unrestricted access to the restroom ● Recheck blood glucose every 2 hours to determine if decreasing to target range of _____ mg/dL. 	<ul style="list-style-type: none"> ● Call parents/guardian, student's health care provider and 911 (Emergency Medical Services) right away. ● Stay with the student until Emergency Medical Services arrive.

<ul style="list-style-type: none">• Restrict participation in physical activity if blood glucose is greater than _____ mg/dL and if ketones are moderate to large.• Notify parents/guardian if ketones are present.	
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Department of Education

Diabetes Monitoring Log

School: _____ School Year: _____

Student Name: _____ DOB: _____ Grade: _____

Parent/Guardian: _____ Contact Number: _____

Signature of staff providing care.	Initials

Signature of staff providing care.	Initials