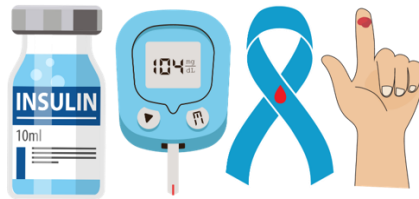


OKLAHOMA STATE DEPARTMENT OF HEALTH
GUIDELINES FOR DIABETES MANAGEMENT IN SCHOOL



Please call the School Health Coordinator, Family Support and Prevention Services, School Health, Oklahoma State Department of Health at 405-426-8085 with any questions.

GUIDELINES FOR DIABETES MANAGEMENT IN SCHOOL

FOREWARD

The Oklahoma State Department of Health (OSDH) is pleased to present the *Guidelines for Diabetes Care Procedures in Schools*, a resource document for school personnel.

The *Guidelines for Diabetes Care Procedures in Schools* are intended to guide school administrators, school nurses, teachers, and other staff members on the care of students with diabetes during the school day.

The *Guidelines* are meant to ensure the training requirements for volunteer diabetes care assistants per Oklahoma **70 O.S. §1210.196** are understood and consistently applied.



Guidelines for Diabetes Management in School

Introduction

Effective diabetes management in school settings is essential to ensure the safety, health, and academic success of students with diabetes. Schools play a critical role in supporting students during the school day and school-sponsored activities by implementing structured care plans, ensuring trained personnel are available, and maintaining compliance with state and federal laws. The Oklahoma State Department of Health (OSDH) has developed comprehensive guidelines to assist school personnel in managing diabetes care safely and consistently. These guidelines align with the Diabetes Management in Schools Act and provide direction for training, care coordination, and emergency response.

Importance of Diabetes Management

Proper diabetes management in schools is vital for both immediate safety and long-term health outcomes. Maintaining blood glucose levels within a target range helps prevent acute complications such as hypoglycemia and hyperglycemia, which can impair cognitive function, attention, and behavior. In addition, consistent management reduces the risk of long-term complications, including cardiovascular disease, kidney failure, neuropathy, and vision impairment. Poorly controlled diabetes can negatively affect school attendance, academic performance, and overall quality of life. Therefore, structured and consistent care within the school environment is essential to support student well-being and academic success.

To ensure appropriate diabetes management in schools, the Oklahoma Legislature passed the Diabetes Management in Schools Act of 2007, codified in **70 O.S. § 1210.196**. The Act empowers school staff with the training and information they need to safely and appropriately care for students with diabetes following their physician's orders, while in their care at school or a school activity. The following guidelines have been set forth by the planning committee, as outlined in the Act, to establish guidelines for the training of volunteer diabetes care assistants and to clarify procedures for those involved in caring for students with diabetes.

Guidelines for Diabetes Medical Management Plan (DMMP)

NOTE: For a school to provide any care for a diabetic student they must have signed consent from parent or legal guardian as well as the DMMP.

The Diabetes Medical Management Plan (DMMP) is the foundation of diabetes care in schools. This individualized plan is developed by the student's healthcare team and outlines the specific medical needs and treatment protocols required during the school day. The DMMP **shall be obtained and reviewed annually or whenever changes occur and must be followed by all school personnel responsible for the student's care.**

The DMMP includes detailed instructions regarding blood glucose monitoring, insulin administration, nutrition, physical activity, and emergency procedures. It serves as the primary guide for implementing safe and effective diabetes care and informs the development of additional plans such as the Individual Health Plan (IHP) and Section 504 Plan.

A fillable DMMP form is provided in the Appendix.

Approved Trainings

Training is a critical component of safe diabetes management in schools. School nurses, certified school nurses, or public health nurses are responsible for completing approved diabetes management training every **three (3) years**. The school nurse upon completing an approved training may provide training to other school personnel. **Approved training programs include those provided by the Oklahoma State Department of Health, the Oklahoma State Department of Education, and the training for schools on the American Diabetes Association website. A certified school nurse providing training at their district using approved presentation and materials (including PowerPoint from OSDH).**

Volunteer Diabetes Care Assistants (VDCAs) must **complete annual training and demonstrate competency in essential diabetes care tasks**. Training includes recognizing symptoms of hypoglycemia and hyperglycemia, performing blood glucose monitoring, administering insulin and glucagon, understanding the DMMP, and responding to emergencies. Hands-on skills validation is required periodically to ensure competency.

It is recommended that at a minimum there are two trained staff members who are always available in each building, having additional trained staff is best practice and highly encouraged. All teachers with a diabetic student in their classroom are encouraged to complete the training.

Additional training may be submitted for approval by OSDH. The training to be reviewed must meet all requirements outlined in state law.

It is also recommended that staff providing care for the diabetic student also complete a medication administration training either through their school nurse or the OSDE Connect Medication Administration.

Role of the School Nurse

The school nurse serves as the primary coordinator of diabetes care within the school setting. Responsibilities include implementing the DMMP, developing and updating the Individual Health Plan (IHP), coordinating Section 504 or Individualized Education Plans, and training school personnel. The nurse also conducts ongoing assessments, monitors student outcomes, and ensures compliance with applicable laws such as Section 504 of the Rehabilitation Act, the Americans with Disabilities Act, and the Individuals with Disabilities Education Act.

In addition, the school nurse facilitates communication among the student, parents or legal guardians, healthcare providers, and school staff. The nurse ensures that all individuals involved in the student's care understand their roles and responsibilities and are competent in performing required tasks.

The training provided by the nurse to the volunteer diabetes care assistant must follow **70 O.S. § 1210.196.5. Volunteer Diabetes Care Assistants training.**

The training shall include instruction on:

1. Recognizing the symptoms of hypoglycemia and hyperglycemia;

2. Understanding the proper action to take if the blood glucose levels of a student with diabetes is outside the target ranges indicated by the student's DMMP;
3. Understanding the details of the diabetes medical management plan of each student assigned as a volunteer diabetes care assistant;
4. Performing finger sticks to check blood glucose levels, checking urine ketone levels, and recording the results of those checks appropriately;
5. Properly administering, according to the physician's orders or the DMMP, insulin, and glucagon and recording the results of the administration;
6. Recognizing complications that require seeking emergency assistance; and
7. Understanding the recommended schedules and food intake for meals and snacks for a student with diabetes, the effect of physical activity on blood glucose levels, and the proper actions to be taken if the schedule of a student is disrupted.

NOTE: The volunteer diabetes care assistant shall annually demonstrate competency in the training required by subsection C of the **70 O.S. § 1210.196.5** listed above. When a school nurse is in the district, the nurse may observe the care assistant performing diabetes management tasks. At the in-person state training, a hands-on return demonstration is part of the training and is required every other year for a certificate to be issued.

A nurse who has completed the approved training may request a copy of the training PowerPoint presentations and competency test. The requestor may contact the School Health Coordinator at the Oklahoma State Department of Health, Family Support and Prevention Services or the School Health Project Manager at Oklahoma State Department of Education.

The school nurse, the principal, or a designee of the principal shall maintain a copy of the training guidelines and any records associated with the training for 7 years or following school policy on records retention.

Care Coordination and Collaboration

NOTE: In Districts without school nurses an administrator or the volunteer diabetes care assistant must work with the parent/or legal guardian of the student and health care providers. Best Practice is the school nurse manage care of student with diabetes.

Effective diabetes management requires a collaborative approach involving the student, family, school personnel, and healthcare providers. The school nurse plays a central role in coordinating this team and facilitating communication. Regular meetings may be held to review care plans, assess outcomes, and make necessary adjustments.

Parents or legal guardians are responsible for providing all medical supplies, medications, snacks, and updated medical information. School personnel must maintain accurate documentation of blood glucose levels, treatments, and any incidents requiring follow-up. Open communication between the school and family is essential to ensure continuity of care and address any concerns promptly.

NOTE: Without an updated/current DMMP a parent/legal guardian or a designated adult care giver may need to provide care at school until the DMMP/proper paperwork is received from the care provider.

The nurse will work with the classroom teacher, bus driver, nutrition staff, and other school personnel who have direct contact with the student with diabetes, in developing a plan to provide substitute personnel with appropriate information to manage diabetes at school. The nurse must verify that an adult school employee who has received the Diabetes Training per **70 O.S. § 1210.196.5** is available for the student while they are attending school or participating in a school sponsored activity.

The nurse (or designated staff member for districts without a school nurse), is to request the appropriate materials and medical supplies from the parent/ legal guardian and arrange a system to notify them of any material or medical supplies that need to be replenished. The nurse must also communicate assessment data about the student's diabetes management or health concerns, such as acute hypoglycemia episodes, hyperglycemia, general attitude, and emotional issues. Accurate and legible documentation of blood glucose levels, incidents in care occurring at school, as well as at all school sponsored activities must be kept with the student's record. A copy of documentation shall be available for continued care for the physician/health care team or to the parent/legal guardian as necessary.

Medication and Treatment Management

Diabetes care in schools includes the administration of insulin and other medications according to the DMMP. Students may use various delivery methods, including syringes, insulin pens, or insulin pumps. Care may involve carbohydrate counting, correction dosing, and scheduled insulin administration.

School personnel must follow the specific instructions outlined in the DMMP and ensure accurate documentation of all treatments. When appropriate, students may manage their care based on their level of independence and competency.

It is advised to work with the parent, legal guardian, and the student if a pump is used for insulin administration. There are several pump models available, and the user manuals should be available online to review as well. It is also advised that staff become familiar with continuous glucose monitors (CGM), if a student uses one to test blood glucose levels.

Nutrition and Physical Activity

Nutrition and physical activity are integral components of diabetes management. Students must have access to meals, snacks, and fluids, according to their prescribed schedule, and accommodation should be made to align with classroom routines as much as possible. Students should be allowed to eat snacks and drink fluids as needed to maintain blood glucose levels.

Physical activity is encouraged but must be monitored closely. Staff must ensure that glucose sources are readily available during physical education and extracurricular activities. Adjustments to activity levels may be necessary based on the student's blood glucose levels.

Field Trips and Extracurricular Activities

Students with diabetes must be allowed to fully participate in all school-sponsored activities, including field trips and extracurricular events. **Trained school personnel must be present to provide necessary care, and all required supplies must accompany the student.** Schools cannot require a parent or guardian to attend for the student to participate.

Stock Glucagon for Districts

In the 2023 Legislative session a bill was passed and then signed by the governor to be an emergency approved law. **70 O.S. § 1210.196.9.** This law allows school districts to stock Glucagon for their diabetic students. It is to take the place of a student's glucagon that is expired or not with the student on campus. The parent/guardian must provide a written consent that is on file for the district to administer the medication in an emergency where the student with known diabetes and a current DMMP on file with guidance for the use of glucagon.

The school board must first approve the addition of the stock glucagon. Policy and procedures should then be put into place. A physician can then write a prescription for the district. The prescription can then be taken to a local pharmacy to be filled. The medication can then be stored with other emergency medications. Staff need to be made aware of where the stock glucagon is to be kept. Staff must also be trained to provide this life-saving medication following state law.

Legislative update 2024

In the 2024 legislative session **70 O.S. § 1210.196.4**, was amended for students with continuous glucose monitoring with electronic access to glucose numbers, a school nurse, diabetes care assistant, or other school staff may download the necessary electronic applications or software to a school electronic device or their personal electronic device, in the absence of a school-provided device, with **written permission from the student's parent or legal guardian.**

Section **70 O.S. § 1210.196.8** was also amended to include a school nurse, diabetes care assistant, or other school staff shall not be responsible for and shall not be subject to disciplinary action for lack of any monitoring of electronic glucose numbers outside of school hours or school-sponsored activities.

Please direct any questions to OSDH, FSPS, School Health Program at:

**Oklahoma State Department of Health
Family Support and Prevention Services
123 Robert S, Kerr Suite 1702
Oklahoma City, OK 73102
405-426-8085
MCH@health.ok.gov**

Resources:

Legislation OSCN.net: Title 70 Chapter 15 Health and Safety Diabetes Management in Schools Act Section §1210.196 – §1210.196.9

<https://www.oscn.net/applications/oscn/Index.asp?ftdb=STOKST70&level=1>

Helping the Student with Diabetes Succeed: A Guide for School Personnel:

<https://diabetes.org/sites/default/files/2023-10/School-guide-final-11-16-22.pdf>

Center for Disease Control Managing Diabetes at School Resource:

<https://www.cdc.gov/diabetes/caring/managing-diabetes-at-school.html>

OSDH School Health Guidelines-Diabetes:

<https://oklahoma.gov/content/dam/ok/en/health/health2/aem-documents/family-health/maternal-and-child-health/child-adolescent-health/school-health/FINALOklahomaGuidelinesforDiabetesManage.pdf>

(Training) American Diabetes Association Safe at School Diabetes Care Tasks at School

<https://diabetes.org/advocacy/safe-at-school-state-laws/diabetes-care-tasks-school>

American Diabetes Association Tips for School Nurses

<https://diabetes.org/advocacy/safe-at-school-state-laws/tips-for-school-nurses>

American Diabetes Association Resources for Schools

<https://diabetes.org/advocacy/safe-at-school-state-laws/training-resources-school-staff>

***Oklahoma State Department of Health Diabetes Management in Schools Training:**

<https://oklahoma.gov/education/services/standards-learning/safe-and-healthy-schools/school-health-services/safe-and-healthy-schools-professional-learning.html>

ADA Safe at School State Laws:

<https://www.diabetes.org/tools-support/know-your-rights/safe-at-school-state-laws>

Diabetes Resource:

<https://danatech.org>

Helping the Student with Diabetes Succeed: A Guide for School Personnel:

<https://oklahoma.gov/content/dam/ok/en/osde/documents/services/student-development/safe-and-healthy-schools/NDEP-School-Guide.pdf>

Sample Diabetic Medical Management Plan (DMMP):

<https://diabetes.org/sites/default/files/2026-01/DMMP-January2026.pdf>

504 Plan: <https://oklahomaparentscenter.org/section-504/>

Legislation Related to Diabetes Management in Schools

OKLAHOMA STATUTES TITLE 70. SCHOOLS DIVISION III.

OTHER SCHOOL LAWS CHAPTER 15.

HEALTH AND SAFETY DIABETES MANAGEMENT IN SCHOOLS ACT

§ 1210.196 Diabetes - Informational Materials - Parents and Guardians

A. The State Department of Education, in coordination with any other entity the Department deems appropriate, shall develop type 1 diabetes informational materials for parents and guardians of students. The informational materials shall undergo periodic updates as necessary and shall be made available to each school district and charter school through the Department's website.

B. Beginning August 1, 2024, the school district board of education and governing board of a charter school shall make copies of the type 1 diabetes informational materials accessible, either digitally or with printed materials, to the parent or guardian of a student when the student is initially enrolled in the school and when the student enters sixth grade.

C. The type 1 diabetes informational materials may include, but not be limited to, the following:

1. A description of type 1 diabetes;
2. A description of the risk factors and warning signs associated with type 1 diabetes;
3. A recommendation for students who display warning signs associated with type 1 diabetes that the parent or guardian should immediately consult with the student's primary care provider to determine if immediate screening for type 1 diabetes is appropriate;
4. A description of the screening process for type 1 diabetes, the significance of its stages, and the implications of test results identifying the presence of each stage of type 1 diabetes; and
5. A recommendation that, following a type 1 diabetes diagnosis, the parent or guardian should consult with the student's primary care provider to develop an appropriate treatment plan, which may include consultation with and examination by a specialty care provider, such as a properly qualified endocrinologist.

§ 1210.196.1. Short title

Sections 3 through 9 of this Act shall be known and may be cited as the "Diabetes Management in Schools Act".

§ 1210.196.2. Definitions

As used in the Diabetes Management in Schools Act:

1. "Diabetes medical management plan" means a document developed by the personal health care team of a student that sets out the health services that may be needed by the student at school and is signed by the personal health care team and the parent or guardian of the student;
2. "School" means a public elementary or secondary school. The term shall not include a charter school established pursuant to Section 3-132 of Title 70 of the Oklahoma Statutes;
3. "School nurse" means a certified school nurse as defined in Section 1-116 of Title 70 of the Oklahoma Statutes, a registered nurse contracting with the school to provide school health services, or a public health nurse; and

4. "Volunteer diabetes care assistant" means a school employee who has volunteered to be a diabetes care assistant and who has successfully completed the training required by Section 6 of this act.

§ 1210.196.3. Diabetes medical management plan

A. A diabetes medical management plan shall be developed for each student with diabetes who will seek care for diabetes while at school or while participating in a school activity. The plan shall be developed by the personal health care team of each student. The personal health care team shall consist of the principal or designee of the principal, the school nurse, if a school nurse is assigned to the school, the parent or legal guardian of the student, and to the extent practicable, the physician responsible for the diabetes treatment of the student.

B. The diabetes medical management plan shall indicate whether the parent or legal guardian of the student with diabetes has given written consent for a school nurse, a school employee trained by a health care professional, or a volunteer diabetes care assistant, as defined by [Section 1210.196.2](#) of this title, to provide diabetes care in accordance with [Section 1210.196.5](#) of this title including but not limited to the administration of glucagon to a student experiencing a hypoglycemic emergency.

A diabetes medical management plan shall be developed for each student with diabetes who will seek care for diabetes while at school or while participating in a school activity. The plan shall be developed by the personal health care team of each student. The personal health care team shall consist of the principal or designee of the principal, the school nurse, if a school nurse is assigned to the school, the parent or guardian of the student, and to the extent practicable, the physician responsible for the diabetes treatment of the student.

§ 1210.196.4. School nurse to administer management plan--Volunteer diabetes care assistant--Refusal to serve as assistant

A. The school nurse at each school in which a student with diabetes is enrolled shall assist the student with the management of their diabetes care as provided for in the diabetes medical management plan for the student.

B. If a school does not have a school nurse assigned to the school, the principal shall make an effort to seek school employees who may or may not be health care professionals to serve as volunteer diabetes care assistants to assist the student with the management of their diabetes care as provided for in the diabetes medical management plan for the student.

C. Each school in which a student with diabetes is enrolled shall make an effort to ensure that a school nurse or a volunteer diabetes care assistant is available at the school to assist the diabetic student when needed.

D. A school employee shall not be subject to any penalty or disciplinary action for refusing to serve as a volunteer diabetes care assistant.

E. A school district shall not restrict the assignment of a student with diabetes to a particular school site based on the presence of a school nurse, contract school employee, or a volunteer diabetes care assistant.

F. Each school nurse and volunteer diabetes care assistant shall at all times have access to a physician.

G. For students with continuous glucose monitoring with electronic access to glucose numbers, a school nurse, diabetes care assistant, or other school staff may download the necessary electronic applications or software to a school electronic device or their personal electronic device, in the absence of a school-provided device, with written permission from the student's parent or guardian.

§ 1210.196.5. Volunteer diabetes care assistants training

A. The State Department of Health shall develop guidelines, with the assistance of the following entities, for the training of volunteer diabetes care assistants:

1. Oklahoma School Nurses Association;
2. The American Diabetes Association;
3. The Juvenile Diabetes Research Foundation International;
4. The Oklahoma Nurses Association;

5. The State Department of Education;

6. Oklahoma Board of Nursing;

7. Oklahoma Dietetic Association; and

8. Cooperative Council of School Administrators.

B. A school nurse or State Department of Health designee with training in diabetes shall coordinate the training of volunteer diabetes care assistants.

C. The training shall include instruction in:

1. Recognizing the symptoms of hypoglycemia and hyperglycemia;

2. Understanding the proper action to take if the blood glucose levels of a student with diabetes are outside the target ranges indicated by the diabetes medical management plan for the student;

3. Understanding the details of the diabetes medical management plan of each student assigned to a volunteer diabetes care assistant;

4. Performing finger sticks to check blood glucose levels, checking urine ketone levels, and recording the results of those checks;

5. Properly administering insulin and glucagon and recording the results of the administration;

6. Recognizing complications that require seeking emergency assistance; and

7. Understanding the recommended schedules and food intake for meals and snacks for a student with diabetes, the effect of physical activity on blood glucose levels, and the proper actions to be taken if the schedule of a student is disrupted.

D. The volunteer diabetes care assistant shall annually demonstrate competency in the training required by subsection C of this section.

E. The school nurse, the principal, or a designee of the principal shall maintain a copy of the training guidelines and any records associated with the training.

§ 1210.196.6. Student information sheet-Privacy policies

A. Each school district shall provide, with the permission of the parent, to each school employee who is responsible for providing transportation for a student with diabetes or supervising a student with diabetes an information sheet that:

1. Identifies the student who has diabetes;
2. Identifies potential emergencies that may occur as a result of the diabetes of the student and the appropriate responses to emergencies; and
3. Provides the telephone number of a contact person in case of an emergency involving the student with diabetes.

B. The school employee provided information as set forth in this section shall be informed of all health privacy policies.

§ 1210.196.7. Student management of diabetes at school-Designated private area

A. In accordance with the diabetes medical management plan of a student, a school shall permit the student to attend to the management and care of the diabetes of the student, which may include:

1. Performing blood glucose level checks;
2. Administering insulin through the insulin delivery system used by the student;
3. Treating hypoglycemia and hyperglycemia;
4. Possessing on the person of the student at any time any supplies or equipment necessary to monitor and care for the diabetes of the student; and
5. Otherwise attending to the management and care of the diabetes of the student in the classroom, in any area of the school or school grounds, or at any school-related activity.

B. Each school shall provide a private area where the student may attend to the management and care of the student's diabetes.

§ 1210.196.8. Employee immunity from liability--Nurse not responsible for acts of diabetes care assistant

A. A school employee may not be subject to any disciplinary proceeding resulting from an action taken in compliance with the Diabetes Management in Schools Act. Any employee acting in

accordance with the provisions of the act shall be immune from civil liability unless the actions of the employee rise to a level of reckless or intentional misconduct.

B. A school nurse shall not be responsible for and shall not be subject to disciplinary action for actions performed by a volunteer diabetes care assistant.

C. A school nurse, diabetes care assistant, or other school staff shall not be responsible for and shall not be subject to disciplinary action for lack of any monitoring of electronic glucose numbers outside of school hours or school-sponsored activities.

§ 1210.196.9 - Glucagon Stock Policy

A. A school district board of education may elect to stock glucagon to treat a student with diabetes who experiences a hypoglycemic emergency or if the student's prescribed glucagon is not available on site or has expired. A board of education that elects to stock glucagon shall adopt a policy that requires:

1. The school district to inform, in writing, the parent or legal guardian of each student who has a diabetes medical management plan pursuant to [Section 1210.196.3 of Title 70](#) of the Oklahoma Statutes that a school nurse, a school employee trained by a health care professional, or a volunteer diabetes care assistant, as defined by [Section 1210.196.2 of Title 70](#) of the Oklahoma Statutes, may administer, with parent or legal guardian written consent but without a health care provider order, glucagon to a student with diabetes whom the school nurse, trained employee, or volunteer diabetes care assistant in good faith believes is having a hypoglycemic emergency or if the student's prescribed glucagon is not available on site or has expired;
2. A waiver of liability executed by a parent or legal guardian be on file with the school district prior to administration of glucagon; and
3. The school district to designate the employee responsible for obtaining the glucagon at each school site.

B. Written consent and a waiver of liability executed pursuant to subsection A of this section shall be effective for the school year for which it is granted and shall be renewed each subsequent school year.

C. A licensed physician who has prescriptive authority may write a prescription for glucagon to a school district in the name of the district as a body corporate specified in [Section 5-105 of Title 70](#) of the Oklahoma Statutes, which shall be maintained at each school site in accordance with the manufacturer's instructions. Provided, however, that nothing in this section shall be construed as creating or imposing a duty on a school district to maintain glucagon at a school site or sites.

D. In the event a student is believed to be having a hypoglycemic emergency, a school employee shall contact 911 and shall contact the student's parent or legal guardian as soon as possible.

Diabetes Medical Management Plan (DMMP)

This plan should be completed by the student's personal diabetes health care team, including the parents/guardians. It should be reviewed with relevant school staff and copies should be kept in a place that can be accessed easily by the school nurse, trained diabetes personnel, and other authorized personnel.

Date of plan: _____

This plan is valid for the current school year: _____ - _____

Student information

Student's name: _____ Date of birth: _____

Date of diabetes diagnosis: _____ Type 1 Type 2 Other: _____

School: _____ School phone number: _____

Grade: _____ Homeroom teacher: _____

School nurse: _____ Phone: _____

Contact information

Parent/guardian 1: _____

Address: _____

Telephone: Home: _____ Work: _____ Cell: _____

Email address: _____

Parent/guardian 2: _____

Address: _____

Telephone: Home: _____ Work: _____ Cell: _____

Email address: _____

Student's physician/health care provider: _____

Address: _____

Telephone: _____ Emergency number: _____

Email address: _____

Other emergency contacts:

Name: _____ Relationship: _____

Telephone: Home: _____ Work: _____ Cell: _____



Checking blood glucose

Brand/model of blood glucose meter: _____

Target range of blood glucose:

Before meals: 90–130 mg/dL Other: _____

Check blood glucose level:

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

Preferred site of testing: Side of fingertip Other: _____

Note: The side of the fingertip should always be used to check blood glucose level if hypoglycemia is suspected.

Student's self-care blood glucose checking skills:

- Independently checks own blood glucose
 May check blood glucose with supervision
 Requires school nurse or trained diabetes personnel to check blood glucose
 Uses a smartphone or other monitoring technology to track blood glucose values

Continuous glucose monitor (CGM): Yes No Brand/model: _____

Alarms set for: Severe Low: _____ Low: _____ High: _____

Predictive alarm: Low: _____ High: _____ Rate of change: Low: _____ High: _____

Threshold suspend setting: _____

CGM may be used for insulin calculation if glucose is between ____ - ____ mg/dL ___ Yes ___ No

CGM may be used for hypoglycemia management ___ Yes ___ No

CGM may be used for hyperglycemia management ___ Yes ___ No

Additional information for student with CGM

- Insulin injections should be given at least three inches away from the CGM insertion site.
- Do not disconnect from the CGM for sports activities.
- If the adhesive is peeling, reinforce it with approved medical tape.
- If the CGM becomes dislodged, return everything to the parents/guardians. Do not throw any part away.
- Refer to the manufacturer's instructions on how to use the student's device.

Student's Self-care CGM Skills: Check "Yes" or "No" if the student can perform the skill independently.

The student troubleshoots alarms and malfunctions.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
The student knows what to do and is able to deal with a HIGH alarm.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
The student knows what to do and is able to deal with a LOW alarm.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
The student can calibrate the CGM.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
The student knows what to do when the CGM indicates a rapid trending rise or fall in the blood glucose level.	<input type="checkbox"/> Yes	<input type="checkbox"/> No

The student should be escorted to the nurse if the CGM alarm goes off: Yes No

Other instructions for the school health team: _____



Hypoglycemia treatment

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

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

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

Additional treatment: _____

If the student is unable to eat or drink, is unconscious or unresponsive, or is having seizure activity or convulsions (jerking movement):

- Position the student on his or her side to prevent choking.
- Administer glucagon Name of glucagon used: _____

Injection:

- 1 mg ½ mg Other (dose) _____
- Route: Subcutaneous (SC) Intramuscular (IM)
- Site for glucagon injection: Buttocks Arm Thigh Other: _____

Nasal route:

- 3 mg
- Route: Intranasal (IN)
- Site: Nose

- Call 911 (Emergency Medical Services) and the student's parents/guardians.
- Contact the student's health care provider.
- If on insulin pump, stop by placing mode in suspend or disconnect. Always send pump with EMS to hospital.

Hyperglycemia treatment

Student's usual symptoms of hyperglycemia (list below): _____

- Check Urine Blood for ketones every _____ hours when blood glucose levels are above _____ mg/dL.
- For blood glucose greater than _____ mg/dL AND at least _____ hours since last insulin dose, give correction dose of insulin (see correction dose orders).
- Notify parents/guardians if blood glucose is over _____ mg/dL.
- For insulin pump users: see **Additional Information for Student with Insulin Pump**.
- Allow unrestricted access to the bathroom.
- Give extra water and/or non-sugar-containing drinks (not fruit juices): _____ ounces per hour.

Additional treatment for ketones: _____

- Follow physical activity and sports orders. (See **Physical Activity and Sports**)

If the student has symptoms of a hyperglycemia emergency, call 911 (Emergency Medical Services) and contact the student's parents/guardians and health care provider. Symptoms of a hyperglycemia emergency include: dry mouth, extreme thirst, nausea and vomiting, severe abdominal pain, heavy breathing or shortness of breath, chest pain, increasing sleepiness or lethargy, or depressed level of consciousness.



Insulin therapy

Insulin delivery device: Syringe Insulin pen Insulin pump

Type of insulin therapy at school: Adjustable (basal-bolus) insulin Fixed insulin therapy No insulin

Adjustable (Basal-bolus) Insulin Therapy

• Carbohydrate Coverage/Correction Dose: Name of insulin: _____

• Carbohydrate Coverage:

Insulin-to-carbohydrate ratio:

Breakfast: 1 unit of insulin per _____ grams of carbohydrate

Lunch: 1 unit of insulin per _____ grams of carbohydrate

Snack: 1 unit of insulin per _____ grams of carbohydrate

Carbohydrate Dose Calculation Example

Total Grams of Carbohydrate to Be Eaten ÷ Insulin-to-Carbohydrate Ratio = _____ Units of Insulin

Correction Dose: Blood glucose correction factor (insulin sensitivity factor) = _____ Target blood glucose = _____ mg/dL

Correction Dose Calculation Example

(Current Blood Glucose – Target Blood Glucose) ÷ Correction Factor = _____ Units of Insulin

Correction dose scale (use instead of calculation above to determine insulin correction dose):

Blood glucose _____ to _____ mg/dL, give _____ units Blood glucose _____ to _____ mg/dL, give _____ units

Blood glucose _____ to _____ mg/dL, give _____ units Blood glucose _____ to _____ mg/dL, give _____ units

See the worksheet examples in **Advanced Insulin Management: Using Insulin-to-Carb Ratios and Correction Factors** for instructions on how to compute the insulin dose using a student's insulin-to-carb ratio and insulin correction factor.

When to give insulin:

Breakfast

Carbohydrate coverage only

Carbohydrate coverage plus correction dose when blood glucose is greater than _____ mg/dL and _____ hours since last insulin dose.

Other: _____

Lunch

Carbohydrate coverage only

Carbohydrate coverage plus correction dose when blood glucose is greater than _____ mg/dL and _____ hours since last insulin dose.

Other: _____

Snack

No coverage for snack

Carbohydrate coverage only

Carbohydrate coverage plus correction dose when blood glucose is greater than _____ mg/dL and _____ hours since last insulin dose.

Correction dose only: For blood glucose greater than _____ mg/dL AND at least _____ hours since last insulin dose.

Other: _____



Additional information for student with insulin pump (continued)

Appropriate infusion site(s): _____

- For blood glucose greater than _____ mg/dL that has not decreased within _____ hours after correction, consider pump failure or infusion site failure. Notify parents/guardians.
- For infusion site failure: Insert new infusion set and/or replace reservoir, or give insulin by syringe or pen.
- For suspected pump failure: Suspend or remove pump and give insulin by syringe or pen.

Physical Activity

- May disconnect from pump for sports activities: Yes, for _____ hours No
- Set a temporary basal rate: Yes, _____% temporary basal for _____ hours No
- Suspend pump use: Yes, for _____ hours No

Student's Self-care Pump Skills: Check "Yes" or "No" if the student can perform the skill independently.

Counts carbohydrates	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Calculates correct amount of insulin for carbohydrates consumed	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Administers correction bolus	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Calculates and sets basal profiles	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Calculates and sets temporary basal rate	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Changes batteries	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Disconnects pump	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Reconnects pump to infusion set	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Prepares reservoir, pod, and/or tubing	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Inserts infusion set	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Troubleshoots alarms and malfunctions	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Meal plan

Meal/Snack	Time	Carbohydrate Content (grams)
Breakfast		_____ to _____
Mid-morning snack		_____ to _____
Lunch		_____ to _____
Mid-afternoon snack		_____ to _____

Other times to give snacks and content/amount: _____

Instructions for when food is provided to the class (e.g., as part of a class party or food sampling event): _____

Parent/guardian substitution of food for meals, snacks and special events/parties permitted.

Special event/party food permitted: Parents'/Guardians' discretion Student discretion

Student's self-care nutrition skills:

- Independently counts carbohydrates
- May count carbohydrates with supervision
- Requires school nurse/trained diabetes personnel to count carbohydrates



Physical activity and sports

A quick-acting source of glucose such as glucose tabs and/or sugar-containing juice must be available at the site of physical education activities and sports.

Student should eat 15 grams 30 grams of carbohydrate other: _____

before every 30 minutes during every 60 minutes during after vigorous physical activity other: _____

If most recent blood glucose is less than _____ mg/dL, student can participate in physical activity when blood glucose is corrected and above _____ mg/dL.

Avoid physical activity when blood glucose is greater than _____ mg/dL or if urine/blood ketones are moderate to large.

(See **Administer Insulin** for additional information for students on insulin pumps.)

Disaster/emergency and drill plan

To prepare for an unplanned disaster, emergency (72 hours) or drill, obtain emergency supply kit from parents/guardians. School nurse or other designated personnel should take student's diabetes supplies and medications to student's destination to make available to student for the duration of the unplanned disaster, emergency, or drill.

Continue to follow orders contained in this DMMP.

Additional insulin orders as follows (e.g., dinner and nighttime): _____

Other: _____

Signatures

This Diabetes Medical Management Plan has been approved by:

Student's 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) _____ to perform and carry out the diabetes care tasks as outlined in (student) _____ Diabetes Medical Management Plan. I also consent to the release of the information contained in this Diabetes Medical Management Plan 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 or another qualified health care professional 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/Other Qualified Health Care Personnel



SAMPLE SECTION 504 PLAN

The attached sample Section 504 Plan was developed by the American Diabetes Association (ADA) and the Disability Rights Education and Defense Fund, Inc. (DREDF).



MODEL 504 PLAN FOR A STUDENT WITH DIABETES

[NOTE: This model 504 Plan lists a broad range of services and accommodations that might be needed by a child with diabetes in school. The plan should be individualized to meet the needs, abilities, and medical condition of each student and should *include only those items in the model that are relevant to that student*. Some students will need additional services and accommodations that have not been included in this model plan.]

Section 504 Plan for _____

School _____

School Year: _____

_____	_____	_____	_____ type _____ diabetes
Student's Name	Birth Date	Grade	Disability

Homeroom Teacher: _____

Bus Number: _____

OBJECTIVES/GOALS OF THIS PLAN

Diabetes can cause blood glucose (sugar) levels to be too high or too low, both of which affect the student's ability to learn as well as seriously endangering the student's health both immediately and in the long term. The goal of this plan is to provide the special education and/or related aids and services needed to maintain blood glucose within this student's target range, and to respond appropriately to levels outside of this range in accordance with the instructions provided by the student's personal health care team.

REFERENCES

- School accommodations, diabetes care, and other services set out by this Plan will be consistent with the information and protocols contained in the National Diabetes Education Program *Helping the Student with Diabetes Succeed: A Guide for School Personnel*, June 2010.

DEFINITIONS USED IN THIS PLAN

1. ***Diabetes Medical Management Plan (DMMP)***: A plan that describes the diabetes care regimen and identifies the health care needs of a student with diabetes. This plan is developed and approved by the student's personal health care team and family. Schools must do outreach to the parents and child's health care provider if a DMMP is not submitted by the family [**Note: School districts may have other names for the plan. If so, substitute the appropriate terminology throughout.**]
2. ***Quick Reference Emergency Plan***: A plan that provides school personnel with essential information on how to recognize and treat hypoglycemia and hyperglycemia.
3. ***Trained Diabetes Personnel (TDP)***: Non-medical school personnel who have been identified by the school nurse, school administrator, and parent who are willing to be trained in basic diabetes knowledge and have received training coordinated by the school nurse in diabetes care, including the performance of blood glucose monitoring, insulin and glucagon administration, recognition and treatment of hypoglycemia and hyperglycemia, and performance of ketone checks, and who will perform these diabetes care tasks in the absence of a school nurse.

1. PROVISION OF DIABETES CARE

- 1.1 At least _____ staff members will receive training to be Trained Diabetes Personnel (TDP), and either a school nurse or TDP will be available at the site where the student is **at all times** during school hours, during extracurricular activities, and on school sponsored field trips to provide diabetes care in accordance with this Plan and as directed in the DMMP, including performing or overseeing administration of insulin or other diabetes medications (which, for pump users includes programming and troubleshooting the student's insulin pump), blood glucose monitoring, ketone checks, and responding to hyperglycemia and hypoglycemia including administering glucagon.
- 1.2 Any staff member who is not a TDP and who has primary care for the student at any time during school hours, extracurricular activities, or during field trips shall receive training that will include a general overview of diabetes and typical health care needs of a student with diabetes, recognition of high and low blood glucose levels, and how and when to immediately contact either a school nurse or a TDP.
- 1.3 Any bus driver who transports the student must be informed of symptoms of high or low blood glucose levels and provided with a copy the student's Quick Reference Emergency Plan and be prepared to act in accordance with that Plan.

2. TRAINED DIABETES PERSONNEL

The following school staff members will be trained to become TDPs by _____(date):

3. STUDENT’S LEVEL OF SELF-CARE AND LOCATION OF SUPPLIES AND EQUIPMENT

3.1 As stated in the attached DMMP:

(a) The student is able to perform the following diabetes care tasks without help or supervision:

and the student will be permitted to provide this self-care at any time and in any location at the school, at field trips, at sites of extracurricular activities, and on school buses.

(b) The student needs assistance or supervision with the following diabetes health care tasks:

(c) The student needs a school nurse or TDP to perform the following diabetes care tasks:

3.2 The student will be permitted to carry the following diabetes supplies and equipment with him/her at all times and in all locations:

3.3 Diabetes supplies and equipment that are not kept on the student and additional supplies and will be kept at:

3.4 Parent is responsible for providing diabetes supplies and food to meet the needs of the student as prescribed in the DMMP.

4. SNACKS AND MEALS

4.1 The school nurse or TDP, if school nurse is not available, will work with the student and his/her parents/guardians to coordinate a meal and snack schedule in accordance with the attached DMMP that will coincide with the schedule of classmates to the closest extent possible. The student shall eat lunch at the same time each day, or earlier if experiencing

hypoglycemia. The student shall have enough time to finish lunch. A snack and quick-acting source of glucose must always be immediately available to the student.

- 4.2 The attached DMMP sets out the regular time(s) for snacks, what constitutes a snack, and when the student should have additional snacks. The student will be permitted to eat a snack no matter where the student is.
- 4.3 The parent/guardian will supply snacks needed in addition to or instead of any snacks supplied to all students.
- 4.4 The parent/guardian will provide carbohydrate content information for snacks and meals brought from home.
- 4.5 The school nurse or TDP will ensure that the student takes snacks and meals at the specified time(s) each day.
- 4.6 Adjustments to snack and meal times will be permitted in response to changes in schedule upon request of parent/guardian.

5. EXERCISE AND PHYSICAL ACTIVITY

- 5.1 The student shall be permitted to participate fully in physical education classes and team sports except as set out in the student's DMMP.
- 5.2 Physical education instructors and sports coaches must have a copy of the emergency action plan and be able to recognize and assist with the treatment of low blood glucose levels.
- 5.3 Responsible school staff members will make sure that the student's blood glucose meter, a quick-acting source of glucose, and water is always available at the site of physical education class and team sports practices and games.

6. WATER AND BATHROOM ACCESS

- 6.1 The student shall be permitted to have immediate access to water by keeping a water bottle in the student's possession and at the student's desk, and by permitting the student to use the drinking fountain without restriction.
- 6.2 The student shall be permitted to use the bathroom without restriction.

7. CHECKING BLOOD GLUCOSE LEVELS, INSULIN AND MEDICATION ADMINISTRATION, AND TREATING HIGH OR LOW BLOOD GLUCOSE LEVELS

- 7.1 The student's level of self-care is set out in section 3 above including which tasks the student can do by himself/herself and which must be done with the assistance of, or wholly by, either a school nurse or a TDP.
- 7.2 Blood glucose monitoring will be done at the times designated in the student's DMMP, whenever the student feels her/his blood glucose level may be high or low, or when symptoms of high or low blood glucose levels are observed.

- 7.3 Insulin and/or other diabetes medication will be administered at the times and through the means (e.g., syringe, pen or pump) designated in the student's DMMP for both scheduled doses and doses needed to correct for high blood glucose levels.
- 7.4 The student shall be provided with privacy for blood glucose monitoring and insulin administration if the student desires.
- 7.5 The student's usual symptoms of high and low blood glucose levels and how to respond to these levels are set out in the attached DMMP.
- 7.6 When the student asks for assistance or any staff member believes the student is showing signs of high or low blood glucose levels, the staff member will immediately seek assistance from the school nurse or TDP while making sure an adult stays with the student at all times. Never send a student with actual -- or suspected -- high or low blood glucose levels anywhere alone.
- 7.7 Any staff member who finds the student unconscious will immediately contact the school office. The office will immediately do the following in the order listed:
1. **Contact the school nurse or a TDP (if the school nurse is not on site and immediately available) who will confirm the blood glucose level with a monitor and immediately administer glucagon (glucagon should be administered if no monitor is available);**
 2. **Call 911 (office staff will do this without waiting for the school nurse or TDP to administer glucagon); and**
 3. **Contact the student's parent/guardian and physician at the emergency numbers provided below.**
- 7.8 School staff including physical education instructors and coaches will provide a safe location for the storage of the student's insulin pump if the student chooses not to wear it during physical activity or any other activity.

8. FIELD TRIPS AND EXTRACURRICULAR ACTIVITIES

- 8.1 The student will be permitted to participate in all school-sponsored field trips and extracurricular activities (such as sports, clubs, and enrichment programs) without restriction and with all of the accommodations and modifications, including necessary supervision by identified school personnel, set out in this Plan. The student's parent/guardian will not be required to accompany the student on field trips or any other school activity.
- 8.2 The school nurse or TDP will be available on site at all school-sponsored field trips and extracurricular activities, will provide all usual aspects of diabetes care (including, but not limited to, blood glucose monitoring, responding to hyperglycemia and hypoglycemia, providing snacks and access to water and the bathroom, and administering insulin and glucagon), and will make sure that the student's diabetes supplies travel with the student.

9. TESTS AND CLASSROOM WORK

- 9.1 If the student is affected by high or low blood glucose levels at the time of regular testing, the student will be permitted to take the test at another time without penalty.
- 9.2 If the student needs to take breaks to use the water fountain or bathroom, check blood glucose, or to treat hypoglycemia or hyperglycemia during a test or other activity, the student will be given extra time to finish the test or other activity without penalty.
- 9.3 The student shall be given instruction to help him/her make up any classroom instruction missed due to diabetes care without penalty.
- 9.4 The student shall not be penalized for absences required for medical appointments and/or for illness. The parent will provide documentation from the treating health care professional if otherwise required by school policy.

10. COMMUNICATION

- 10.1 The school nurse, TDP, and other staff will keep the student's diabetes confidential, except to the extent that the student decides to openly communicate about it with others.
- 10.2 Encouragement is essential. The student be treated in a way that encourages the student to eat snacks on time, and to progress toward self-care with his/her diabetes management skills.
- 10.3 The teacher, school nurse or TDP will provide reasonable notice to parent/guardian when there will be a change in planned activities such as exercise, playground time, field trips, parties, or lunch schedule, so that the lunch, snack plan, and insulin dosage can be adjusted accordingly.
- 10.4 Each substitute teacher and substitute school nurse will be provided with written instructions regarding the student's diabetes care and a list of all school nurses and TDP at the school.

11. EMERGENCY EVACUATION AND SHELTER-IN-PLACE

- 11.1 In the event of emergency evacuation or shelter-in-place situation, the student's 504 Plan and DMMP will remain in full force and effect.
- 11.2 The school nurse or TDP will provide diabetes care to the student as outlined by this Plan and the student's DMMP, will be responsible for transporting the student's diabetes supplies, and equipment, will attempt to establish contact with the student's parents/guardians and provide updates, and will and receive information from parents/guardians regarding the student's diabetes care.

12. PARENTAL NOTIFICATION

12.1 *NOTIFY PARENTS/GUARDIANS IMMEDIATELY IN THE FOLLOWING SITUATIONS:*

- Symptoms of severe low blood sugar such as continuous crying, extreme tiredness, seizure, or loss of consciousness.
- The student's blood glucose test results are below _____ or are below _____ 15 minutes after consuming juice or glucose tablets.

- Symptoms of severe high blood sugar such as frequent urination, presence of ketones, vomiting or blood glucose level above _____.
- The student refuses to eat or take insulin injection or bolus.
- Any injury.
- Insulin pump malfunctions cannot be remedied.
- Other: _____

12.2 EMERGENCY CONTACT INSTRUCTIONS

Call parent/guardian at numbers listed below. If unable to reach parent/guardian, call the other emergency contacts or student's health care providers listed below.

EMERGENCY CONTACTS:

_____ Parent's/Guardian's Name	_____ Home Phone Number	_____ Work Phone Number	_____ Cell Phone Number
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_____ Parent's/Guardian's Name	_____ Home Phone Number	_____ Work Phone Number	_____ Cell Phone Number
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Other emergency contacts:

_____ Name	_____ Home Phone Number	_____ Work Phone Number	_____ Cell Phone Number
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_____ Name	_____ Home Phone Number	_____ Work Phone Number	_____ Cell Phone Number
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Student's Health Care Provider(s):

_____ Name	_____ Phone Number
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_____ Name	_____ Phone Num
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This Plan shall be reviewed and amended at the beginning of each school year or more often if necessary.

Approved and received:

_____	_____
-------	-------

Parent/Guardian

Date

Approved and received:

_____	_____
-------	-------

School Administrator and Title

Date

_____	_____
-------	-------

School Nurse

Date