



## DuBois Integrity Academy Diabetes Policy

### PURPOSE

The purpose of these guidelines is to enable schools to ensure a safe learning environment for students with diabetes. These materials are based on the belief that children with diabetes can participate in all academic and non-academic school-related activities. In order for children with diabetes to be successful in school, a comprehensive health plan must be collaboratively developed by families, students, school personnel, and licensed health care providers. The individualized health plan (IHP) implements the Diabetes Medical Management Plan (DMMP) provided by the healthcare provider, physician orders and provisions appropriate to each student's needs during the school day and for other school-related activities. The IHP must be based upon and consistent with the DMMP.

Federal laws that protect children with diabetes include Section 504 of the Rehabilitation Act of 1973, the Individuals with Disabilities Education Act (IDEA), and the Americans with Disabilities Act (ADA). Students with diabetes may be found eligible under Section 504 and the ADA, and some of these students may also be eligible under IDEA. Title II of the ADA prohibits discrimination on the basis of disability by public entities. These federal laws (ADA, IDEA, Section 504) mandate that all students attending public schools have access to health care during the school day and for extracurricular school activities, if necessary, to enable the student to participate fully in these activities.

In Georgia, The Rules and Regulations Regarding the Delegation of Nursing Tasks does not allow the professional registered nurse to delegate nursing functions to Unlicensed Assistive Personnel (UAP). However many schools in Georgia do not have a full-time nurse, or a school nurse may not always be available on site. Even when a nurse is assigned to a school full time, he or she will not always be available to provide direct care during the school day. Thus it is often necessary for specific tasks for the care of a student with diabetes to be performed by trained diabetes personnel. Such tasks may include medication administration, blood sugar monitoring, and emergency interventions, including Glucagon, according to the student's IHP. Specific training and ongoing nursing supervision of diabetes care tasks is needed.

### REQUIREMENTS FOR SAFE MANAGEMENT OF STUDENTS WITH DIABETES IN THE SCHOOL SETTING.

The school district is required by Georgia state law, O.C.G.A. § 20-2-779, to have a written Diabetes Medical Management Plan (DMMP), completed by the student's physician or legally authorized designee (healthcare provider such as a nurse practitioner or a physician's assistant). The DMMP must

**Principal**                    **Dr. Stephanie Payne**  
**Assist. Principal**        **Dr. Jamela Worrell**  
**Dean of Students**       **Mr. Myron Jones**  
(770) 997-4860



contain all items covered in the plan, including how, when, and under what circumstances the student should receive blood glucose monitoring and injections of insulin as well as steps to take in case of an emergency. The DMMP form must be signed by the parent and physician before medication and treatment can be administered by the school nurse or by the trained diabetes personnel.

Schools must obtain written permission from the student's parent/guardian to allow monitoring of the student's blood glucose and to administer insulin by injection or the delivery system used by the student. This may be included in the DMMP.

#### TRAINING OF SCHOOL EMPLOYEES IN THE CARE NEEDED FOR STUDENTS WITH DIABETES.

Georgia law, specifically O.C.G.A. § 20-2-779, requires schools to train at least two school employees in the care needed for students with diabetes. A school employee shall not be subject to any penalty or disciplinary action for refusing to serve as trained diabetes personnel.

Training shall be conducted by a school nurse or other health care professional with expertise in diabetes and shall take place prior to the commencement of each school year, or as needed when a student with diabetes enrolls at a school, or when a student is newly diagnosed with diabetes. Local boards of education shall ensure that the school nurse or other health care professional provides follow-up training and supervision as necessary

Training shall include at a minimum:

1. Recognition and treatment of hypoglycemia and hyperglycemia;
2. Understanding the appropriate actions to take when blood glucose levels are outside of the target ranges indicated by a student's diabetes medical management plan;
3. Understanding physician instructions concerning diabetes medication dosage, frequency, and the manner of administration;
4. Performance of finger-stick blood glucose checking, ketone checking, and recording the results;
5. Administration of insulin and glucagon, an injectable used to raise blood glucose levels immediately for severe hypoglycemia, and the recording of results;
6. Performance of basic insulin pump functions;
7. Recognizing complications that require emergency assistance;
8. Recommended schedules and food intake for meals and snacks, the effect of physical activity upon blood glucose levels, and actions to be implemented in the case of schedule disruption

Principal  
 Assist. Principal  
 Dean of Students  
 (770) 997-4860

Dr. Stephanie Payne  
 Dr. Jamela Worrell  
 Mr. Myron Jones



**DIABETES MEDICAL MANAGEMENT PLAN (DMMP)**

School Year: \_\_\_\_\_

Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Phone at Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Phone at Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Other Emergency Contact: \_\_\_\_\_ Phone #: \_\_\_\_\_ Relationship: \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_ Preferred Hospital: \_\_\_\_\_

**BLOOD GLUCOSE (BG) MONITORING:** (Treat BG below \_\_\_\_\_ mg/dl or above \_\_\_\_\_ mg/dl as outlined below.)

- Before meals       as needed for suspected low/high BG       2 hours after correction  
 Midmorning       Mid-afternoon       Before dismissal

**INSULIN ADMINISTRATION:**

**Insulin delivery system:**  Syringe or  Pen or  Pump      **Insulin type:**  Humalog or  Novolog or  Apidra

**MEAL INSULIN:** (Best if given right **before eating**. For small children, can give within 15-30 minutes of the first bite of food or right after meal.)

- Insulin to Carbohydrate Ratio:       Fixed Dose per meal:  
 Breakfast: 1 unit per \_\_\_\_\_ grams carbohydrate      Breakfast: Give \_\_\_\_\_ units/Eat \_\_\_\_\_ grams carbohydrate  
 Lunch: 1 unit per \_\_\_\_\_ grams carbohydrate      Lunch: Give \_\_\_\_\_ units/Eat \_\_\_\_\_ grams carbohydrate

**CORRECTION INSULIN:** (For high blood sugar. Add before **MEAL INSULIN** to **CORRECTION INSULIN** for **TOTAL INSULIN** dose.)

- Use the following correction formula for pre-meal blood sugar over \_\_\_\_:  
 (BG - \_\_\_\_\_) ÷ \_\_\_\_\_ = extra units insulin to provide
- Sliding Scale:  
 BG from \_\_\_\_\_ to \_\_\_\_\_ = \_\_\_\_\_ units  
 > \_\_\_\_\_ = \_\_\_\_\_ units

- SNACK:**  A snack will be provided each day at: \_\_\_\_\_       No coverage for snack:  
 **Carbohydrate coverage only for snack**       1 unit per \_\_\_\_\_ grams of carb  
 (No BG check required):       Fixed snack dose: Give \_\_\_\_\_ units/Eat \_\_\_\_\_ grams of carb

**PARENTAL AUTHORIZATION** to Adjust Insulin Dose:

<input type="checkbox"/> YES	<input type="checkbox"/> NO	Parents/guardians are authorized to increase or decrease insulin-to-carb ration within the following range. 1 unit per prescribed grams of carbohydrate, +/- _____ grams of carbohydrate
<input type="checkbox"/> YES	<input type="checkbox"/> NO	Parents/guardians are authorized to increase or decrease correction dose with the following range: +/- _____ units of insulin
<input type="checkbox"/> YES	<input type="checkbox"/> NO	Parents/guardians are authorized to increase or decrease fixed insulin dose with the following range: +/- _____ units of insulin

**MANAGEMENT OF LOW BLOOD GLUCOSE:**

<p><b>MILD low sugar:</b> Alert and cooperative student (BG below _____)</p> <p><input type="checkbox"/> Never leave student alone  <input type="checkbox"/> Give 15 grams glucose; recheck in 15 minutes  <input type="checkbox"/> If BG remains below 70, retreat and recheck in 15 minutes  <input type="checkbox"/> Notify parent if not resolved  <input type="checkbox"/> If no meal is scheduled in the next hour, provide an additional snack with carbohydrate, fat, protein.</p>	<p><b>SEVERE low sugar:</b> Loss of consciousness or seizure</p> <p><input type="checkbox"/> Call 911. Open airway. Turn to side  <input type="checkbox"/> Glucagon injection IM/SubQ <input type="checkbox"/> _____ <input type="checkbox"/> 0.50 mg  <input type="checkbox"/> Notify parent.  <input type="checkbox"/> for students using insulin pump, stop pump by placing in "suspend" or stop mode, disconnecting at pigtail or clip, and/or removing an attached pump. If pump was removed, send with EMS to hospital.</p>
------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Principal Dr. Stephanie Payne  
 Assist. Principal Dr. Jamela Worrell  
 Dean of Students Mr. Myron Jones  
 (770) 997-4860



**MANAGEMENT OF HIGH BLOOD GLUCOSE** (above \_\_\_\_ mg/dl)

- Sugar-free fluids/frequent bathroom privileges.
- If BG is greater than 300, and it's been 2 hours since last dose, give  HALF  FULL correction formula noted above.
- If BG is greater than 300, and it's been 4 hours since last dose, give FULL correction formula noted above.
- If BG is greater than \_\_\_\_, check for ketones. Notify parent if ketones are present.
- Child should be allowed to stay in school unless vomiting and moderate or large ketones are present.

**MANAGEMENT DURING PHYSICAL ACTIVITY:**

Student shall have easy access to fast-acting carbohydrates, snacks, and blood glucose monitoring equipment during activities. Child should NOT exercise if blood glucose levels are below \_\_\_\_ mg/dl or above 300 mg/dl and urine contains moderate or large ketones.

- Check blood sugar right before physical education to determine need for additional snack.
- If BG is less than \_\_\_\_ mg/dl, eat 15-45 grams carbohydrates before, depending on intensity and length of exercise.
- Student may disconnect insulin pump for 1 hour or decrease basal rate by \_\_\_\_\_.
- For new activities: Check blood sugar before and after exercise only until a pattern for management is established.
- A snack is required prior to participation in physical education.

SIGNATURE OF AUTHORIZED PRESCRIBER (MD, NP, PA): \_\_\_\_\_ Date: \_\_\_\_\_

**NOTIFY PARENT of the following conditions:** (If unable to reach parent, call diabetes provider office.)

- a. Loss of consciousness or seizure (convulsion) immediately after calling 911 and administering glucagon.
- b. Blood sugars in excess of 300 mg/dl, when ketones present.
- c. Abdominal pain, nausea/vomiting, fever, diarrhea, altered breathing, altered level of consciousness.

**SPECIAL MANAGEMENT OF INSULIN PUMP:** Applicable to student?  Yes  No (If yes, select options below)

- Contact Parent in event of: \* pump alarms or malfunctions \* detachment of dressing/infusion set out of place \*Leakage of insulin
- \* Student must give insulin injection \* Student has to change site \* Soreness or redness at site
- \* Corrective measures do not return blood glucose to target range within \_\_\_\_ hours
- Parents will provide extra supplies including infusion sets, reservoirs, batteries, pump insulin, and syringes.

**This student requires assistance by the School Nurse or Trained Diabetes Personnel with the following aspects of diabetes management:**

- Monitor and record blood glucose levels
- Respond to elevated or low blood glucose levels
- Administer glucagon when required
- Calculate and give insulin injections
- Administer oral medication
- Monitor blood or urine ketones
- Follow instructions regarding meals and snacks
- Follow instructions as related to physical activity
- Respond to CGM alarms by checking blood glucose with glucose meter. Treat using Management plan on page 1.
- Insulin pump management: administer insulin, inspect infusion site, contact parent for problems
- Provide other specified assistance:  
\_\_\_\_\_

**This student may independently perform the following aspects of diabetes management:**

- Monitor blood glucose:
  - in the classroom
  - in the designated clinic office
  - in any area of the school and at any school
- Monitor urine or blood ketones
- Calculate and give own injections
- Calculate and give own injections with supervision
- Treat hypoglycemia (low blood sugar)
- Treat hyperglycemia (elevated blood sugar)
- Carry supplies for blood glucose monitoring
- Carry supplies for insulin administration
- Determine own snack/meal content
- Manage insulin pump
- Replace insulin pump infusion set
- Manage CGM

**LOCATION OF SUPPLIES EQUIPMENT:** (Parent will provide and restock all supplies, snacks, and low blood sugar treatment supplies.)

This section will be completed by school personnel and parent:

	Clinic Room	With Student		Clinic Room	With Student
Blood glucose equipment	<input type="checkbox"/>	<input type="checkbox"/>	Glucagon kit	<input type="checkbox"/>	<input type="checkbox"/>
Insulin administration supplies	<input type="checkbox"/>	<input type="checkbox"/>	Glucose gel	<input type="checkbox"/>	<input type="checkbox"/>
Ketone supplies	<input type="checkbox"/>	<input type="checkbox"/>	Juice/low blood glucose snacks	<input type="checkbox"/>	<input type="checkbox"/>