

PROCEDURE FOR POLICY 5069

Diabetic Management Procedure

This procedure aims to establish guidelines for the effective management of students with diabetes within the school setting. Box Elder School District recognizes the importance of maintaining a safe and inclusive environment and is committed to supporting students with diabetes, ensuring their health and well-being during school hours.

1. PROVIDING ACCOMMODATIONS WITHIN THE SCHOOL SETTING

- a. The school will make reasonable accommodations to support students in managing their diabetes, including providing a designated area for blood glucose monitoring and insulin administration, allowing students to have immediate access to fast acting carbohydrates, encouraging students to have access to water at all times to promote hydration, and unrestricted restroom privileges as needed. In cases of emergency, school staff will follow established emergency procedures, including contacting emergency services and notifying parents/guardians.
- b. A section 504 Accommodation Plan is recommended to be considered for all diabetic students regardless of age. However, it is strongly encouraged to have a 504 in place by high school. It is the responsibility of the student's parent/guardian to request a 504 through the school administration.
- c. A Special Meal Accommodation Form is recommended for diabetic students.

2. DELEGATING WITHIN THE SCHOOL SETTING

- a. School personnel are required to follow the Diabetes Management Medical Plan (DMMP), and the school nurse will delegate tasks according to instructions in the DMMP. The registered school nurse facilitates the proper training of unlicensed assistive personnel (UAP) in each school in the following tasks: administration of a

- scheduled dose of insulin, assistance with counting carbohydrates during meal times, recognition of signs and symptoms of hypoglycemia/hyperglycemia, interventions for hypoglycemia/hyperglycemia, and administration of glucagon in an emergency situation. The registered school nurse also evaluates the competence and provides ongoing supervision of the delegated individual.
- b. Nurses and UAPs may not provide sick day management, change pump/CGM settings, perform CGM and pump site changes, set up temporary rates or use advanced pump features such as extended bolus. UAPs cannot give insulin at times other than meals unless otherwise specified in the child's diabetic plan or unless the child is using an insulin pump or smart pen that determines the doses.
 - c. School nurses and designated UAPs can only carry out actions provided within the student's DMMP and **cannot** take orders from parents/guardians. It is the responsibility of the parent/guardian to provide the school nurse with appropriate documentation and written orders from the student's provider in regards to any medication changes, dosage changes, and/or changes in the student's glucose management plan.
 - d. We understand that each student's needs may vary, and there may be occasions where you feel it is necessary to administer an insulin dose personally that is outside of the current diabetic medical management plan provided by your child's doctor. To accommodate such situations, we want to assure you that you are welcome to come to the school to administer insulin to your child if you feel it is needed. Our primary concern is ensuring the safety and health of your child, and we are here to support you in managing their diabetes effectively.

3. TREATMENT OF OUT-OF-TARGET- RANGE BLOOD GLUCOSE

- a. Treatment for hyperglycemia/hypoglycemia is given when the student is symptomatic of either low or high blood glucose and/or is outside the target range. The student's target range is determined by the provider and specified on the DMMP (Example of Target Range: 80-150). It is important for parents/guardians to

discuss with the student's healthcare provider an appropriate target range within the school setting. Treatments for hypoglycemia/hyperglycemia will be located in the student's personalized DMMP.

4. GLUCAGON

- a. The DMMP must specifically identify the prescription diabetes medication authorized for the student's use and must state whether it is or is not medically appropriate for a student to possess and self-administer the diabetes medication.
- b. If the medication is to be stored other than on the student's person, the student or parent/guardian must inform the school nurse and school administration where the medication will be kept to enable access for emergency use.
- c. School personnel are available to help diabetic students and are trained on how to give glucagon in an emergency. If glucagon is administered in a school setting, the parent/guardian will be notified and 911 will be called.

[Utah Code 53G-9-504](#)

5. REQUIRED DOCUMENTATION

- a. The provider's orders section of the DMMP (pages 7 and 8) is required by law for all students, regardless of age or expertise, as they may require assistance with emergency hypoglycemia, emergency glucagon, or illness.
- b. DMMP: Diabetes Medical Management Plan. This form is completed by and signed by the parent/guardian and the student's healthcare provider (MD, NP, etc). It is a legal document providing proof that your child has diabetes and that they must receive insulin/medication at school, as well as emergency care and appropriate/safe diabetes care at school. It is utilized by the school nurse to set up the plan for diabetes management at school
- c. If the student's provider's orders state that the student is independent and the school does not receive any additional paperwork, the student will be expected to be independent with their diabetes care and management.

- d. If medication dose changes, the provider's order must be updated by the healthcare provider and provided to the school nurse.
- e. The DMMP must be updated for each school year.

[UCA 53G-9-504](#) and [53G-9-506](#)

6. PUMP/DEXCOM

Only FDA-approved CGMs can be used to make treatment decisions at school.

- a. Parents are responsible for providing the receiver (or cell phone) for the CGM, and this must be kept with the student at all times. The student will be permitted access to view their device at all times. This includes a cell phone when used as a medical device. The student will also be permitted access to the school wi-fi for sensor data collection and data sharing.
- b. The school nurse and UAPs are not responsible for reviewing CGM data outside of meal times unless the CGM alarms or the student is symptomatic of hypoglycemia or hyperglycemia.
- c. CGM alarms should be set so they do not alarm unnecessarily and disrupt the class frequently, but set to warn of possible low blood glucose or high blood glucose levels.
- d. The school nurse and UAPs may not put CGM data on their personal cell phones.
- e. In the event of equipment malfunction or failure, the school nurse or UAPs may not change the CGM site. If a student is independent in their cares, they may change their own site and will be provided privacy to do so. Otherwise, the parent/guardian will be notified of malfunction/failure and given the opportunity to come to the school to perform site change, take the student home, or instruct the student to use their manual glucometer for the remainder of the day.
- f. All students using a CGM at school must have the ability to check a finger-stick glucose with a meter in the event of a CGM failure or apparent discrepancy.
- g. Treating up or down arrows displayed on a CGM may not be performed by a UAP in the school setting. If a student is independent in their cares, they may self-treat

based on the arrows. The school will not be held responsible for these actions. A student who is not independent in diabetic cares will be treated according to current blood glucose numbers as outlined in the DMMP.

- h. It is the parent/guardian's responsibility to ensure all pump settings align with provider orders.
- i. When hyperglycemia occurs other than at mealtime for students on an insulin pump or smart pen, correction doses can be given at times other than meals per pump/smart pen calculation ONLY. These correction doses can be given only if the blood glucose is tested and entered into the pump AND the pump recommends a dose be given. No adjustments are to be made to this recommended dose by school personnel.
- j. Insulin may also be given when the class is having snacks or a party with food outside of mealtime. The carbohydrate count should be entered into the pump or smart pen and a dose may be given according to the pump/smart pen recommendations. No adjustments should be made to this recommended dose by school personnel.

7. SNACKS/REQUIRED SUPPLIES

- a. Parents/guardians will supply the school with essential diabetes management supplies. This includes the following: insulin, glucagon, glucose monitoring devices, fast-acting carbohydrates, protein snacks, and any other specific items outlined in the child's DMMP. Supplies are preferred to be kept with the student and/or in the office for ease of accessibility and treatment.

8. FIELD TRIPS/EXTRACURRICULAR ACTIVITIES

- a. The school is responsible for notifying the school nurse of upcoming field trips so provisions may be made to ensure the safety and well-being of all students with diabetes.

- b. The school will work collaboratively with parents/guardians to ensure that students with diabetes can fully participate in field trips and extracurricular activities. This includes planning for the transportation; storage of diabetes management supplies, snacks, and medications; addressing any additional needs specific to the activity; and ensuring the safety/well-being of students.
- c. Parents/guardians are welcome and encouraged to attend field trips with their students. If a parent/guardian is unable to attend, a trained staff member will be provided on the field trip to assist the student with diabetes management.
- d. The school will allow the student to check their blood glucose levels at regular intervals during the field trip, provide a private and comfortable space for monitoring as needed, and ensure that students have easy access to water and restrooms to facilitate proper hydrating and bathroom breaks, which are essential components of diabetes management.

9. COMMUNICATION

- a. School staff should not exchange personal cell phone numbers with parents of students who have medical needs, including diabetes. All communication about the student's medical care should be relayed through the main office and/or school nurse via email or school-issued phones.

This policy will be reviewed annually and updated as necessary to reflect any changes in best practices or regulations related to diabetes management in the school setting. All medical information related to a student's diabetes diagnosis and management will be treated confidentially and shared only with those individuals directly involved in the student's care.

DEFINITIONS:

Nursing Delegation:

The assignment of the performance of a nursing activity to an unlicensed assistive personnel (UAP). The school nurse, after assessment of the UAP's capabilities, makes a prudent decision regarding the advisability of delegation. Accountability remains with the registered nurse; state laws and regulations and school regulations must be followed, and standards of school nursing practice must be upheld. The registered nurse may decide against delegation for safety, regulatory, and legal issues; school staffing or student health status issues; or UAP competence or ability (NASN, *School Nursing: Scope of Practice*, 4th Edition, pg. 100)

[Utah Code R156-31b-102 SS 13, C](#)

[Utah Code R156-31b-701b SS d \(i, ii\)](#)

Dependent Diabetic:

A student is deemed dependent by the parent/guardian, physician AND school nurse.

A dependent diabetic needs full support or supervision with ANY of the following tasks:

- Calculating carb count or correction doses for meals (based on carbs and glucose)
- Insulin administration (syringe and vial, pen, pump)
- Fast-acting carbohydrate snack; provided by parent and will be kept in the office
- Direction for treating high and/or low blood sugars
- Glucose monitoring (meter or CGM)
- Identifying signs/symptoms of hypo/hyperglycemia
- Drawing up insulin (syringe and vial)
- Entering information into pump/smart pen

Hyperglycemia:

Medical term for high blood glucose. It is most commonly caused by illness, missing an insulin dose, and stress. Some people experience different symptoms with hyperglycemia.

Some common symptoms can include thirst, frequent urination, decreased concentration, and vision problems.

Hypoglycemia:

Medical term for low blood glucose. Hypoglycemia can be dangerous for anyone with diabetes. This is most likely to occur if the student misses or does not finish a meal or snack, especially after taking insulin, and during or after physical activity. Common symptoms include sleepiness, sweating, confusion, pale skin, crying, moodiness or combativeness, headaches, shakiness, sudden hunger, lack of concentration, and feeling “weird.”

Independent Diabetic:

When a student is deemed independent by the provider, parent, and school nurse, they MUST be able to:

- Independently recognize signs and symptoms of high and low blood sugars and self-treat
- Carry their own fast acting carbohydrate and protein snacks
- Carry their own medications to treat high and low blood sugars
- Independently calculate carb count dosing (based on carbs and glucose)
- Monitor glucose (meter and/or CGM)
- Administer insulin (syringe and vial, pen, pump)
- Independently draw up insulin (syringe and vial)
- Enter information into pump/smart pen

Section 504:

An interprofessional plan developed in accordance with section 504 of the Rehabilitation Act of 1973 to assure physical and mental health along other educational accommodations are implemented for children with disabilities.

A 504 is a plan developed to ensure that a child who has a disability identified under the law receives accommodations to ensure their academic success and access to the learning

environment. A 504 specifies the actions the school will take to keep the student with diabetes medically safe and ensures the student has the same access to education as other children and is treated fairly.

The DMMP or 504 plan should not include requests or accommodations that are contradictory to the providers orders or federal and state laws.

UAP:

Unlicensed Assistance Personnel. According to the American Nurses Association (ANA), the term “unlicensed assistive personnel” (UAP) applies to *an unlicensed individual who is trained to function in an assistive role to the licensed nurse in providing patient/client activities as delegated by the nurse*. This can be a secretary or other trained professionals who work on the school campus. The school nurse facilitates the UAP training, evaluation of the UAP competence, and provides for ongoing supervision of the UAP and evaluation of the student’s health outcomes. A registered nurse may delegate the following tasks to a UAP who has been properly trained: the UAP may administer a scheduled dose of insulin and administer glucagon in an emergency situation, as prescribed by the practitioner’s order or specified in the DMMP.

REFERENCES:

UCA 53G-9-506 Diabetes medication – Possession -- Self administration

<https://le.utah.gov/xcode/Title53G/Chapter9/53G-9-S506.html>

https://le.utah.gov/xcode/Title53G/Chapter9/53G-9-S504.html?v=C53G-9-S504_2019051420190514

(NASN, *School Nursing: Scope of Practice*, 4th Edition, pg. 109)

(NASN, *School Nursing: Scope of Practice*, 4th Edition, pg. 107)