

2. **Quick Reference Emergency Plan:** A plan that provides school personnel with essential information on how to recognize and treat hypoglycemia and hyperglycemia.
3. **Parent Designated Adult (PDA):** A volunteer, who may be a school district employee, who receives additional training from a health care professional or expert in diabetic care. The volunteer is selected by the parents, and provides care for the child consistent with the individual health plan. "Additional training" might include the performance of blood glucose monitoring, insulin and glucagon administration, recognition and treatment of hypoglycemia and hyperglycemia, and performance of ketone checks.

1. PROVISION OF DIABETES CARE

- 1.1 At least _____ staff members will receive training to be Parent Designated Adults (PDA), and either a school nurse or PDA 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 IHP, 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 PDA 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 PDA.
- 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. PARENT DESIGNATED ADULT

The following school staff member(s) have volunteered and will be trained to become PDA(s) by _____(date):

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

- 3.1 As stated in the attached IHP:

(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 PDA 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 IHP.

4. SNACKS AND MEALS

- 4.1 The school nurse, or PDA 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 IHP 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 IHP 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 PDA will ensure that the student eats 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 IHP.
- 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 PDA.
- 7.2 Blood glucose monitoring will be done at the times designated in the student's IHP, 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 IHP 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 IHP.
- 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 PDA 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 or follow the school's emergency guideline practices:
 1. **Contact the school nurse (or a PDA 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 PDA to administer glucagon);**
 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 PDA 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 healthcare professional if otherwise required by school policy.

10. COMMUNICATION

- 10.1 The school nurse, PDA, 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 shall be treated in a way that encourages the student to eat snacks on time, and to progress toward self-care with their diabetes management skills.
- 11.3 The teacher, school nurse or PDA will provide reasonable notice to parent 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.
- 11.4 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 PDA 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 IHP will remain in full force and effect.
- 11.2 The school nurse or PDA will:
- Provide diabetes care to the student as outlined by this Plan and the student's IHP.
 - Be responsible for transporting the student's diabetes supplies, and equipment.

- Attempt to establish contact with the student's parents and provide updates.
- Will give and receive information from parents 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 or illness, especially involving vomiting.
- Insulin pump malfunctions that cannot be remedied.
- Other:

12.2 EMERGENCY CONTACT INSTRUCTIONS

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

EMERGENCY CONTACTS:

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

_____ Name	_____ Home Phone	_____ Work Phone	_____ Cell Phone
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_____ Name	_____ Home Phone	_____ Work Phone	_____ Cell Phone
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Student's Healthcare Provider(s):

_____ Name	_____ Phone Number
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_____ Name	_____ Phone Number
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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
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Approved and received:

_____ School Administrator and Title	_____ Date
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_____ School Nurse	_____ Date
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