

Student's Name _____

Date of Birth

Grade

Type 1 Diabetes
Disability

School _____

School Year _____

OBJECTIVE OF THIS PLAN

Diabetes can cause blood glucose 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 objective 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.

1. PROVISION OF DIABETES CARE

1. At least _____ staff members will receive training to be Trained Diabetes Personnel (hereinafter "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, 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.
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 type 1 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.

3. Any bus driver who transports the student must be informed of the symptoms of high and low blood glucose levels, and shall be provided with a copy the student's emergency contacts listed herein.

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

1. The student is able to perform the following diabetes care tasks without help or supervision:

and the student shall 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.

2. The student needs assistance or supervision with the following diabetes health care tasks:

3. The student needs a school nurse or TDP to perform the following diabetes care tasks:

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

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

6. Parent is responsible for providing diabetes supplies and food to meet the needs of the student.

4. SNACKS AND MEALS

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 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.
2. The attached “Diabetes Medical Management Plan” 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.
3. The parent/guardian will supply snacks needed in addition to or instead of any snacks supplied to all students.
4. The parent/guardian will provide carbohydrate content information for snacks and meals brought from home.
5. The school nurse or TDP will ensure that the student takes snacks and meals at the specified time(s) each day.

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

1. The student shall be permitted to participate fully in physical education classes and team sports.
2. Physical education instructors and sports coaches shall be able to recognize and assist with the treatment of low blood glucose levels.
3. Responsible school staff members shall 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

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.
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

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.
2. Blood glucose monitoring will be done at the times designated in the student's Diabetes Medical Management Plan, 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.
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 Diabetes Medical Management Plan for both scheduled doses and doses needed to correct for high blood glucose levels.
4. The student shall be provided with privacy for blood glucose monitoring and insulin administration if the student desires.

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 Diabetes Medical Management Plan.
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. 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:
 - I. **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);**
 - II. **Call 911 (office staff will do this without waiting for the school nurse or TDP to administer glucagon); and**
 - III. **Contact the student's parent/guardian and physician at the emergency numbers provided below.**
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

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.
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

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.
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.
3. The student shall be given instruction to help him/her make up any classroom instruction missed due to diabetes care without penalty.
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

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.
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 his/her diabetes management skills.
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.
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

1. In the event of emergency evacuation or shelter-in-place situation, the student's 504 Plan and Diabetes Medical Management Plan will remain in full force and effect.
2. The school nurse or TDP will provide diabetes care to the student as outlined by this Plan and the student's Diabetes Medical Management Plan, 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

1. PARENTS/GUARDIANS SHALL BE NOTIFIED 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:

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 CONTACT INFORMATION:

_____	_____	_____	_____
Parent's/Guardian's Name	Home	Work	Cell
_____	_____	_____	_____
Parent's/Guardian's Name	Home	Work	Cell

Other emergency contacts:

_____	_____	_____	_____
Name	Home	Work	Cell
_____	_____	_____	_____
Name	Home	Work	Cell

Student's Health Care Provider(s):

_____	_____
Name	Phone Number
_____	_____
Name	Phone Number

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

WHEREFORE, this Section 504 Plan is hereby approved and accepted as of this date of

_____.

_____	_____	_____
Parent/Guardian (print)	Parent/Guardian (sign)	Date
_____	_____	_____
School Administrator (print & Title)	School Administrator (sign)	Date
_____	_____	_____
School Nurse (print)	School Nurse (sign)	Date

