

**PLEASANT VALLEY
SCHOOL DISTRICT**

**DIABETES
HANDBOOK**

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About the Diabetes Handbook

The Pleasant Valley School District Diabetes Handbook ("Handbook") is to be used by District staff who are responsible for the care of a student or students with diabetes and is to be referenced in conjunction with Board Policy 5141.21 and Administrative Regulation 5141.21 (Adminstrating Medication and Monitoring Health Conditions). To the extent that Board Policy 5141.21 and/or Administrative Regulation 5141.21 conflict with this Handbook, the guidance set forth herein shall control.

This Handbook provides background information regarding diabetes, the management of diabetes at school, and includes District protocols and forms to be implemented and/or used for students with diabetes. The protocols set forth in this Handbook are intended to benefit all students with diabetes in the District, and shall be implemented in a manner that takes into account their individualized needs and any applicable Diabetes Medical Management Plan (DMMP) orders.

Any questions regarding compliance with the Handbook should be referred immediately to the District's Assistant Superintendent of Administrative Services.

Introduction

Diabetes is one of the most common chronic diseases in school-aged children, affecting about 208,000 young people under age 20 in the United States. According to recent estimates, about 23,500 youths are diagnosed with Type 1 and Type 2 diabetes each year.

Diabetes is a serious chronic disease in which blood glucose (sugar) levels are above normal due to defects in Insulin production, Insulin action, or both. As the sixth leading cause of death by disease in the United States, long-term complications of diabetes include heart disease, stroke, blindness, kidney failure, nerve disease, gum disease, and amputation of the foot or leg. Although there is no cure, diabetes can be managed and complications can be delayed or prevented.

Diabetes must be managed 24 hours a day, 7 days a week. For students with Type I diabetes and for some with Type 2 diabetes, that means careful monitoring of their blood glucose levels throughout the school day and administering multiple doses of insulin by injection or with an insulin pump to control their blood glucose and minimize complications.

Coordination and collaboration among members of the school health team and the student's personal diabetes health care team are essential for helping students manage their diabetes in the school setting.

Members of the School Health Team can include:

Student with diabetes	Parents/Guardians	School Nurse
School health care personnel	Trained Diabetes personnel	Administrator/Principal
504/IEP coordinator	School Office Staff	Student's Teacher(s)
School Psychologist or Counselor	Coach, lunchroom, and other school staff members	

Members of the Student’s Personal Diabetes Health Care Team can include:

Student with diabetes	Parents/Guardians	Physician
Nurse	Registered dietician nutritionist	Diabetes educator
Medical Equipment Company Representative	Other health care providers involved with the student’s care	

Confidentiality Statement

Generally, the Family Education Rights and Privacy Act (FERPA) precludes districts from disclosing personally identifiable information from a student's education records without first obtaining signed and dated written parental consent, subject to certain exceptions. FERPA permits educational agencies to disclose "personally identifiable information from an education record to appropriate parties, including parents of an eligible student, in connection with an emergency if knowledge of the information is necessary to protect the health and safety of the student or other individuals."

Citations: 34 CFR. 99.36 (a). See also Letter to Anonymous, 53 META 235 (EDU 2008) (An emergency exists if there is a significant and articulable threat to an individual's health or safety, considering the totality of the circumstances).

Diabetes Overview

What Is Diabetes?

Diabetes is a chronic disease in which blood glucose (sugar) levels are above normal. People with diabetes have problems converting food to energy. After a meal, food is broken down into a sugar called blood glucose, which is carried by the blood to cells throughout the body. Insulin, a hormone made in the pancreas, allows blood glucose to enter the cells of the body where it is used for energy.

People develop diabetes because the pancreas produces little or no insulin or because the cells in the muscles, liver, and fat do not use insulin properly. As a result, the blood glucose builds up in the blood and is transported to the kidney, where it is eliminated from the body in the urine, thus, the body loses its main source of fuel even though the blood contains large amounts of blood glucose.

When insulin is no longer made, it must be obtained from another source-insulin injections or an insulin pump. When the body does not use insulin properly, people with diabetes may take insulin or other blood glucose-lowering medications. Neither insulin nor other medications, however, are cures for diabetes; they only help to manage the disease.

Taking care of diabetes is important. Over the years, ongoing high blood glucose, also called hyperglycemia, can lead to serious health problems. If not managed effectively, diabetes can affect the blood vessels, eyes, kidneys, nerves, gums, and teeth, making it the leading cause of adult blindness, kidney failure, and non-traumatic lower-limb amputations. Poorly controlled diabetes also increases a person's risk for heart disease and stroke.

Some of these problems can occur in teens and young adults who develop diabetes during childhood, the good news is that research shows these problems can be greatly reduced, delayed, or possibly prevented through intensive treatment that keeps blood glucose levels near normal.

The three main types of diabetes are Type 1, Type 2, and Gestational Diabetes.

Type 1 Diabetes

Type 1 diabetes, formerly called juvenile diabetes, is a disease of the immune system, the body's system for fighting infection. In people with Type 1 diabetes, the immune system attacks the beta cells (the insulin-producing cells of the pancreas) and destroys them, because the pancreas can no longer produce insulin, people with Type 1 diabetes must take insulin daily to live.

Type 1 diabetes can occur at any age, but onset of the disease occurs most often in children and young adults. Most cases of diabetes in children under age 10 are Type 1 diabetes. In adults, Type 1 diabetes accounts for 5 to 10 percent of all cases of diagnosed diabetes.

The symptoms of Type 1 diabetes are due to an increase in the level of glucose in the blood and include increased thirst and urination, unexplained weight loss, blurred vision, and feeling tired all the time, these symptoms may be mistaken for severe flu or another rapid-onset illness. If not diagnosed and treated with insulin, the student with Type 1 diabetes can lapse into a life-threatening condition known as diabetic

ketoacidosis or DKA. Signs of DKA include vomiting; sleepiness; fruity breath; difficulty breathing, and, if untreated, coma and death.

Although scientists have made much progress in predicting who is at risk for Type I diabetes, they do not yet know what triggers the immune system's attack on the pancreas' beta cells. They believe that Type 1 diabetes is due to a combination of genetic and environmental factors that are beyond the individual's control. Researchers are working to identify these factors and to stop the autoimmune process that leads to Type 1 diabetes.

Type 2 Diabetes

Type 2 diabetes, formerly called adult-onset diabetes, is the most common form of the disease in adults. People can develop it at any age, even during childhood. A progressive disease, Type 2 diabetes usually begins with insulin resistance, a condition in which cells do not use insulin properly. At first, the pancreas keeps up with the added demand by producing more insulin, over time; however, the pancreas loses its ability to secrete enough insulin in response to meals or to control blood glucose levels overnight or during periods of fasting.

Managing Type 2 diabetes requires maintaining a healthy weight and weight loss, if overweight. Lifestyle changes such as making healthy food choices and getting regular physical activity are essential. In addition, people with Type 2 diabetes may take insulin and/or other blood glucose-lowering medications to manage their diabetes,

Type 2 diabetes used to be found mainly in overweight or obese adults age 40 or older. Now, as more children and adolescents in the United States have become overweight and inactive, Type 2 diabetes is occurring in young people,

Symptoms of Type 2 diabetes may be similar to those of Type 1 diabetes. A person may feel very tired or thirsty and have to urinate often due to high blood glucose levels. Other symptoms include unexplained weight loss and blurred vision. High blood pressure and elevated blood lipids (cholesterol) are associated with insulin resistance. In addition, physical signs of insulin resistance may appear, such as acanthosis nigricans, a condition in which the skin around the neck, armpits, or groin looks dark, thick, and feels velvety. Often, this condition is mistaken for poor hygiene,

Some children or adolescents (and adults) with Type 2 diabetes may have no recognized symptoms when they are diagnosed. For that reason, it is important for the parents/guardians to know the risk factors of Type 2 diabetes and to talk to their health care professionals about screening children or teens, who are at high risk for Type 2 diabetes,

The key risk factors for Type 2 diabetes in youth include being overweight or obese and having a family member who has Type 2 diabetes. In addition, Type 2 diabetes is more common in certain racial and ethnic groups such as African Americans, Hispanics/Latinos, American Indians, Alaska Natives, Asian Americans, and Pacific Islanders, including Native Hawaiians. Other risk factors include having a mother who had diabetes during her pregnancy; having high blood pressure, high cholesterol, abnormal lipid levels, polycystic ovary syndrome; and being inactive. For children and teens at risk, health care professionals can encourage, support, and educate the entire family to make lifestyle changes that may delay or prevent the onset of Type 2 diabetes. Changes include reaching and maintaining a healthy weight by making healthy food choices and engaging in regular physical activity.

Gestational Diabetes

Diabetes can develop during pregnancy, which is called Gestational diabetes, and is caused by the hormones of pregnancy. These hormones can cause insulin resistance or a shortage of insulin. Although Gestational diabetes usually goes away after the baby is born, a woman who has had it is at increased risk for developing diabetes later in life. In addition, the offspring of a pregnancy affected by Gestational diabetes is at increased risk for obesity and developing Type 2 diabetes.

What Is Effective Diabetes Management at School?

- Maintaining Optimal Blood Glucose Control
- Assisting the Student with Performing Diabetes Care Tasks
- Designating Trained Diabetes Personnel

Maintaining Optimal Blood Glucose Control

The goal of effective diabetes management is to keep blood glucose levels within a target range determined by the student's personal diabetes health care team. Optimal blood glucose control helps to promote normal growth and development and to prevent the immediate dangers of blood glucose levels that are too high or too low. Maintaining blood glucose levels within the target range also can help to optimize the student's ability to learn by avoiding the effects of hypoglycemia and hyperglycemia on cognition, attention, and behavior. In the long term, effective diabetes management helps to prevent or delay the serious complications of diabetes such as heart disease, stroke, blindness, kidney failure, gum disease, nerve disease, and amputations of the foot or leg.

The key to maintaining optimal blood glucose control is to balance food intake, physical activity, insulin, and/or other medication. Generally, food makes blood glucose levels go up. Physical activity, insulin, and diabetes medications make blood glucose levels go down. Several other factors, such as growth and puberty, physical and emotional stress, illness, or injury, also can affect blood glucose levels.

Managing blood glucose is a constant juggling act-24 hours a day, 7 days a week.

Many students with diabetes check their blood glucose levels throughout the day using a blood glucose meter. Some students also wear a continuous glucose monitor (CGM). When blood glucose levels are too low (hypoglycemia) or too high (hyperglycemia), corrective actions need to be taken.

Low blood glucose levels, which can be life threatening, present the greatest immediate danger to students with diabetes.

Assisting the Student with Performing Diabetes Care Tasks

Diabetes management is 24 hours a day, 7 days a week. Many students will be able to handle all or almost all of their non-emergency diabetes care tasks by themselves. Others, because of age, developmental level, inexperience, or issues with adherence to their diabetes tasks, will need help from school personnel. (See **Understand Why Diabetes Self- Management Is Important**).

All students with diabetes will need help during an emergency, which may happen at any time. School personnel need to be prepared to provide diabetes care at school and at all school-sponsored activities in which a student with diabetes participates.

The school nurse is the most appropriate person in the school setting to provide care for a student with diabetes. Many schools, however, do not have a full-time nurse, and sometimes a single nurse must cover more than one school. Moreover, even when a nurse is assigned to a school full time, she or he may not always be available during the school day, during extracurricular activities, or on school sponsored trip.

In circumstances where a nurse is absent or unavailable, the school remains responsible for arranging and implementing the agreed upon diabetes care that is necessary to enable the child to participate in school and school-related activities. The school nurse or another qualified health care professional plays a major role in selecting and training appropriate staff and providing professional supervision and consultation regarding routine and emergency care of the student with diabetes.

Designating Trained Diabetes Personnel

Non-medical school personnel-called Trained Diabetes Personnel (TDP) in this guide—these individuals can be trained and supervised to perform diabetes care tasks safely in the school setting. School staff who may be trained to provide diabetes care to students include health technicians, teachers, physical education personnel, school principals, school secretaries, school psychologists or guidance counselors, food service personnel, and other appropriate personnel. Some schools may call these individuals unlicensed assistive personnel, assistive personnel, paraprofessionals, or trained nonmedical personnel. Trained diabetes personnel may be identified from existing school staff who are willing to serve in this role.

Care tasks performed by trained diabetes personnel may include blood glucose monitoring, insulin administration (by syringe, pen, or assistance with a pump), glucagon administration, ketone testing, and basic carbohydrate counting. In addition to learning, how to perform general diabetes care tasks, TBP will be student-specific trained and be supervised by the school nurse or another qualified health care professional, (See **Staff Training Protocol**).

The school nurse has a critical role in training and supervising trained diabetes personnel to ensure the health and safety of students with diabetes. In addition, a student's health care provider or a diabetes educator may assist in training nonmedical personnel in diabetes care. Given the rapid changes in diabetes technology, therapies, and evidence-based practice, the school nurse who provides care to students with diabetes and facilitates diabetes management training for school personnel has the professional responsibility to acquire and maintain knowledge and competency related to diabetes management. (See **Staff Training Protocol**).

Once it has been determined that a student-specific diabetes care task may be delegated, the school nurse should be involved in the decision-making process to identify which school personnel are most appropriate to be trained. A diabetes-trained health care professional, such as a school nurse or a certified diabetes educator, develops and implements the training program, evaluates the ability of the trained diabetes personnel to perform the task, and establishes a plan for ongoing supervision throughout the school year. Diabetes care will be carried out as specified, in the student's health care plans.

How Do You Plan Effective Diabetes Management in the School Setting?

- Assemble a School Health Team
- Review the Federal Laws
- Assemble the Student's Health Care Plans
 - Diabetes Medical Management Plan (Prepared by the Student's Personal Diabetes Health Care Team)
 - Individualized Health Care Plan (Prepared by the School Nurse)
 - Emergency Care Plans for Hypoglycemia and Hyperglycemia (Prepared by the School Nurse)
- Prepare the Student's Education Plan (As Needed)
- Train School Personnel
- Diabetes Management Training Resources

Administer Insulin

Students with Type I diabetes- and many students with Type 2 diabetes-need to administer or be given insulin at regular times during the school day. Students may need to take insulin to cover meals and/or snacks and may need additional or corrective dosages of insulin to treat hyperglycemia as specified in the DMMP. It is medically preferable that the student be allowed to self-administer insulin in the classroom or wherever they happen to be.

The DMMP, which will be different for each student, specifies the dosage, delivery system, and schedule for insulin administration. The Individualized Health Care Plan (IHP) and the student's education plan, based on the physician's orders, should specify who will administer prescribed insulin and under what circumstances.

Some students who need insulin during the school day are able to administer it on their own; others will need supervision; and yet others will need someone to administer the insulin for them. The school nurse and/or trained diabetes personnel should assist with insulin administration in accordance with the student's health care plans and education plans.

A diabetes-trained health care professional such as the school nurse or a certified diabetes educator should teach, monitor, and supervise trained diabetes personnel to administer insulin.

Types of Insulin

Today, new types of insulin and new delivery systems help keep blood glucose levels within the target range. These options, however, require more frequent blood glucose monitoring and more assistance for the student with diabetes.

Insulin has three characteristics:

- Onset is the length of time before insulin reaches the bloodstream and begins lowering blood glucose levels.
- Peak is the time at which insulin is at its maximum strength in terms of lowering blood glucose

levels.

- Duration is the number of hours during which insulin continues to lower blood glucose levels.

Insulin is classified in four types by how it works:

- *Rapid-acting* begins to work about 15 minutes after injection, peaks in about 1 hour, and continues to work for 2 to 4 hours.
- *Short-acting* usually reaches the bloodstream within 30 minutes after injection, peaks anywhere from two to 3 hours after injection, and is effective for approximately 3 to 6 hours.
- *Intermediate-acting* generally reaches the bloodstream about 2 to 4 hours after injection, peaks 4 to 12 hours later, and is effective for about 12 to 18 hours.
- *Long-acting* reaches the bloodstream several hours after injection and tends to lower glucose levels fairly even over a 24-hour period.

Types of Insulin Plans

Insulin therapy plans are tailored to the individual student's insulin needs as well as the student's health literacy and numeracy (i.e., ability to understand the prescribed plan). Two common plans are the *basal/bolus insulin plan* and the *fixed dose insulin therapy plan*.

Basal/Bolus Insulin Plan (Adjustable Insulin Therapy)

Most students with Type I Diabetes use a basal/bolus insulin plan. This type of insulin plan, sometimes referred to as adjustable insulin therapy, reproduces or mimics the way a normally functioning pancreas produces insulin.

A coordinated combination of different types of Insulin is used to achieve target blood glucose levels at meals and snacks, during periods of physical activity, and through the night,

Basal insulin is long-acting or intermediate-acting insulin delivered once or twice a day. This type of insulin is used to control blood glucose levels overnight and between meals,

Bolus insulin refers to a dose of rapid-acting or short-acting insulin that is given to cover the carbohydrate in a meal or snack and to lower blood glucose levels that are above target.

Students using a basal/bolus insulin plan require multiple injections during the school day, or they receive their insulin through a programmable insulin pump.

Fixed Dose Insulin Therapy Plan

Other students may take the same doses of insulin each day with rapid-acting, short-acting, intermediate-acting, or long-acting insulin. This type of plan is sometimes referred to as fixed dose insulin therapy,

Insulin Storage

The shelf life of insulin after opening varies according to the type of insulin, the type of container (vial or pen cartridge), and how insulin is administered (through a syringe, a pen, or a pump), Review the product

storage instructions on the manufacturer's package insert and check the expiration date, In general, most opened vials of insulin may be left at room temperature (below 86 degrees Fahrenheit) for 30 days and then discarded. Most opened disposable pens or pen cartridges may be left at room temperature for less than 30 days, depending on the type of insulin and the type of pen or cartridge. Unopened vials or pen cartridges should be stored in a refrigerator. They may be used until their expiration date and then must be discarded.

Insulin Delivery

The three most common ways to administer insulin are with a syringe, an insulin pen, or an insulin pump. The manufacturers of insulin, insulin syringes, insulin pens, and insulin pumps have websites where school personnel can learn more about these products.

Insulin syringes, available in several sizes, make it easy to draw up the proper dosage. Shorter, smaller needles make injections easy and relatively painless.

An Insulin pen holds a cartridge of insulin. Insulin pens are convenient and appropriate when students need a single type of insulin. During the school day, pens are used most often with rapid-acting insulin to cover a meal or to treat a high blood glucose level. Generally, a user will follow these steps:

1. Screw the needle onto the tip of the pen just before use.
2. Dial the pen to two units.
3. Hold the pen upright and press the button on the pen to discard the air and fill the needle with Insulin. Repeat if needed until a drop of insulin appears.
4. Dial the pen to the prescribed dose and inject the insulin.
5. Remove the pen needle and dispose of it in a sharps container.

An Insulin pump is a computerized device that is programmed to deliver small, steady doses of insulin throughout the day; additional doses are given to cover food intake and to lower high blood glucose levels. Most pumps now receive blood glucose values directly from the meter, but if not, the student or a supervising adult must enter the blood glucose value as well in order for the pump to calculate the bolus dose.

Rapid-acting insulin is used in the insulin pump. Students using the insulin pump will not be taking any long-acting insulin. Therefore, a pump malfunction or extended disconnection from the pump (longer than 2 hours) increases the student's risk of developing DKA more quickly. The parents/guardians should provide the school with a backup supply of syringes and rapid-acting insulin or insulin pens in the event of a pump failure, Keep supplies in a secure location,

Several types of insulin pumps, school personnel can be trained on each student's pump by contacting the pump manufacturer or the student's diabetes health care team,

Some pumps look like a pager, and students usually wear it on their waistband, belt, or in their pocket, The pump holds a reservoir of insulin attached to an infusion set that leaves a very small needle or plastic cannula (a tiny, flexible plastic tube) under the skin. Infusion sets are started with a guide needle, then the cannula is left in place and taped with dressing, and the needle is removed. The cannula usually is changed every two or 3 days or when blood glucose levels remain above the target range or ketones are present.

Routine site changes are a responsibility of the family and generally are done at home,

Other pumps look like a pod or a patch. These pumps are attached directly to the skin, and a guide needle inserts the cannula under the skin automatically. The student usually wears the pod on his or her abdomen, buttocks, leg, or arm, 'the pod contains the insulin (there is no tubing), and the pod-type pump is controlled by a small hand-held computer device that is kept nearby. This type of insulin pump needs to be changed every 2 to 3 days,

Continuous Blood Glucose Monitoring (CGM)

Some pumps have the data from continuous blood glucose monitoring displayed on the pump screen. In some pumps, technology has been developed to allow communication between the pump and the CGM, enabling the insulin pump to rely on CGM information to reduce or stop insulin delivery if a low glucose level is anticipated. Some of the newer CGM have transmitters that display blood glucose values on tablets, smartphones, and computers.

If a student uses a CGM, verify a low blood glucose level with a finger stick. Treat the student for hypoglycemia, if needed, as prescribed in the student's DMMP.

Trained diabetes personnel who assist with the student's diabetes care tasks should be knowledgeable about and trained in using and operating each student's insulin delivery system in the event that a school nurse is not available to administer insulin,

Benefits of the pump include:

- Users are freed from multiple daily insulin injections.
- The pump delivers insulin in a way that is similar to what the body does naturally.
- Users may achieve improved blood glucose control.
- Basal insulin delivery can be fine-tuned to the user's needs, allowing for adjustments for the differences in insulin sensitivity that change over the course of 24 hours.
- The pump uses frequent pulses of rapid-acting insulin, allowing for more consistent action on blood glucose than with Intermediate- or long-acting insulin.
- Users may be able to participate in unplanned physical activity without eating extra food.
- The pump is durable and contains many child safeguards.
- The pump can be pre-programmed with **insulin-to-carbohydrate ratios** and blood glucose correction factors.
- When additional insulin, called a bolus, is needed to balance the carbohydrates in a meal or snack, or when blood glucose levels are high, the pump calculates the bolus dosage after the student enters the number of grams of carbohydrates to be eaten.
- Innovations in pump and sensor technologies are allowing for automation of insulin delivery by the pump.

Staff Training Protocol

Pleasant Valley School District shall provide training to all non-nurse District employees and contractors who provide diabetes care to a student.

Employees and contractors trained to provide diabetic care to a student are known as Trained Diabetes Personnel (TDP) and may include teachers, classroom aides, office staff, or other staff. Diabetes care tasks performed by TDPs may include:

- Blood glucose monitoring;
- Insulin administration;
- Glucagon administration;
- Ketone testing;
- Basic carbohydrate counting;
- Security of medical supplies and recordkeeping; and
- The appropriate steps to take when glucose levels are outside of the target ranges indicated in a student's Diabetes Medical Management Plan (DMMP) and/or physician's orders.

Training of TDPs shall be provided at least annually, by a school nurse or a health care professional with expertise in diabetes. At a minimum, the training shall cover:

- An overview of diabetes;
- How to recognize and respond to hypoglycemia and hyperglycemia;
- Whom to contact in an emergency;
- How to carry out the specific diabetes care tasks set forth in the student's physician's orders and/or DMMP, including understanding physician instructions concerning drug dosage, frequency, and manner of administration;
- General principles relating to the operation of an insulin pump;
- How to document that all care tasks were performed, including security and record keeping; and
- What to do during a school wide emergency (e.g., lockdown or evacuation).

TDP training shall take place at the commencement of each school year, (including summer sessions, if applicable); or as needed when a student with diabetes is newly enrolled at a school; when a student is newly diagnosed with diabetes; or when a student's physician's orders reflect a substantial change in care protocols (e.g., moving from manual injection of insulin to a pump), but in no event more than 30 days following such enrollment or diagnosis. The school nurse or another health care professional with expertise in diabetes shall promptly provide follow-up training and supervision as needed.

Diabetes care training shall be provided by a school nurse or a health care professional with expertise in diabetes, to all school employees or contractors who have responsibility for a student with diabetes at any time during the school day or during school-sponsored activities, including field trips, off-site activities, and any extracurricular activities. At minimum, this training shall include an overview of basic information about diabetes and its management, how to recognize symptoms of hypoglycemia and hyperglycemia, and proper methods for referring students who require diabetes care to a TDP.

TDPs and all school employees who have primary responsibility for a student will be trained to respect the student's confidentiality and right to privacy.

The District shall designate at least two full time TDPs (at least one to be "on-duty" and other two to serve as "back-ups" on any given day) on staff in each school attended by one or more students with a DMMP or with physician's orders related to managing a student's diabetes. The District's licensed health care professionals (School Nurse and Health Services Specialist) shall be designated the third back up for all school sites. The District can designate additional TDPs as needed to provide adequate diabetes care to any such student.

School Sponsored Trip and Off-Site Activities Protocol

The needs of a student with diabetes may differ between daytime-only school sponsored trips and school sponsored off-site activities, on the one hand, and school sponsored trips for which one or more overnight stays is planned. The requirements for school-sponsored trips are therefore addressed in separate sections below entitled "Day Trips" and "Overnight Trips."

Day Trips:

The student will be permitted to participate in all school-sponsored field trips and school sponsored off-site activities unless otherwise indicated in physician's orders.

The student's homeroom teacher will notify parent, TDPs, and nursing staff within five (5) business days of the scheduling of any field trip or off-site activity pertinent to the student. The parent, TDP's and nursing staff should be notified of any known trips planned for the school year during the first 10 days of school year.

A school nurse or TDP will accompany the student on the field trip and/or off-site activity and will assist the student with his or her needs as set forth in the student's doctor orders or DMMP. A TDP may include a teacher, classroom aide, office staff, or other staff, and may include trained staff of the activity provider (who must be trained on the individual student's Section 504 Plan, DMMP, and IBP at least three (3) days in advance of the field trip or off-site activity).

The school nurse or TDP will be available on-site throughout the entire school sponsored field trip (including travel between the school and any destination(s) and will make sure that the student's diabetes supplies travel with the student.

If a student's parents/guardians and medical professional(s) have determined that the provision of medical supervision related to the student's usual diabetes care by Pleasant Valley School District during a school sponsored field trip or off-site activity is not necessary, the student's parents/guardians may sign, at their election, a release form indicating that District personnel need not provide medical supervision during the field trip or off-site activity.

The Pleasant Valley School District has guidelines for volunteers on field trips or off-site activities. In accordance with those guidelines, if a parent/guardian participates, the parent/guardian may waive their right to have a TDP and/or school nurse present. If the District requires the student's parent/guardian to sign a release form indicating that medical supervision related to the student's diabetes care during the field trip or off-site activity will be provided by the parent or guardian in attendance, the District must inform the parent or guardian in writing of the District's default obligation to provide or otherwise arrange for a TDP and/or school nurse throughout the duration of the field trip or off-site activity.

Staff will respect the student's confidentiality and right to privacy.

Overnight Trips:

The student will be permitted to participate in all school sponsored overnight trips unless otherwise indicated in physician's orders. For purposes of this section, the term "overnight trips" refers to a field trip or off-site activity for which one or more overnight stays are planned.

The student's homeroom teacher will notify the parents/guardians, TDPs, and nursing staff within five (5) business days of the scheduling of any field trip or off-site activity pertinent to the student. The parent, TDP's and nursing staff should be notified of any known trips planned for the school year during the first 10 days of the school year.

For overnight school sponsored trips, upon reasonable advance notice, the school will schedule a meeting with parents, teacher, TDPs, and nursing team for developing an overnight trip care plan. This meeting shall be held no less than two (2) weeks in advance of the scheduled overnight trip.

If a student's parents/guardians and medical professional(s) have determined that the provision of medical supervision related to the student's usual diabetes care by Pleasant Valley School District during a school sponsored field trip or off-site activity is not necessary, the student's parents/guardians may sign, at their election, a release form indicating that District personnel need not provide medical supervision during the field trip or off-site activity.

Each school may have guidelines for volunteers on field trips or off-site activities. In accordance with those guidelines, a parent/guardian may volunteer to attend the field trip or off-site activity. If a parent/guardian participates, the parent/guardian may waive their right to have a TDP and/or school nurse present. If the District requires the student's parent/guardian to sign a release form indicating that medical supervision related to the student's diabetes care during the field trip or off-site activity will be provided by the parent or guardian in attendance, the District must inform the parent or guardian in writing of the District's default obligation to provide or otherwise arrange for a TDP and/or school nurse throughout the duration of the field trip or off-site activity.

Staff will respect the student's confidentiality and right to privacy.

School Sponsored Extracurricular Activities Protocol

The student will be permitted to participate in all school sponsored extracurricular activities.

A school nurse or trained diabetes personnel (TDP) will be available on-site during all school sponsored extracurricular activities in which the student participates and will assist the student with his or her health care needs as set forth in the student's physician's orders or Diabetes Medical Management Plan (DMMP).

If a student's parents/guardians and medical professional(s) have determined that medical supervision related to the student's usual diabetes care by Pleasant Valley School District during a school sponsored extracurricular activity is not necessary, the student's parents/guardians may sign, at their election, a release form indicating that District personnel need not provide medical supervision during the school sponsored

extracurricular activity.

Upon reasonable advance request by the parent or guardian of the student, and following District guidelines for participation, a parent/guardian may volunteer to attend the school sponsored extracurricular activity. The parent/guardian may waive their right to have a TDP and/or school nurse present. If the District requires the student's parent/guardian to sign a release form indicating that medical supervision related to the student's diabetes care during the school sponsored extracurricular activity will be provided by the parent or guardian in attendance, the District must inform the parent or guardian in writing of the District's default obligation to provide or otherwise arrange for a TOP and/or school nurse throughout the duration of the school sponsored extracurricular activity.

Staff will respect the student's confidentiality and right to privacy.

Diabetes Management during Disaster or Lockdown Protocol

To prepare for an emergency evacuation, disaster or lockdown, the District must consider the need for students with diabetes to have necessary medications, food, and related diabetes supplies available to them wherever they happen to be within the school.

The District must meet with or otherwise arrange a conference call for each student with diabetes, with his or her parent(s)/guardian(s), and the student's regular physician/ health care provider, to identify the items required by the student in the event of an emergency evacuation, disaster, or lockdown. These items will become part of an emergency supply kit (Emergency Kit) that must be provided to the District by the student's parent(s)/guardian(s). The Emergency Kit should also include any additional insulin orders as needed (e.g., dinner and nighttime). The contents of the Emergency Kit should be reflected consistently across the student's Diabetes Medical Management Plan (DMMP), 504 Plan, IEP, and any physician's orders in effect.

In the event of an emergency evacuation, disaster, or lockdown, the student's doctor orders, DMMP, 504 Plan, and/or IEP will remain in effect to the extent possible.

A school nurse or trained diabetes personnel will provide care to the student as outlined in the student's doctor orders, DMMP, 504 Plan, and/or IEP as safely as permitted.

School staff will use their best efforts to transport the student's diabetes supplies and equipment to the location of the student if these items are not already within the student's proximity.

School staff will attempt to establish contact with the student's parents/guardians and provide updates, and will receive information from parents/guardians regarding the student's diabetes care. School staff will respect the student's confidentiality and right to privacy.

Appendix

1. PVSD Board Policy (BP)/Administrative Regulation (AR) 5141.21: Administering Medication and Monitoring Health Conditions
2. Diabetes Medical Management Plan (DMMP)
3. Authorization for Medications Taken During School Hours, School Activities and Field Trips
4. PVSD Diabetic Student Protocol
5. Blood Glucose Testing Result Procedures
6. Glucagon Administration Instructions
7. Insulin-to-Carb Ratios and Correction Factors
8. Diabetic Student Monitoring Log
9. Emergency Plan for Low Blood Glucose
10. Diabetes – Individual Healthcare Plan (IHP)
11. School Sponsored Trips and Off-Site Activities Release for Students with Diabetes
12. Diabetes Training Check List
13. Record of Training for Specialized Physical Health Care Services (SPHCS)

Appendix 1

PVSD Board Policy
(BP)/Administrative Regulation (AR)
5141.21: Administering Medication
and Monitoring Health Conditions

Pleasant Valley SD

Board Policy

Administering Medication And Monitoring Health Conditions

BP 5141.21

Students

The Board of Trustees believes that regular school attendance is critical to student learning and that students who need to take medication prescribed or ordered for them by their authorized health care providers should have an opportunity to participate in the educational program.

(cf. 5113 - Absences and Excuses)

(cf. 5113.1 - Chronic Absence and Truancy)

Any medication prescribed for a student with a disability who is qualified to receive services under the Individuals with Disabilities Education Act or Section 504 of the Rehabilitation Act of 1973 shall be administered in accordance with the student's individualized education program or Section 504 services plan, as applicable.

(cf. 5141.24 - Specialized Health Care Services)

(cf. 6159 - Individualized Education Program)

(cf. 6164.6 - Identification and Education Under Section 504)

For the administration of medication to other students during school or school-related activities, the Superintendent or designee shall develop protocols which shall include options for allowing a parent/guardian to administer medication to his/her child at school, designate other individuals to do so on his/her behalf, and, with the child's authorized health care provider's approval, request the district's permission for his/her child to self-administer a medication or self-monitor and/or self-test for a medical condition. Such processes shall be implemented in a manner that preserves campus security, minimizes instructional interruptions, and promotes student safety and privacy.

(cf. 1250 - Visitors/Outsiders)

(cf. 5141 - Health Care and Emergencies)

(cf. 5141.22 - Infectious Diseases)

(cf. 5141.23 - Asthma Management)

(cf. 5141.27 - Food Allergies/Special Dietary Needs)

(cf. 6116 - Classroom Interruptions)

The Superintendent or designee shall make available epinephrine auto-injectors at each school for providing emergency medical aid to any person suffering, or reasonably believed to be suffering, from an anaphylactic reaction. (Education Code 49414)

The Board authorizes the Superintendent or designee to make available naloxone hydrochloride or another opioid antagonist for emergency medical aid to any person suffering, or reasonably

believed to be suffering, from an opioid overdose. (Education Code 49414.3)

The Superintendent or designee shall collaborate with city and county emergency responders, including local public health administrators, to design procedures or measures for addressing an emergency such as a public disaster or epidemic.

(cf. 3516 - Emergencies and Disaster Preparedness Plan)

Administration of Medication by School Personnel

When allowed by law, medication prescribed to a student by an authorized health care provider may be administered by a school nurse or, when a school nurse or other medically licensed person is unavailable and the physician has authorized administration of medication by unlicensed personnel for a particular student, by other designated school personnel with appropriate training. School nurses and other designated school personnel shall administer medications to students in accordance with law, Board policy, administrative regulation, and, as applicable, the written statement provided by the student's parent/guardian and authorized health care provider. Such personnel shall be afforded appropriate liability protection.

(cf. 3530 - Risk Management/Insurance)

(cf. 4119.42/4219.42/4319.42 - Exposure Control Plan for Bloodborne Pathogens)

(cf. 4119.43/4219.43/4319.43 - Universal Precautions)

The Superintendent or designee shall ensure that school personnel designated to administer any medication receive appropriate training and, as necessary, retraining from qualified medical personnel before any medication is administered. At a minimum, the training shall cover how and when such medication should be administered, the recognition of symptoms and treatment, emergency follow-up procedures, and the proper documentation and storage of medication. Such trained, unlicensed designated school personnel shall be supervised by, and provided with immediate communication access to, a school nurse, physician, or other appropriate individual. (Education Code 49414, 49414.3, 49414.5, 49423, 49423.1)

The Superintendent or designee shall maintain documentation of the training and ongoing supervision, as well as annual written verification of competency of other designated school personnel.

(cf. 4131 - Staff Development)

(cf. 4231 - Staff Development)

(cf. 4331 - Staff Development)

Legal Reference:

EDUCATION CODE

48980 Notification at beginning of term

49407 Liability for treatment

49408 Emergency information
49414 Emergency epinephrine auto-injectors
49414.3 Emergency medical assistance; administration of medication for opioid overdose
49414.5 Providing school personnel with voluntary emergency training
49422-49427 Employment of medical personnel, especially:
49423 Administration of prescribed medication for student
49423.1 Inhaled asthma medication
49480 Continuing medication regimen; notice

BUSINESS AND PROFESSIONS CODE

2700-2837 Nursing, especially:
2726 Authority not conferred
2727 Exceptions in general
3501 Definitions
4119.2 Acquisition of epinephrine auto-injectors
4119.8 Acquisition of naloxone hydrochloride or another opioid antagonist

CODE OF REGULATIONS, TITLE 5

600-611 Administering medication to students
UNITED STATES CODE, TITLE 20
1232g Family Educational Rights and Privacy Act of 1974

1400-1482 Individuals with Disabilities Education Act

UNITED STATES CODE, TITLE 29

794 Rehabilitation Act of 1973, Section 504

COURT DECISIONS

American Nurses Association v. Torlakson, (2013) 57 Cal.4th 570

Management Resources:

AMERICAN DIABETES ASSOCIATION PUBLICATIONS

Glucagon Training Standards for School Personnel: Providing Emergency Medical Assistance to Pupils with Diabetes, May 2006

Training Standards for the Administration of Epinephrine Auto-Injectors, rev. 2015

Legal Advisory on Rights of Students with Diabetes in California's K-12 Public Schools, August 2007

Program Advisory on Medication Administration, 2005

NATIONAL DIABETES EDUCATION PROGRAM PUBLICATIONS

Helping the Student with Diabetes Succeed: A Guide for School Personnel, June 2003

WEB SITES

CSBA: <http://www.csba.org>

American Diabetes Association: <http://www.diabetes.org>

California Department of Education: <http://www.cde.ca.gov/ls/he/hn>

National Diabetes Education Program: <http://www.ndep.nih.gov>

U.S. Department of Health and Human Services, National Institutes of Health, Blood Institute, asthma information: <http://www.nhlbi.nih.gov/health/public/lung/index.htm#asthma>

adopted: November 16, 2017

Camarillo, California

Pleasant Valley SD

Administrative Regulation

Administering Medication And Monitoring Health Conditions

AR 5141.21

Students

Definitions

Authorized health care provider means an individual who is licensed by the State of California to prescribe or order medication, including, but not limited to, a physician or physician assistant. (Education Code 49423; 5 CCR 601)

Other designated school personnel means any individual employed by the district, including a nonmedical school employee, who has volunteered or consented to administer medication or otherwise assist the student and who may legally administer the medication to the student or assist the student in the administration of the medication. (5 CCR 601, 621)

Medication may include not only a substance dispensed in the United States by prescription, but also a substance that does not require a prescription, such as over-the-counter remedies, nutritional supplements, and herbal remedies. (5 CCR 601)

Epinephrine auto-injector means a disposable delivery device designed for the automatic injection of a premeasured dose of epinephrine into the human body to prevent or treat a life-threatening allergic reaction. (Education Code 49414)

Anaphylaxis means a potentially life-threatening hypersensitivity to a substance, which may result from an insect sting, food allergy, drug reaction, exercise, or other cause. Symptoms may include shortness of breath, wheezing, difficulty breathing, difficulty talking or swallowing, hives, itching, swelling, shock, or asthma. (Education Code 49414)

(cf. 5141.23 - Asthma Management)

(cf. 5141.27 - Food Allergies/Special Dietary Needs)

Opioid antagonist means naloxone hydrochloride or another drug approved by the federal Food and Drug Administration that, when administered, negates or neutralizes in whole or in part the pharmacological effects of an opioid in the body and that has been approved for the treatment of an opioid overdose. (Education Code 49414.3)

Notifications to Parents/Guardians

At the beginning of each school year, the Superintendent or designee shall notify parents/guardians of the options available to students who need to take prescribed medication during the school day and the rights and responsibilities of parents/guardians regarding those

options. (Education Code 49480)

(cf. 5145.6 - Parental Notifications)

In addition, the Superintendent or designee shall inform the parents/guardians of any student on a continuing medication regimen for a nonepisodic condition of the following requirements:
(Education Code 49480)

1. The parent/guardian is required to inform the school nurse or other designated employee of the medication being taken, the current dosage, and the name of the supervising physician.
2. With the parent/guardian's consent, the school nurse or other designated employee may communicate with the student's physician regarding the medication and its effects and may counsel school personnel regarding the possible effects of the medication on the student's physical, intellectual, and social behavior, as well as possible behavioral signs and symptoms of adverse side effects, omission, or overdose.

When a student requires medication during the school day in order to participate in the educational program, the Superintendent or designee shall, as appropriate, inform the student's parents/guardians that the student may qualify for services or accommodations pursuant to the Individuals with Disabilities Education Act (20 USC 1400-1482) or Section 504 of the federal Rehabilitation Act of 1973 (29 USC 794).

(cf. 6164.4 - Identification and Evaluation of Individuals for Special Education)
(cf. 6164.6 - Identification and Education Under Section 504)

Parent/Guardian Responsibilities

The responsibilities of the parent/guardian of any student who may need medication during the school day shall include, but are not limited to:

1. Providing parent/guardian and authorized health care provider written statements each school year as described in the sections "Parent/Guardian Statement" and "Health Care Provider Statement" below. The parent/guardian shall provide a new authorized health care provider's statement if the medication, dosage, frequency of administration, or reason for administration changes. (Education Code 49414.5, 49423, 49423.1; 5 CCR 600, 626)
2. If the student is on a continuing medication regimen for a nonepisodic condition, informing the school nurse or other designated certificated employee of the medication being taken, the current dosage, and the name of the supervising physician and updating the information when needed. (Education Code 49480)
3. Providing medications in properly labeled, original containers along with the authorized health care provider's instructions. For prescribed or ordered medication, the container also shall bear the name and telephone number of the pharmacy, the student's identification, and the name and phone number of the authorized health care provider. (5 CCR 606)

Parent/Guardian Statement

When district employees are to administer medication to a student, the parent/guardian's written statement shall:

1. Identify the student
2. Grant permission for an authorized district representative to communicate directly with the student's authorized health care provider and pharmacist, as may be necessary, regarding the health care provider's written statement or any other questions that may arise with regard to the medication
3. Contain an acknowledgment that the parent/guardian understands how district employees will administer the medication or otherwise assist the student in its administration
4. Contain an acknowledgment that the parent/guardian understands his/her responsibilities to enable district employees to administer or otherwise assist the student in the administration of medication, including, but not limited to, the parent/guardian's responsibility to provide a written statement from the authorized health care provider, to ensure that the medication is delivered to the school in a proper container by an individual legally authorized to be in possession of the medication, and to provide all necessary supplies and equipment
5. Contain an acknowledgment that the parent/guardian understands that he/she may terminate the consent for the administration of the medication or for otherwise assisting the student in the administration of medication at any time

In addition to the requirements in items #1-5 above, if a parent/guardian has requested that his/her child be allowed to carry and self-administer prescription auto-injectable epinephrine or prescription inhaled asthma medication, the parent/guardian's written statement shall:
(Education Code 49423, 49423.1)

1. Consent to the self-administration
2. Release the district and school personnel from civil liability if the student suffers an adverse reaction as a result of self-administering the medication

In addition to the requirements in items #1-5 above, if a parent/guardian wishes to designate an individual who is not an employee of the district to administer medication to his/her child, the parent/guardian's written statement shall clearly identify the individual and shall state:

1. The individual's willingness to accept the designation
2. That the individual is permitted to be on the school site
3. Any limitations on the individual's authority

Health Care Provider Statement

When any district employee is to administer prescribed medication to a student, or when a student is to be allowed to carry and self-administer prescribed medication during school hours, the authorized health care provider's written statement shall include:

1. Clear identification of the student (Education Code 49423, 49423.1; 5 CCR 602)
2. The name of the medication (Education Code 49423, 49423.1; 5 CCR 602)
3. The method, amount, and time schedules by which the medication is to be taken (Education Code 49423, 49423.1; 5 CCR 602)
4. If a parent/guardian has requested that his/her child be allowed to self-administer medication, confirmation that the student is able to self-administer the medication (Education Code 49414.5, 49423, 49423.1; 5 CCR 602)
5. For medication that is to be administered by unlicensed personnel, confirmation by the student's health care provider that the medication may safely and appropriately be administered by unlicensed personnel (Education Code 49423, 49423.1; 5 CCR 602)
6. For medication that is to be administered on an as-needed basis, the specific symptoms that would necessitate administration of the medication, allowable frequency for administration, and indications for referral for medical evaluation
7. Possible side effects of the medication
8. Name, address, telephone number, and signature of the student's authorized health care provider

District Responsibilities

The Superintendent or designee shall ensure that any unlicensed school personnel authorized to administer medication to a student receives appropriate training from the school nurse or other qualified medical personnel.

The school nurse or other designated school personnel shall:

1. Administer or assist in administering medication in accordance with the authorized health care provider's written statement
2. Accept delivery of medications from parents/guardians and count and record them upon receipt
3. Maintain a list of students needing medication during the school day, including those

authorized to self-administer medication, and note on the list the type of medication and the times and dosage to be administered

4. Maintain for each student a medication log which may:
 - a. Specify the student's name, medication, dose, method of administration, time of administration during the regular school day, date(s) on which the student is required to take the medication, and the authorized health care provider's name and contact information
 - b. Contain space for daily recording of the date, time, and amount of medication administered, and the signature of the individual administering the medication
5. Maintain for each student a medication record which may include the authorized health care provider's written statement, the parent/guardian's written statement, the medication log, and any other written documentation related to the administration of medication to the student
6. Ensure that student confidentiality is appropriately maintained

(cf. 5125 - Student Records)

7. Coordinate and, as appropriate, ensure the administration of medication during field trips and other school-related activities

(cf. 5148.2 - Before/After School Programs)

(cf. 6145.2 - Athletic Competition)

(cf. 6153 - School-Sponsored Trips)

8. Report to a student's parent/guardian and the site administrator any refusal by the student to take his/her medication
9. Keep all medication to be administered by the district in a locked drawer or cabinet
10. As needed, communicate with a student's authorized health care provider and/or pharmacist regarding the medication and its effects
11. Counsel other designated school personnel regarding the possible effects of a medication on a student's physical, intellectual, and social behavior, as well as possible behavioral signs and symptoms of adverse side effects, omission, or overdose
12. Ensure that any unused, discontinued, or outdated medication is returned to the student's parent/guardian at the end of the school year or, if the medication cannot be returned, dispose of it in accordance with state laws and local ordinances
13. In the event of a medical emergency requiring administration of medication, provide immediate medical assistance, directly observe the student following the administration of medication, contact the student's parent/guardian, and determine whether the student should

return to class, rest in the school office, or receive further medical assistance

14. Report to the site administrator, the student's parent/guardian, and, if necessary, the student's authorized health care provider any instance when a medication is not administered properly, including administration of the wrong medication or failure to administer the medication in accordance with authorized health care provider's written statement

Emergency Epinephrine Auto-Injectors

The Superintendent or designee shall provide epinephrine auto-injectors to school nurses or other employees who have volunteered to administer them in an emergency and have received training. The school nurse, or a volunteer employee when a school nurse or physician is unavailable, may administer an epinephrine auto-injector to provide emergency medical aid to any person suffering, or reasonably believed to be suffering, from potentially life-threatening symptoms of anaphylaxis at school or a school activity. (Education Code 49414)

At least once per school year, the Superintendent or designee shall distribute to all staff a notice requesting volunteers to be trained to administer an epinephrine auto-injector and describing the training that the volunteer will receive. (Education Code 49414)

(cf. 4112.9/4212.9/4312.9 - Employee Notifications)

The principal or designee at each school may designate one or more volunteers to receive initial and annual refresher training, which shall be provided by a school nurse or other qualified person designated by a physician and surgeon authorized pursuant to Education Code 49414 and shall be based on the standards developed by the Superintendent of Public Instruction (SPI). Written materials covering the required topics for training shall be retained by the school for reference. (Education Code 49414)

(cf. 4131 - Staff Development)

(cf. 4231 - Staff Development)

(cf. 4331 - Staff Development)

A school nurse or other qualified supervisor of health, or a district administrator if the district does not have a qualified supervisor of health, shall obtain a prescription for epinephrine auto-injectors for each school from an authorized physician and surgeon. Such prescription may be filled by local or mail order pharmacies or epinephrine auto-injector manufacturers. Elementary schools shall, at a minimum, be provided one adult (regular) and one junior epinephrine auto-injector. Secondary schools shall be provided at least one adult (regular) epinephrine auto-injector, unless there are any students at the school who require a junior epinephrine auto-injector. (Education Code 49414)

If an epinephrine auto-injector is used, the school nurse or other qualified supervisor of health shall restock the epinephrine auto-injector as soon as reasonably possible, but no later than two weeks after it is used. In addition, epinephrine auto-injectors shall be restocked before their expiration date. (Education Code 49414)

Information regarding defense and indemnification provided by the district for any and all civil liability for volunteers administering epinephrine auto-injectors shall be provided to each volunteer and retained in his/her personnel file. (Education Code 49414)

(cf. 4112.6/4212.6/4312.6 - Personnel Files)

A school may accept gifts, grants, and donations from any source for the support of the school in carrying out the requirements of Education Code 49414, including, but not limited to, the acceptance of epinephrine auto-injectors from a manufacturer or wholesaler. (Education Code 49414)

(cf. 3290 - Gifts, Grants and Bequests)

The Superintendent or designee shall maintain records regarding the acquisition and disposition of epinephrine auto-injectors for a period of three years from the date the records were created. (Business and Professions Code 4119.2)

(cf. 3580 - District Records)

Emergency Medication for Opioid Overdose

The district may elect to make emergency naloxone hydrochloride or another opioid antagonist available at schools for the purpose of providing emergency medical aid to persons suffering, or reasonably believed to be suffering, from an opioid overdose. In determining whether to make this medication available, the Superintendent or designee shall evaluate the emergency medical response time to the school and determine whether initiating emergency medical services is an acceptable alternative to providing an opioid antagonist and training personnel to administer the medication. (Education Code 49414.3)

When available at the school site, the school nurse shall provide emergency naloxone hydrochloride or another opioid antagonist for emergency medical aid to any person exhibiting potentially life-threatening symptoms of an opioid overdose at school or a school activity. Other designated personnel who have volunteered and have received training may administer such medication when a school nurse or physician is unavailable, and shall only administer the medication by nasal spray or auto-injector. (Education Code 49414.3)

At least once per school year, the Superintendent or designee shall distribute to all staff a notice requesting volunteers to be trained to administer naloxone hydrochloride or another opioid antagonist, describing the training that the volunteer will receive, and explaining the right of the volunteer to rescind his/her offer to volunteer at any time, including after receiving training. The notice shall also include a statement that no benefit will be granted to or withheld from any employee based on his/her offer to volunteer and that there will be no retaliation against any employee for rescinding his/her offer to volunteer. (Education Code 49414.3)

The principal or designee may designate one or more volunteer employees to receive initial and

annual refresher training, based on standards adopted by the SPI, regarding the storage and emergency use of naloxone hydrochloride or another opioid antagonist. The training shall be provided at no cost to the employee, conducted during his/her regular working hours, and be provided by a school nurse or other qualified person designated by an authorizing physician and surgeon. Written materials provided during the training shall be retained at the school for reference. (Education Code 49414.3)

A school nurse, other qualified supervisor of health, or, if the district does not have a qualified supervisor of health, a district administrator shall obtain a prescription for naloxone hydrochloride or another opioid antagonist for each school from an authorized physician and surgeon. Such prescription may be filled by local or mail order pharmacies or manufacturers. (Education Code 49414.3)

If the medication is used, the school nurse, other qualified supervisor of health, or district administrator, as applicable, shall restock the medication as soon as reasonably possible, but no later than two weeks after it is used. In addition, the medication shall be restocked before its expiration date. (Education Code 49414.3)

Information regarding defense and indemnification provided by the district for any and all civil liability for volunteers administering naloxone hydrochloride or another opioid antagonist for emergency aid shall be provided to each volunteer and retained in his/her personnel file. (Education Code 49414.3)

A school may accept gifts, grants, and donations from any source for the support of the school in carrying out the requirements of Education Code 49414.3, including, but not limited to, the acceptance of the naloxone hydrochloride or another opioid antagonist from a manufacturer or wholesaler. (Education Code 49414.3)

The Superintendent or designee shall maintain records regarding the acquisition and disposition of naloxone hydrochloride or another opioid antagonist for a period of three years from the date the records were created. (Business and Professions Code 4119.8)

Regulation PLEASANT VALLEY SCHOOL DISTRICT
approved: November 16, 2017 Camarillo, California

Appendix 2

Diabetes Medical Management Plan (DMMP)



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
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: _____

Check blood glucose level:

Other: _____

Before breakfast After breakfast ___Hours after breakfast 2 hours after a correction dose
 Nutrition After lunch ___Hours after lunch Before dismissal
 Before lunch 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 a school nurse or trained diabetes personnel to check blood glucose
- Uses a smartphone or other monitoring technology to track blood glucose value

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

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

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

CGM may be used for insulin calculation if glucose is between - _____ - _____ mg/dL

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	Independent?	
The student troubleshoots alarms and malfunctions.	Yes	No
The student knows what to do and is able to deal with a HIGH alarm.	Yes	No
The student knows what to do and is able to deal with a LOW alarm.	Yes	No
The student can calibrate the CGM.	Yes	No
The student knows what to do when the CGM indicates a rapid trending rise or fall in the blood glucose level.	Yes	No

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

Other instructions for the school health team:

Student Name _____

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
- Intranasal (IN) 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 Other: _____

Lunch: 1 unit of insulin per _____ grams of carbohydrate Other: _____

Snack: 1 unit of insulin per _____ grams of carbohydrate Other: _____

Carbohydrate Dose Calculation Example

$$\frac{\text{Total Grams of Carbohydrate to Be Eaten}}{\text{Insulin-to-Carbohydrate Ratio}} = \text{_____ Units of Insulin}$$

Correction Dose: Blood glucose correction factor (insulin sensitivity factor) = _____

Target blood glucose = _____ mg/dL

Correction Dose Calculation Example

$$\frac{\text{Current Blood Glucose} - \text{Target Blood Glucose}}{\text{Correction Factor}} = \text{_____ Units of Insulin}$$

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.

Insulin therapy (continued)

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: _____

Fixed Insulin Therapy Name of insulin: _____

_____ Units of insulin given pre-breakfast daily

_____ Units of insulin given pre-lunch daily

_____ Units of insulin given pre-snack daily

Other: _____

Basal Insulin Therapy Name of insulin: _____

To be given during school hours: ___ Pre-breakfast dose: ___ units
 ___ Pre-lunch dose: ___ units
 ___ Pre-dinner dose: ___ units

Other diabetes medications:

Name: _____ Dose: _____ Route: _____ Times given: _____

Name: _____ Dose: _____ Route: _____ Times given: _____

Student Name: _____

Parents/Guardians authorization to adjust insulin dose:

- Yes No Parents/guardians authorization should be obtained before administering a correction dose.
- Yes No Parents/guardians are authorized to increase or decrease correction dose scale within the following range: +/- _____units of insulin.
- Yes No Parents/guardians are authorized to increase or decrease insulin-to-carbohydrate ratio within the following range: _____units per prescribed grams of carbohydrate, +/- _____grams of carbohydrate.
- Yes No Parents/guardians are authorized to increase or decrease fixed insulin dose within the following range: +/- _____units of insulin.

Student’s self-care insulin administration skills:

- Independently calculates and gives own injections.
- May calculate/give own injections with supervision.
- Requires school nurse or trained diabetes personnel to calculate dose and student can give own injection with supervision.
- Requires school nurse or trained diabetes personnel to calculate dose and give the injection.

Additional information for student with insulin pump

Brand/model of pump: _____ **Type of insulin in pump:** _____

Basal rates during school: Time: _____ Basal rate: _____ Time: _____ Basal rate: _____
 Time: _____ Basal rate: _____ Time: _____ Basal rate: _____
 Time: _____ Basal rate: _____

Other pump instructions:

Type of infusion set: _____

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 Name

Additional information for student with insulin pump (continued)

Student's self-care pump skills	Independent?	
	Yes	No
Counts carbohydrates	Yes	No
Calculates correct amount of insulin for carbohydrates consumed	Yes	No
Administers correction bolus	Yes	No
Calculates and sets basal profiles	Yes	No
Calculates and sets temporary basal rate	Yes	No
Changes batteries	Yes	No
Disconnects pump	Yes	No
Reconnects pump to infusion set	Yes	No
Prepares reservoir, pod and/or tubing	Yes	No
Inserts infusion set	Yes	No
Troubleshoots alarms and malfunctions	Yes	No

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.)

Student Name: _____

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 Date

Appendix 3

Authorization for
Medications Taken
During School Hours,
School Activities and
Field Trips

AUTHORIZATION FOR ALL MEDICATIONS TAKEN DURING SCHOOL HOURS, SCHOOL ACTIVITIES AND FIELD TRIPS

This form must be completed at least annually and more frequently if the prescription changes in any way or as designated in the Individual Education Program (IEP) or in the Rehabilitation Act, Section 504 Plan.

PARENT OR LEGAL GUARDIAN

1. Parent or Legal Guardian Section

Note: All medications must be prescribed, **including over-the-counter medications**. Medications must be in the original container and the label must include the child's name, name of the medication, dosage, method of administration, time schedule and name of physician or other licensed health care provider (LHCP). Please refer to Legal References Governing the Administration of Medication in Schools on the reverse side of this form.

I request that designated unlicensed, trained school staff or licensed nurse assist my child in taking this prescribed medication(s) (including prescribed over-the-counter medication). I understand that my child may not be assisted with medication at school until all requirements are met. I hereby give consent for a school nurse to communicate with my child's prescriber and/or the pharmacist and to counsel school personnel as needed with regard to my child's health. I agree to comply with local educational agency policies and regulations related to administering medication at school.

Name of Child	Birth Date	Student Identification Number
Name of School	Grade	Teacher/Room Number

List all medications routinely taken outside of school hours: _____
 I will immediately notify the school if there are any changes in medications my child is taking at school.

If ordered by a LHCP, I give consent for my child to self-administer emergency medication at school. I agree to and do hereby release and hold the local educational agency and its governing board, officers, agents, employees and volunteers harmless for any and all claims, demands, causes of action, liability or loss of any sort, because of or arising out of self-administration of the medication(s).

Signature of Parent or Legal Guardian	Date	Primary Telephone	Alternate Telephone
---------------------------------------	------	-------------------	---------------------

2. Licensed Health Care Provider Section

The child named above is under my care for these diagnoses: _____
 It is necessary for the child to receive the following prescribed medication(s) during school hours.

Name of Medication	Dosage (be specific, i.e. milligrams, etc.)
Time of day to be given	Frequency and Indication if "as needed"
Method of administration	Duration
Precautions or side effects	

Storage and handling Routine handling, medication in locked storage and administered by authorized school personnel
 On-site 72 hour disaster supply only
 It is *Medical Necessity* for child to carry prescription for anaphylaxis, asthma, or diabetes, and indicate:
 Designated school personnel to administer
 Child trained to self-administer

Name of Medication	Dosage (be specific, i.e. milligrams, etc.)
Time of day to be given	Frequency and Indication if "as needed"
Method of administration	Duration
Precautions or side effects	

Storage and handling Routine handling, medication in locked storage and administered by authorized school personnel
 On-site 72 hour disaster supply only
 It is *Medical Necessity* for child to carry prescription for anaphylaxis, asthma, or diabetes, and indicate:
 Designated school personnel to administer
 Child trained to self-administer

Name of Medication	Dosage (be specific, i.e. milligrams, etc.)
Time of day to be given	Frequency and Indication if "as needed"
Method of administration	Duration
Precautions or side effects	

Storage and handling Routine handling, medication in locked storage and administered by authorized school personnel
 On-site 72 hour disaster supply only
 It is *Medical Necessity* for child to carry prescription for anaphylaxis, asthma, or diabetes, and indicate:
 Designated school personnel to administer
 Child trained to self-administer

Stamp LHCP name/address below:

Signature of LHCP or Supervising Physician	Date
Name of LHCP (please print)	Office telephone
License Number	

LEGAL REFERENCES GOVERNING THE ADMINISTRATION OF MEDICATION IN SCHOOLS

California Business and Professions Code.

Health Care Providers licensed to prescribe medication include:

- Section 2051, California licensed physicians and surgeons
- Section 1625, California licensed dentists
- Section 3041, California licensed optometrists
- Section 2472, California licensed podiatrists
- Section 2836.1, California licensed nurse practitioners
- Section 2746.51, California-certified nurse midwives
- Section 3502.1, California licensed physician assistants

California Education Code.

- Section 33031, State Board of Education adopt rules and regulations
- Section 49423, Auto-injectable epinephrine, assistance at school or carry and self-administer
- Section 49423.1, Inhaled asthma medication, assistance at school or carry and self-administer
- Section 49423.6, Regulations regarding administration of medication in public schools

NOTE: California *Education Code* 49423.5, specialized physical health care services, i.e., catheterization, gastric tube feeding, suctioning, or other services that require medically related training, may require additional forms and instructions signed by parent or legal guardian and physician. Request *Specialized Services* forms from school.

California Code of Regulations, Title 5, Education.

Section 601, Definitions

- (a) Authorized health care provider
- (b) Medication
- (c) Medication Log
- (d) Medication Record
- (e) Other designated school personnel
- (f) Parent or legal guardian
- (g) Regular school day
- (h) School nurse

Section 602, Written Statement of Authorized Health Care Provider.

Section 603, Written Statement of the Parent or Legal Guardian.

Section 604, Administration of Medication to Pupils or Otherwise Assisting Pupils in the Administration of Medication.

Section 605, Self-Administration of Medication.

Local Educational Agency Policies

Board Policy 5141.21, Administering Medication and Monitoring Health Conditions

Administrative Regulation 5141.21, Administering Medication and Monitoring Health Conditions

AUTORIZACIÓN PARA TODO MEDICAMENTO TOMADO DURANTE HORAS ESCOLARES, ACTIVIDADES ESCOLARES, Y XCURSIONES

Este formulario debe completarse al menos una vez al año y con mayor frecuencia si la receta cambia de alguna manera o como indicado en el Programa Educativo Individualizado (IEP por sus siglas en inglés) o en la Sección de la Ley de rehabilitación Plan 504.

PADRE O TUTOR LEGAL

1. Sección de padre o tutor legal

AVISO: Todos los medicamentos deben ser recetados, **incluso los medicamentos a venta libre**. Los medicamentos deben estar en su recipiente/frasco original y la etiqueta debe llevar el nombre del niño, el nombre del medicamento, la dosis, la forma de administración, el horario de tomar la medicina y el nombre del médico u otro proveedor de atención médica autorizado (LHCP por sus siglas en inglés). Por favor, consulte las Referencias legales que rigen la administración de medicamentos en las escuelas en el reverso de este formulario.

Solicito que el personal escolar designado, sin licencia y capacitado, o la enfermera con licencia, ayuden a mi hijo a tomar esta(s) medicación(es) recetada(s) (incluyendo la medicación recetada de venta libre). Entiendo que mi hijo no puede ser asistido con la medicación en la escuela hasta que se cumplan todos los requisitos. Por la presente doy mi consentimiento para que la enfermera de la escuela se comunique con el médico prescriptor de mi hijo y/o con el farmacéutico y para que asesore al personal de la escuela según sea necesario con respecto a la salud de mi hijo. Estoy de acuerdo en cumplir con las políticas y regulaciones de la agencia educativa local relacionadas con la administración de medicamentos en la escuela.

Nombre del niño _____ Fecha de nacimiento _____ Núm. de Identificación _____
Nombre de la Escuela _____ Grado _____ Maestro / No. de Salón de Clase _____

Apunte todos los medicamentos que se tomen con regularidad fuera de las horas escolares: _____
Avisaré a la escuela inmediatamente si hay cambios de cualquier tipo en los medicamentos que mi hijo toma en la escuela.

- Si lo ordena un LHCP, doy mi consentimiento para que mi hijo se auto administre medicamentos de emergencia en la escuela. Estoy de acuerdo y por la presente libero y eximo de responsabilidad a la agencia educativa local y a su consejo directivo, funcionarios, agentes, empleados y voluntarios por cualquier reclamo, demanda, causa de acción, responsabilidad o pérdida de cualquier tipo, debido a la autoadministración de los medicamentos o que surja de ella

Firma del Padre o Tutor Legal _____ Fecha _____ Teléfono principal _____ Teléfono alternativo _____

PROVEEDOR DE SERVICIOS DE SALUD LICENCIADO

2. Sección de proveedores de servicios de salud autorizados

El niño nombrado arriba está bajo mi cuidado por estos diagnósticos: _____
Es necesario que el niño reciba los siguientes medicamentos recetados durante el horario escolar.

Nombre of medicamento _____ Dosis (sea específico, p.ej. miligramos, etc.) _____
Hora de administración _____ Frecuencia e indicación si es "según necesidad" _____
Método de administración _____ Duración _____
Precauciones o efectos secundarios _____
Almacenamiento y manipulación
 Manejo rutinario, el medicamento se almacena bajo llave y es administrado por personal escolar autorizado
 Suministro de 72 horas en caso de catástrofe
 Es una *Necesidad médica* que el niño lleve una receta para el asma, anafilaxia o la diabetes, e indicar:
 Personal escolar designado para administrar
 El niño está capacitado para auto administrarse

Nombre of medicamento _____ Dosis (sea específico, p.ej. miligramos, etc.) _____
Hora de administración _____ Frecuencia e indicación si es "según necesidad" _____
Método de administración _____ Duración _____
Precauciones o efectos secundarios _____
Almacenamiento y manipulación
 Manejo rutinario, el medicamento se almacena bajo llave y es administrado por personal escolar autorizado
 Suministro de 72 horas en caso de catástrofe solo en la escuela
 Es una *Necesidad médica* que el niño lleve una receta para el asma, anafilaxia o la diabetes, e indicar:
 Personal escolar designado para administrar
 El niño está capacitado para auto administrarse

Nombre of medicamento _____ Dosis (sea específico, p.ej. miligramos, etc.) _____
Hora de administración _____ Frecuencia e indicación si es "según necesidad" _____
Método de administración _____ Duración _____
Precauciones o efectos secundarios _____
Almacenamiento y manipulación
 Manejo rutinario, el medicamento se almacena bajo llave y es administrado por personal escolar autorizado
 Suministro de 72 horas en caso de catástrofe solo en la escuela
 Es una *Necesidad médica* que el niño lleve una receta para el asma, anafilaxia o la diabetes, e indicar:
 Personal escolar designado para administrar
 El niño está capacitado para auto administrarse

Firma del LHCP o médico supervisor _____ Fecha _____
Nombre del LHCP (imprimir) _____ Número de licencia _____ N° de teléfono de la oficina _____

Sello LHCP
nombre/dirección abajo:

LEGAL REFERENCES GOVERNING THE ADMINISTRATION OF MEDICATION IN SCHOOLS

California *Business and Professions Code.*

Health Care Providers licensed to prescribe medication include:

- Section 2051, California licensed physicians and surgeons
- Section 1625, California licensed dentists
- Section 3041, California licensed optometrists
- Section 2472, California licensed podiatrists
- Section 2836.1, California licensed nurse practitioners
- Section 2746.51, California-certified nurse midwives
- Section 3502.1, California-licensed physician assistants

California *Education Code.*

- Section 33031, State Board of Education adopt rules and regulations
- Section 49423, Auto-injectable epinephrine, assistance at school or carry and self-administer
- Section 49423.1, Inhaled asthma medication, assistance at school or carry and self-administer
- Section 49423.6, Regulations regarding administration of medication in public schools

NOTE: California *Education Code* 49423.5, specialized physical health care services, i.e., catheterization, gastric tube feeding, suctioning, or other services that require medically related training, may require additional forms and instructions signed by parent or legal guardian and physician. Request *Specialized Services* forms from school.

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Section 601, Definitions

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Local Educational Agency Policies

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Appendix 4

PVSD Diabetic Student Protocol



PLEASANT VALLEY SCHOOL DISTRICT

Student Services Department

Health Services

Diabetic Student Protocol

Blood Glucose Testing

1. Based upon an individual student's needs and the Diabetes Medical Management Plan (DMMP) authorization, blood glucose testing should take place in whatever setting is most appropriate, classroom, health office, or other campus location.
2. When the blood glucose meter is stored in the health office, it should be clearly identified with the student's name, placed in a covered plastic box clearly identified, and then placed in a closed cabinet, which is available only to authorized personnel.
3. In any location, testing should be conducted in an area that allows privacy if the student desires.
4. If testing in the classroom, the teacher should be notified when the student is testing his/her blood. Students should prearrange with the teacher the most unobtrusive way for notification and testing to occur.
5. Students who test independently should be instructed to report low or high blood glucose values to the teacher and/or health technician in the health office immediately. The individual definition of "low blood glucose" is specified on the DMMP form.
6. Students who test in the health office are to be supervised by the health technician or designee.
7. Students should be encouraged to test as per DMMP authorization; ideally, prior to lunch, physical education, any time hypoglycemia or hyperglycemia is suspected and for symptoms of illness.
8. The student must dispose of blood contaminated sharps and test strips in a sharps container or a hard container with a closure. Used sharps are not to be stored in automatic blood sampler pen.
9. Standard Precautions must be observed at all times.
10. Students who test independently and fail to abide by Standard Precautions may need further instruction or training before being allowed to continue to test independently.
11. Students should be allowed to carry and store in the classroom appropriate fast-acting sugar sources and snacks to alleviate low blood glucose levels.
12. A record log should be maintained documenting test results and communication with parent/guardian for any testing performed during school hours.

Parent/Guardian's Involvement

In order to plan the most effective school health services delivery; it is crucial to have parent/guardian communication, cooperation and involvement. Early communication with the school nurse regarding a student with diabetes is the first step in comprehensive school health team planning for the student.

1. Prompt notification to the school nurse regarding the diagnosis.
2. Completion of a Diabetes Medical Management Plan (DMMP) when diagnosed and before school begins annually including consent for exchange of information between the school nurse, physician, and diabetes team.
3. Providing the school with necessary equipment, supplies, fast acting carbohydrates and snack foods (daily supply for student to carry on person and supply for school and classroom.)
4. Maintenance of current emergency contact information.
5. Providing the school a minimum of three days disaster supplies such as medications, sugar sources and other consumable items.
6. Keeping the school nurse informed of any changes in the student's health status or diabetes care regiment.
7. Students who carry a blood glucose meter must also carry a hard container with a closure (such as an empty test strip container) to dispose of blood-contaminated sharps and test strips.

School Nurse Involvement

The credentialed school nurse, with a broad base of scientific knowledge and technical skills, is the qualified health professional (CCR Title 5, Section 3001) who has the legal responsibility for formulating and implementing SPHCS, providing training and supervising non-licensed school staff in the care and monitoring of a student with diabetes.

1. Identify members of the student's school health care team, .e.g., parent/guardian, student, healthcare provider, teacher, other school staff
2. Review and implement the DMMP from the health care provider and parent/guardian.
3. Integrate findings from the DMMP and determine necessary health services:
Blood glucose monitoring, emergency care plan for hypoglycemia (low blood glucose), emergency care plan for hyperglycemia (high blood glucose), glucagon administration, insulin administration, physical activity, nutritional issues, disaster preparedness, ketone testing, pump management, documentation/record keeping, and the level of supervision of non-licensed school staff

4. Identify and train staff who will perform the necessary health services including at least one backup.
5. Train teaching staff of the symptoms of high and low blood sugar, when to send to the health office, when to call for help.
6. To communicate with parents/guardians and healthcare providers when necessary.

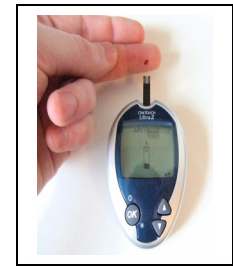
Appendix 5

Blood Glucose Testing Result Procedures



Blood Glucose Testing Result Procedures

Check Blood Glucose
(Always refer to physician orders for procedures in further details)



Below 70

1. Give fast acting sugar source.
2. Notify School Nurse
3. Observe for 15 minutes.
4. Retest blood glucose per physician orders, if less than 70 repeat sugar source according to physician orders.

If Student Becomes Unconscious, Seizures, or is Unable to Swallow:

1. **CALL 9-1-1**
2. Turn student on side to ensure open airway
3. Give glucagon if ordered
4. Notify school nurse and parents

- Fast Acting Sugar Sources:**
Per physician orders
- ◆ 15 gm juice
 - ◆ Candy
 - ◆ Glucose Tab
 - ◆ Non-diet soda

70 - 300

1. If 70 or above and student feels OK, may resume school activities. Provide treatment according to physician orders.
2. If 70 or above and student is feeling 'low', retest immediately.
 - If 80 or below, treat for 'below 70'.
 - If 80 or above, consult immediately with school nurse.
 - If student is symptomatic, i.e., shaky, pale, hungry contact school nurse.
3. If student is hyperglycemic and feels ill, call parent to pick-up child (in the meantime provide treatment according to physician orders).

Above 300

If Student Feels OK

1. Provide water if student is thirsty and/or has dry mucous membranes.
2. Provide additional treatment per physician orders (this may include insulin administration, ketone check and/or activity restrictions)
3. May resume classroom activities
4. Notify school nurse.

Student Does Not Feel OK

1. Notify school nurse and call parent to pick up student.
2. Provide water if student is thirsty and/or has dry mucous membranes.
3. Provide additional treatment per physician orders (this may include insulin administration, ketone check and/or activity restrictions).

For Vomiting with Confusion, Labored Breathing and/or Coma

1. **CALL 9-1-1**
2. Notify Parent and school nurse.

Communication with the school nurse via telephone, text message, or email depending on the urgency of the situation. Always document all actions taken.

Appendix 6

Glucagon
Administration
Instructions

INFORMATION FOR THE USER

GLUCAGON FOR INJECTION

BECOME FAMILIAR WITH THE FOLLOWING INSTRUCTIONS BEFORE AN EMERGENCY ARISES. DO NOT USE THIS KIT AFTER DATE STAMPED ON THE VIAL OF GLUCAGON. IF YOU HAVE QUESTIONS CONCERNING THE USE OF THIS PRODUCT, CONSULT A DOCTOR, NURSE OR PHARMACIST.

Make sure that your relatives or close friends know that if you become unconscious, medical assistance must always be sought. Glucagon may have been prescribed so that members of your household can give the injection if you become severely hypoglycemic and are unable to take sugar by mouth. If you are unconscious, glucagon can be given while awaiting medical assistance.

Show your family members and others where you keep this kit and how to use it. They need to know how to use it before you need it. They can practice giving a shot by giving you your normal insulin shots. It is important that they practice. A person who has never given a shot probably will not be able to do it in an emergency.

IMPORTANT

- Act quickly. Prolonged unconsciousness may be harmful.
- These simple instructions will help you give glucagon successfully.
- Turn patient on his/her side to prevent patient from choking.
- The contents of the syringe are inactive. You must mix the contents of the syringe with the glucagon in the accompanying bottle before giving injection. (*See DIRECTIONS FOR USE below.*)
- Do not prepare Glucagon for Injection until you are ready to use it.

WARNING: THE PATIENT MAY BE IN A COMA FROM SEVERE HYPERGLYCEMIA (VERY HIGH BLOOD GLUCOSE) RATHER THAN SEVERE HYPOGLYCEMIA (VERY LOW BLOOD SUGAR). IN SUCH A CASE, THE PATIENT WILL **NOT** RESPOND TO GLUCAGON AND REQUIRES IMMEDIATE MEDICAL ATTENTION.

INDICATIONS FOR USE

Use glucagon to treat insulin coma or insulin reaction resulting from severe hypoglycemia (very low blood sugar). Symptoms of severe hypoglycemia include disorientation, unconsciousness, and seizures or convulsions. Give glucagon if (1) the patient is unconscious (2) the patient is unable to eat sugar or a sugar-sweetened product (3) the patient is having a seizure, or (4) repeated administration of sugar or a sugar-sweetened product such as a regular soft drink or fruit juice does not improve the patient's condition. Milder cases of hypoglycemia should be treated promptly by eating sugar or a sugar-sweetened product. (*See INFORMATION ON HYPOGLYCEMIA below for more information on the symptoms of hypoglycemia.*) Glucagon is not active when taken orally.

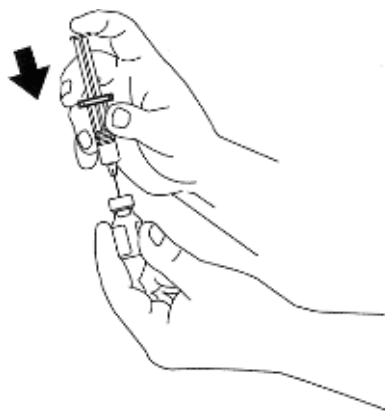
DIRECTIONS FOR USE

TO PREPARE GLUCAGON FOR INJECTION

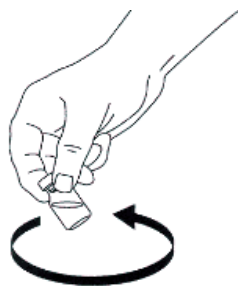
1. Remove the flip-off seal from the bottle of glucagon. Wipe rubber stopper on bottle with alcohol swab.



2. Remove the needle protector from the syringe, and inject the entire contents of the syringe into the bottle of glucagon. **DO NOT REMOVE THE PLASTIC CLIP FROM THE SYRINGE.** Remove syringe from the bottle.



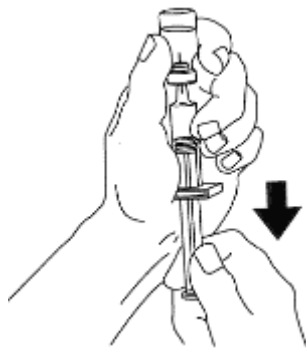
3. Swirl bottle gently until glucagon dissolves completely. **GLUCAGON SHOULD NOT BE USED UNLESS THE SOLUTION IS CLEAR AND OF A WATER-LIKE CONSISTENCY.**



TO INJECT GLUCAGON

Use Same Technique as for Injecting Insulin

4. Using the same syringe, hold bottle upside down and, making sure the needle tip remains in solution, gently withdraw all of the solution (1 mg mark on syringe) from bottle. The plastic clip on the syringe will prevent the rubber stopper from being pulled out of the syringe; however, if the plastic plunger rod separates from the rubber stopper, simply reinsert the rod by turning it clockwise. The usual adult dose is 1 mg. For children weighing less than 44 lb (20 kg), give 1/2 adult dose (0.5 mg). For children, withdraw 1/2 of the solution from the bottle (0.5 mg mark on syringe). **DISCARD UNUSED PORTION.**



USING THE FOLLOWING DIRECTIONS, INJECT GLUCAGON IMMEDIATELY AFTER MIXING.

5. Cleanse injection site on buttock, arm, or thigh with alcohol swab.
6. Insert the needle into the loose tissue under the cleansed injection site, and inject all (or 1/2 for children weighing less than 44 lb) of the glucagon solution. Apply light pressure at the injection site, and withdraw the needle. Press an alcohol swab against the injection site.
7. Turn the patient on his/her side. When an unconscious person awakens, he/she may vomit. Turning the patient on his/her side will prevent him/her from choking.
8. **FEED THE PATIENT AS SOON AS HE/SHE AWAKENS AND IS ABLE TO SWALLOW.** Give the patient a fast-acting source of sugar (such as a regular soft drink or fruit juice) and a long-acting source of sugar (such as crackers and cheese or a meat sandwich). If the patient does not awaken within 15 minutes, give another dose of glucagon and **INFORM A DOCTOR OR EMERGENCY SERVICES IMMEDIATELY.**
9. Even if the glucagon revives the patient, his/her doctor should be promptly notified. A doctor should be notified whenever severe hypoglycemic reactions occur.

INFORMATION ON HYPOGLYCEMIA

Early symptoms of hypoglycemia (low blood glucose) include:

- | | |
|--|-----------------------|
| • sweating | • drowsiness |
| • dizziness | • sleep disturbances |
| • palpitation | • anxiety |
| • tremor | • blurred vision |
| • hunger | • slurred speech |
| • restlessness | • depressed mood |
| • tingling in the hands, feet, lips, or tongue | • irritability |
| • lightheadedness | • abnormal behavior |
| • inability to concentrate | • unsteady movement |
| • headache | • personality changes |

If not treated, the patient may progress to severe hypoglycemia that can include:

- | | |
|-------------------|------------|
| • disorientation | • seizures |
| • unconsciousness | • death |

The occurrence of early symptoms calls for prompt and, if necessary, repeated administration of some form of carbohydrate. Patients should always carry a quick source of sugar, such as candy mints or glucose tablets. The prompt treatment of mild hypoglycemic symptoms can prevent severe hypoglycemic reactions. If the patient does not improve or if administration of carbohydrate is impossible, glucagon should be given or the patient should be treated with intravenous glucose at a medical facility. Glucagon, a naturally occurring substance produced by the pancreas, is helpful because it enables the patient to produce his/her own blood glucose to correct the hypoglycemia.

POSSIBLE PROBLEMS WITH GLUCAGON TREATMENT

Side effects may include nausea and vomiting, a temporary increase in heart rate, and allergic reactions to glucagon or to one of the inactive ingredients in glucagon.

If you experience any other reactions which are likely to have been caused by glucagon, please contact your doctor.

STORAGE

Store the kit at controlled room temperature between 20° to 25°C (68° to 77°F) before mixing glucagon with the diluent.

Glucagon that has been mixed with diluent should be used immediately. Discard any unused portion. Solutions should be clear and of a water-like consistency at time of use.

Literature revised April 2018

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Appendix 7

Insulin-to-Carb Ratios and Correction Factors

Advanced Insulin Management: Using Insulin-to-Carb Ratios and Correction Factors

A nutrition resource for living well with diabetes

If you are using background and meal-time insulin therapy (longacting insulin + rapid-acting insulin or on an insulin pump), you may benefit from using an insulin-to-carbohydrate ratio and a blood glucose correction factor to determine your meal-time insulin dose. Learning to adjust your insulin dose to the amount of food you eat provides flexibility with eating. It requires a good understanding of your medicines and carbohydrate or “carb” counting.

What Is An Insulin-to-Carb Ratio?

An insulin-to-carb ratio helps you dose how much rapid-acting insulin you need to “cover” the carbohydrate you will eat at a meal or snack. For example, some people might take 1.5 units for every carb choice, or others might take 1 unit for every 10 grams of carb. Your health care provider or registered dietitian — who may also be a certified diabetes educator (CDE) — can help you choose a starting ratio; however, it may take experimentation before you find the correct insulin-to-carb ratio for you. Records of what you ate, the

estimated amount of carbohydrate in your meal, how much insulin you took, and what your blood glucose was before and two hours after you ate will help you decide if the ratio is correct, or if it should be adjusted. Different people have different insulin-to-carb ratios. Additionally, insulin-to-carb ratios may change over the course of your lifetime or even throughout the day. Some people have one ratio for breakfast and a different ratio for lunch and dinner.

What Is An Insulin Correction Factor?

The insulin correction factor (sometimes called an insulin sensitivity factor) is used to calculate the amount of insulin you need to bring your blood glucose into target range. This adjusts or corrects a blood glucose level that may be higher or lower than desired before a meal. The correction dose is added to, or subtracted from, the pre-meal insulin dose. For example, some people might take 1 unit if blood glucose is 50 mg/dL higher than the target, and others

might take 1 unit for every 25 mg/dL higher than the target.

Your health care provider will help you determine your insulin correction factor as you begin working with this.

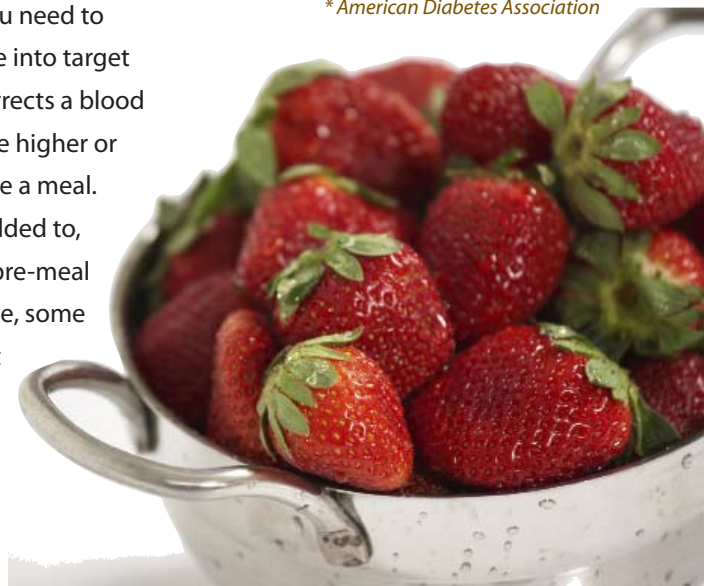
Target Blood Glucose Range

Your health care provider should give you individualized guidelines for what your blood glucose range should be for safety and good health.

Example pre-meal target range*:
70-130 mg/dl

Example post-meal target range*:
Less than 180 mg/dl
(two hours after first bite)

** American Diabetes Association*



Your current insulin plan

Long-acting:

Dose a.m. _____ p.m. _____

Rapid-acting or short-acting:

Dose B _____ L _____ D _____

Other _____

Total units of insulin

per day _____

Putting it all together

Step 1: Calculate an insulin dose for food:

1. Add up the grams of carbohydrate in the foods you will eat.
2. Divide the total grams of carb by your insulin-to-carb ratio.

$$\frac{\text{Total Grams Of Carbohydrate to be Eaten}}{\text{Insulin-to-Carb Ratio}}$$

Example

Let's say you plan to eat 45 grams of carbohydrate and your insulin-to-carb ratio is 1 unit of insulin for every 15 grams of carbohydrate eaten. To figure out how much insulin to give, divide 45 by 15.

$$\frac{45 \text{ Grams Of Carbohydrate}}{15}$$

= 3 units of insulin is needed for this amount of carbohydrate

Step 2: How to use your correction factor to reach your target blood glucose

1. Subtract your target blood glucose from your current blood glucose.
2. Divide the difference by your correction factor.

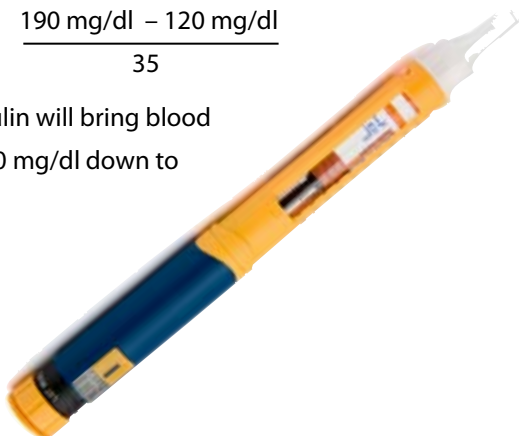
$$\frac{\text{Current Blood Glucose} - \text{Target Blood Glucose}}{\text{Correction Factor}} = \text{Correction Dose}$$

Example:

You check your pre-meal blood glucose and it is 190 mg/dl, and your target blood glucose is 120 mg/dl. Your insulin correction factor is 35.

$$\frac{190 \text{ mg/dl} - 120 \text{ mg/dl}}{35}$$

= 2 units of insulin will bring blood glucose of 190 mg/dl down to 120 mg/dl.



Step 3: Add the insulin needed for carbs to the insulin to correct high blood glucose for your total dose:

Example from steps 1 and 2:

$$\begin{aligned} & 3 \text{ units for food (carbs)} \\ & + \underline{2 \text{ units to correct high blood glucose}} \\ \text{Total Dose} = & 5 \text{ units} \end{aligned}$$

Avoid causing low blood glucose! Follow the advice of your health care provider or registered dietitian regarding when to correct your blood glucose. Most people correct their blood glucose only before meals, not between meals.

Your new insulin plan:

1. Insulin-to-carb ratio:

You will need 1 unit of rapid-acting or short-acting insulin for each _____ grams of carb

2. Blood glucose correction factor (insulin to correct high blood glucose*):

1 unit of rapid-acting or short-acting insulin for each _____ points (mg/dl) your blood glucose level is over target of _____ mg/dl

3. Your pre-meal target blood glucose:

_____ mg/dl

* Discuss when to correct for low blood glucose with your health care provider.

Registered dietitians (RD) do not have prescriptive authority.

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For more information contact the Academy of Nutrition and Dietetics at www.eatright.org.

**Diabetes Care
and Education**

a dietetic practice group of the
eat right. Academy of Nutrition
and Dietetics

Advanced Insulin Management: Calculation Worksheet

Now, it's your turn! Practice using your information.

Step 1: Calculate an insulin dose for food:

1. Add up the grams of carbohydrate in the foods you will eat.
2. Divide by your insulin-to-carb ratio

$$\frac{\text{Total Grams of Carbohydrate to be Eaten}}{\text{Insulin-to-Carb Ratio}}$$

Practice:

Let's say you plan to eat 60 grams of carbohydrate and your insulin-to-carb ratio is 1 unit of insulin for every ____ grams of carbohydrate eaten. To figure out how much insulin to give, divide 60 by ____.

$$\frac{60 \text{ Grams of Carbohydrate to be Eaten}}{\quad}$$

$$= \quad \text{Units Of Insulin For Food (carbs)}$$

Step 2: How to use your correction factor to reach your target blood glucose:

1. Subtract your target blood glucose from your current blood glucose.
2. Divide the difference by your correction factor.

$$\frac{\text{Current Blood Glucose} - \text{Target Blood Glucose}}{\text{Correction Factor}} = \text{Correction Dose}$$

Practice:

You check your blood glucose and it is 250 mg/dl, and you know your target blood glucose is ____ mg/dl. Your insulin correction factor is ____.

$$\frac{250 \text{ mg/dl} - \quad \text{mg/dl}}{\quad}$$

$$= \quad \text{units of insulin will bring blood glucose of } 250 \text{ mg/dl down to your target blood glucose of } \quad.$$

Step 3: Add the insulin needed for carbs to the insulin to correct high blood glucose for your total dose:

Practice:

Example from steps 1 and 2:

$$\quad \text{Units for food (carbs)}$$

$$+ \quad \text{Units to correct high blood glucose}$$

$$\text{Total Dose} = \quad \text{Units}$$

Work with your health care provider or a registered dietitian to help you fill in this worksheet. Your correction factor can change over time.

Blood Glucose Range	Units of Insulin to Correct the BG
	1
	2
	3
	4
	5

Appendix 8

Diabetic Student Monitoring Log



Pleasant Valley School District
DIABETIC MONITORING LOG

Student's Name: _____ Birthdate: _____ Grade: _____

Parent's Name: _____ Phone: Cell: _____ Home: _____

Parent's Name: _____ Phone: Cell: _____ Home: _____

Date	Time	Blood Glucose		Snack Carbs	Lunch Carbs	Ketones	Suggested dose for Pump	Total Insulin Bolus	Comments	Initial
		A	D							

Print Name of Care Provider: _____ Signature of Care Provider: _____ Initials: _____
 Print Name of Care Provider: _____ Signature of Care Provider: _____ Initials: _____
 Print Name of Care Provider: _____ Signature of Care Provider: _____ Initials: _____

Appendix 9

Emergency Plan for Low Blood Glucose

EMERGENCY PLAN FOR LOW BLOOD GLUCOSE

Student Name _____ Date of Birth _____ School _____
 School Nurse _____ SPHCS Date _____ Physician _____
 Preferred hospital in case of emergency _____ Physician # _____

IF YOU SEE THIS	DO THIS
<p style="text-align: center;"><u>Mild or Moderate Low BG</u></p> <ul style="list-style-type: none"> • BG < 70 mg OR BG < _____mg • Student may indicate need for blood glucose testing • Signs of illness; vomiting or diarrhea • Symptoms of low BG <p style="text-align: center;"><u>Common symptoms:</u></p> <ul style="list-style-type: none"> • nervous/anxious • trembling • dizziness • palpitations • weakness • pallor • feel “low” • tingling • moist skin/sweating • hunger • fatigue • headache • loss of coordination • slurred speech • confusion • change in mood or behavior • tired/yawning • personality change • unsteady gait • blurred vision • blank stare • belligerent • inability to concentrate • short temper • irritable • out of control crying or laughing 	<ol style="list-style-type: none"> 1. Test blood glucose if possible or treat symptoms if not testing or if unable to test. 2. Give 15 grams of a <u>fast acting carbohydrate</u>: i.e. 4 oz. apple or orange juice, 4 oz. soda (regular not diet), 3- 4 glucose tablets, 4-5 Lifesaver candies, 15 grams of glucose gel, or 1 tablespoon sugar or honey with or without 4 oz. of water. (If vomiting, do not give liquids, use other suggested sources of fast acting carbohydrate). 3. Monitor for 15 minutes, then: <ul style="list-style-type: none"> ➤ Retest if BG was <50 mg or if symptoms persist or recur. ➤ Upon retest, if BG is still <70 mg or if symptoms persist/recur, repeat Steps 2 ➤ Or if symptoms subside and BG is >70 mg <u>and</u> if lunch or snack is more than one hour away, give one of the following 15 grams <u>complex carbohydrates</u>: i.e. 2 graham cracker squares and ½ cup of milk, ½ a sandwich, or 6 saltine squares crackers with cheese or peanut butter. 4. When symptoms subside and BG is >70 mg, resume usual activity. 5. Notify parent/guardian and school nurse as soon as reasonably possible.

See reverse side for Severe Low Blood Glucose

IF YOU SEE THIS	DO THIS
<p style="text-align: center;"><u>Severe Low BG</u> Life-threatening situation</p> <ul style="list-style-type: none"> • Cannot swallow • Unconscious • Having a seizure • Unable to drink a sugar source • Unable to follow directions • Unable to talk • Fighting too much to drink 	<ol style="list-style-type: none"> 1. Administer Glucagon injection as prescribed and ☎ Call 911. (Refer to Glucagon Emergency kit directions for injection). DOSE: <input type="checkbox"/> 0.3 mg IM/SQ <input type="checkbox"/> 0.5 mg IM/SQ <input type="checkbox"/> 1 mg IM/SQ <p>Where Glucagon is stored: _____. <i>Staff trained indicated below.</i></p> <ol style="list-style-type: none"> 2. Place student on his/her side, monitor airway and breathing. 3. Place one of the following into the cheek pouch (side closest to the ground) and massage gently. 15 grams of Glucose Substitute or Glucose gel. If not available, use a tablespoon honey or sugar packet (one serving). 4. Monitor for 10 minutes, if no improvement, repeat steps 1 - 3. 5. Notify parent/guardian, as soon as possible. 6. Notify school nurse and site administration, as soon as reasonably possible.

The following staff are trained and deemed competent to deal with an emergency situation. Maintain documentation of incident, response, and follow-up.

Name: _____ Title: _____
Name: _____ Title: _____
Name: _____ Title: _____

Appendix 10

Diabetes – Individual Healthcare Plan (IHP)

DIABETES - Individualized Healthcare Plan				School Year:	Picture
Pleasant Valley School District - Health Service					
STUDENT INFORMATION					
Student:	DOB:	Grade:	School:	DMMP <input type="checkbox"/> Yes <input type="checkbox"/> No	
Parent:	Phone:	Email:			
Physician:	Phone:	Fax or Email:			
School Nurse:	School Phone:	Fax or Email:			
<input type="checkbox"/> Type I	<input type="checkbox"/> Type II	Age at diagnosis:			
BLOOD GLUCOSE MONITORING					
<input type="checkbox"/> Student is independent <input type="checkbox"/> Student needs assistance <input type="checkbox"/> Student needs supervision <input type="checkbox"/> Student has a Continuous Glucose Monitoring System (CGMS readings are for trends only, ALWAYS verify with blood glucose before any dosing, unless using Dexcom G5 – must have parent signature on DMMO)					
Always test if student is showing signs/symptoms of high or low blood glucose!					
INSULIN DELIVERY (per instructions from PCH, correction doses can be given at mealtime only, unless on a pump)					
Method of insulin delivery: <input type="checkbox"/> Pump <input type="checkbox"/> Insulin Pen <input type="checkbox"/> Syringe/vial		<input type="checkbox"/> Student is independent <input type="checkbox"/> Student needs supervision <input type="checkbox"/> Student needs assistance (attach training documentation if applicable)			
High Blood Glucose Correction Dose for PUMP only: If BG over _____ mg/dl, give correction per pump calculation					
Lunch: Student will typically eat:		<input type="checkbox"/> School Lunch (staff can help with carb counts) <input type="checkbox"/> Home Lunch (parent must provide carb counts)			
HYPO glycemia-Low Blood Glucose		HYPER glycemia-High Blood Glucose		ADDITIONAL INFORMATION	
Emergency situations may occur with low blood sugar! <u>Symptoms:</u> shaky, feels low, feels hungry, confused, other (specify): <input type="checkbox"/> Student needs treatment when blood glucose is below _____ mg/dl or if symptomatic <input type="checkbox"/> If treated outside the classroom, a responsible person MUST accompany student to the office <input type="checkbox"/> If blood glucose is below _____ mg/dl give _____ <input type="checkbox"/> After 15 minutes recheck blood sugar <input type="checkbox"/> Repeat until blood glucose is over _____ mg/dl <input type="checkbox"/> Disconnect or suspend pump		<u>Symptoms:</u> Increased thirst, increase need for urination, other (specify): <input type="checkbox"/> Student needs treatment when blood glucose is over _____ mg/dl <input type="checkbox"/> If blood sugar is over _____ mg/dl contact parent <input type="checkbox"/> Allow unrestricted bathroom privileges <input type="checkbox"/> Encourage student to drink water or sugar-free drinks If vomiting call parent immediately!		<ul style="list-style-type: none"> • Student must always be allowed access to fast-acting sugar. • Student is allowed to carry a water bottle and have unrestricted bathroom privileges. • Student is allowed to test his/her blood glucose when/where needed • Substitute teachers must be aware of the student's health situation, but still respecting privacy CALL 911 IF: <ul style="list-style-type: none"> • Glucagon is administered • Student is unable to cooperate to eat or drink anything • Decreasing alertness or loss of consciousness • Seizure 	
Notify parent(s)/guardian when blood glucose is below _____ mg/dl or above _____ mg/dl Please try to plan all class/school parties right before lunch, or later in the afternoon so that parents can dose at home with their next meal.					
CONTINUED ON NEXT PAGE					

Student:		DOB:
SPECIAL CONSIDERATIONS (Academic testing, Snacks, PE, School Parties, Field Trips)		
PE: <input type="checkbox"/> 15 gram carb (free) snack before PE <input type="checkbox"/> Check BG before PE <input type="checkbox"/> Do not exercise if BG is below _____ mg/dl or above _____ mg/dl		
SPECIAL CONSIDERATIONS AND PRECAUTIONS: School Parties: <input type="checkbox"/> No coverage for parties <input type="checkbox"/> I:C Ratio <input type="checkbox"/> Student to take snack home <input type="checkbox"/> Parent will provide alternate snack <input type="checkbox"/> Other (specify): Field Trips:		
ACADEMIC TESTING: <input type="checkbox"/> Student may reschedule academic testing with teacher, as needed, if blood glucose is below _____ or over _____ Other (specify):		
EMERGENCY MEDICATION (See DMMP)		
Person to give Glucagon: <input type="checkbox"/> School Nurse <input type="checkbox"/> Parent <input type="checkbox"/> TDP <input type="checkbox"/> Volunteer(s) (Specify:) _____ Attach volunteer(s) training documentation		
Location of Glucagon:		
SIGNATURES		
As parent/guardian of the above named student, I give permission for my child's healthcare provider to share information with the school nurse for the completion of this plan. I understand the information contained in this plan will be shared with school staff on a need-to-know basis. It is the responsibility of the parent/guardian to notify the School Nurse of any change in the student's health status, care or medication order. If medication is ordered I authorize school staff to administer medication described below to my child. If prescription is changed a new prescriber order must be completed before the school staff can administer the medication. Parents/Guardian are responsible for maintaining necessary supplies, medications and equipment.		
Parent:	Signature:	Date:
Emergency Contact:	Relationship:	Phone:
SCHOOL NURSE		
Diabetes medication and supplies are kept: <input type="checkbox"/> Student carries <input type="checkbox"/> Backpack <input type="checkbox"/> Classroom <input type="checkbox"/> Health Office <input type="checkbox"/> Front office <input type="checkbox"/> Other (specify):		
This Diabetes Individualized Healthcare Plan distributed to 'need to know' staff: <input type="checkbox"/> Teacher(s) <input type="checkbox"/> Lunchroom <input type="checkbox"/> PE teacher(s) <input type="checkbox"/> Transportation <input type="checkbox"/> Front office/admin <input type="checkbox"/> Other (specify):		
School Nurse Signature:		Date:

Appendix 11

School Sponsored
Trips and Off-Site
Activities Release for
Students with
Diabetes



PLEASANT VALLEY SCHOOL DISTRICT
Student Services Department

Health Services

SCHOOL SPONSORED TRIPS AND OFF-SITE ACTIVITIES RELEASE
FOR STUDENTS WITH DIABETES

Student Name: _____ DOB: _____ School _____

Grade: _____ Teacher: _____

Trip Information:

Date of Trip/Activity: _____ Time of Trip/Activity: _____

A school nurse (LVN/RN) or Trained Diabetes Personnel (TDP) will accompany the student on the field trip and/or off-site activity and will assist the student with his or her needs as set forth in the student's physician orders or DMMP. A TDP may include a teacher, classroom aide, office staff, or other staff.

If a student's parents/guardians and medical professional(s) have determined that the provision of medical supervision related to the student's usual diabetes care by Pleasant Valley School District during a school sponsored field trip or off-site activity is not necessary, than a TDP will not be provided.

If a student's parents/guardians elected to have or not to have a TDP present during the school sponsored field trip and/or off-site activity the parent/guardian may check the appropriate box below.

Please check only one box below:

- I will be attending the school sponsored trip and/or off-site activity and will be providing care for my child.
I want a TDP with my student during the school sponsored field trip and/or off-site activity.
I do not want a TDP with my student during the school sponsored field trip and/or off-site activity.

I understand that choosing not to have a TDP, I agree to and do hereby hold the District and its employees harmless for any and all claims, demands, causes of action, liability or loss of any sort for not providing medical supervision during the school sponsored field trip or off-site activity.

Signature of Parent/Guardian

Date

Signature of Parent/Guardian

Date



PLEASANT VALLEY SCHOOL DISTRICT

Student Services Department

Health Services

Formulario de divulgación para estudiantes con diabetes para viajes patrocinados por la escuela y actividades fuera del sitio

Nombre de estudiante: _____ Fecha de nacimiento: _____ Escuela: _____

Grado: _____ Maestro/a: _____

Información de excursión o actividad:

Fecha de excursión/actividad: _____ Hora de viaje/actividad: _____

Un/a enfermero/a escolar (LVN/RN) o Personal capacitado en diabetes (Trained Diabetes Personnel en inglés) acompañará al/a la estudiante en el viaje patrocinado por la escuela y/o actividad fuera del sitio y ayudará al/a la estudiante con sus necesidades como se establece en los órdenes médicos del estudiante o DMMP. Un Personal capacitado en diabetes puede ser un maestro/a, ayudante de clase, personal de la oficina, u otro personal.

Si los padres/tutores de un estudiante y profesionales médicos han determinado que no es necesaria la provisión de supervisión médica realcionada con el cuidado habitual de la diabetes del estudiante por parte del distrito escolar de Pleasant Valley durante una excursión patrocinada por la escuela y/o actividad fuera del sitio, no se proporcionará personal capacitado de diabetes.

Si los padres/tutores eligieron tener o no tener un personal capacitado en diabetes presente durante una excursión patrocinada por la escuela y/o actividades fuera del sitio, el padre/tutor puede indicar con un "X" en la caja apropiada abajo.

Por favor marque solo una casilla a continuación:

- Yo mismo asistiré a la excursión patrocinada por la escuela y/o actividad fuera del sitio y yo proporcionaré cuidado para mi hijo/a.
- Yo quiero un Personal capacitado de diabetes con mi estudiante durante el viaje patrocinado por la escuela y/o actividad fuera del sitio.
- Yo no quiero un personal capacitado de diabetes con mi estudiante durante el viaje patrocinado por la escuela y/o actividad fuera del sitio.

Yo entiendo que elegir no tener un personal capacitado de diabetes que yo acepto y por el presente exijo de distrito escolar de Pleasant Valley y a sus empleados de toda responsabilidad por cualquier reclamo, demanda, y causas de acción, responsabilidad, o pérdida de cualquier tipo, por no proporcionar supervisión médica durante la excursión patrocinada por la escuela o la actividad fuera del sitio.

Firma de padre/tutor

Fecha

Firma de padre/tutor

Fecha

Appendix 12

Diabetes Training Check List



PLEASANT VALLEY SCHOOL DISTRICT
Student Services Department

Health Services

DIABETES TRAINING CHECK LIST

- Diabetes Medical management Plan (DMMP) completed by physician and parent/guardian
- Blood glucose testing review and practices
- Symptoms of Hypoglycemia reviewed
- Treatment for Hypoglycemia reviewed
- Glucagon administration procedure reviewed and training on injection
- Insulin administration when required
- Guidelines for parents notification reviewed
- Guidelines for School Nurse notification reviewed
- Documentation and charting reviewed
- Staff training (teachers, SAA, principal (VP), SOA)

Please sign when training is complete: (attach to Record of Training for SPHCS)

Signature Title Date

Signature Title Date

Signature Title Date

Signature Title Date

Signature Title Date

Signature Title Date

Appendix 13

Record of Training
for Specialized
Physical Health Care
Services (SPHCS)

PLEASANT VALLEY SCHOOL DISTRICT

**RECORD OF TRAINING FOR
SPECIALIZED PHYSICAL HEALTH CARE SERVICES (SPHCS)**

SPHCS will not to be provided until a minimum provider team is trained and competency is determined by the school nurse.

Name of Student _____ Date of Birth _____ Grade _____ School _____

School Program (*check applicable*)

- Regular
 Special Education [Indicate type of program participation]

Specify service to be provided _____ (Attach SPHCS request/authorization)

The following staff participated in SPHCS training consisting of information provided about the student’s diagnosis, emergency response needs, use of equipment, observation and demonstration of SPHCS technique and procedure, and had the opportunity to ask questions and obtain clarification. The school nurse will conduct ongoing supervision.

Complete the following information for the primary provider and adequate backup support

Name of person trained /title of position	Training date	Location of training	Valid CPR course expiration date	Name of trainer	Signature of School Nurse verifying competency	Date signed
1						
title						
2						
title						
3						
title						
4						
title						
5						
title						
6						
title						

School Nurse

- *Must monitor competency of Specialized Health Care Service Provider throughout the school year.*
- *For students in Special Education: Attach existing documents to IEP: SPHCS, Record of Training, IHP, ER Plan, Student Agreement.*