

ACCOMMODATING STUDENTS WITH DIABETES

The school nurse is appointed to:

- A. Consult and coordinate with the parents and health care providers of students with diabetes, optimally before school starts each year; and
- B. Train and supervise the appropriate staff in the care of students with diabetes.

The district will develop and follow an individual health plan (IHP) for each student with diabetes. Each individual health care plan shall include an individual emergency plan element. The health plans will be updated annually, and more frequently as needed.

Parents of students with diabetes may designate an adult to provide care for their student consistent with the student's individual health care plan. At parent request, school district employees may volunteer to be a parent-designated adult under this policy, but they will not be required to participate.

Parent-designated adults who are school employees will file a voluntary, written, current and unexpired letter of intent stating their willingness to be a parent-designated adult. Parent-designated adults who are school employees are required to receive training in caring for students with diabetes from a nationally certified diabetes educator, or an expert in diabetic care to provide the care requested by the parent.

Parent-designated adults who are not school employees are required to show evidence of comparable training, and meet school district requirements for volunteers. Parent-designated adults will receive additional training from a parent-selected health care professional or expert in diabetic care to provide the care requested by the parent. The school nurse is not responsible for the supervision of procedures authorized by the parents and carried out by the parent-designated adult.

In addition to adhering to the requirements of each individual health care plan, for the general care of students with diabetes, the district will:

- A. Acquire necessary parent requests and instructions for treatment;
- B. Acquire monitoring and treatment orders from licensed health care providers prescribing within the scope of their licensed authority;
- C. Provide sufficient and secure storage for medical equipment and medication provided by the parent;
- D. Permit students with diabetes to perform blood glucose tests, administer insulin, and treat hypoglycemia and hyperglycemia by providing ~~with~~ easy access to the necessary supplies, equipment and medication necessary under their individual health care plan. This includes the option for students to carry the necessary supplies, equipment and medication on their person and perform monitoring and treatment functions wherever they are on school grounds or at school sponsored events;
- E. Permit students with diabetes unrestricted access to necessary food and water on schedule and as needed, and unrestricted access to bathroom facilities. When food is served at school events, provision will be made for appropriate food to be available to students with diabetes;
- F. School meals will not be withheld from any student for disciplinary reasons.

Students with diabetes will not miss meals because they are not able to pay for them. The charge for the meal will be billed to the parent or adult student and collected consistent with district policies;

- G. Parents and health care providers of students with diabetes will be provided with a description of their student's school schedule to facilitate the timing of monitoring, treatment and food consumption; and
- H. Each student's individual health care plan will be distributed to appropriate staff based on the student's needs and the staff member's contact with the student.

The district, its employees, agents or parent-designated adults who act in good faith and in substantial compliance with a student's individual health care plan and the instructions of the student's health care provider shall not be criminally or civilly liable for services provided under chapter 350, Laws of 2002.

Cross References:

5630 - Volunteers
 3520 - Student Fees, Fines, or Charges
 3416 - Medication at School
 2162 - Education of Students With Disabilities Under Section 504 of the Rehabilitation Act of 1973

Legal References:

42 U.S.C. §§ 12101et seq. Americans with Disabilities Act
 RCW 28A.210.330 Students with diabetes -- Individual health plans -- Designation of professional to consult and coordinate with parents and health care provider -- Training and supervision of school district personnel

Parent-Designated Adult (PDA) Grant of Permission

Student Name _____ BD _____ Grade _____

Pursuant to chapter 350, Laws of 2002, which added sections to RCW 28A.210, the school district uses this document to allow the parent to designate a parent-designated adult (PDA). For purposes of this form, "parent-designated adult" means: a volunteer, who may be a school district employee, who receives additional training from a health care professional or expert in diabetic care selected by the parents and who provides care, if needed, for the child consistent with the individual health plan (IHP). The "additional training" is for care that would otherwise be performed by a health professional licensed under RCW 18.79. By law, a school district, school district employee, agent, or a parent-designated adult, acting in good faith and in substantial compliance with the student's (IHP) and the licensed health care professional instructions, that provides assistance or services shall not be liable in any criminal action or for civil damages in his or her individual or marital or governmental or corporate or other capacities as a result to the services provided to my child with diabetes.

Name of PDA: _____ Birthdate: _____

Address: _____ Phone #: _____

Alternate Phone: _____ Relationship to child: _____

I hereby authorize _____, to be a Parent Designated Adult (PDA) and empower him/her to provide diabetes related health care for my child _____, as follows:

I understand the PDA will receive school district training and I further agree to arrange/pay for the **ADDITIONAL** training from a health care professional or expert in diabetic care **REQUIRED** of a PDA caring for a student with diabetes.

Name: _____ Date _____

Please Print

Signature

Telephone Numbers _____

(Home, work, cell list in order to be called)

THIS PORTION OF THE FORM IS TO BE COMPLETED BY THE PARENT / GUARDIAN

I certify that I am the parent, legal guardian or other person in legal control of the above identified student and request and authorize the PDA to administer the above identified care to the above identified student in accordance with the prescription, or doctor's instructions, for the period beginning the _____ day of _____, 200__ through **the** _ day of _____, 200__ (not to exceed one school year).

I give my consent to release the above-identified student for further medical or hospital care in the event of an emergency. I give my consent for School District staff to exchange information with the above health care provider and associated school staff, regarding the above student.

Date of Signature _____ Parent / Guardian Name: _____

Please Print

Telephone Number: _____ Signature: _____

Home Work **FORM**

SS-509 A 4/02

As the HCP or certified diabetic educator of the above named student I verify that the PDA named above has been adequately trained to safely monitor and provide the required care as listed above.

Name: _____

Date _____ **Please Print**

Telephone # _____

Physician's/Signature

FAX # _____

Certified Diabetic Educator