LENAPE TECHNICAL SCHOOL

SECTION: PUPILS

TITLE: DIABETES MANAGEMENT

ADOPTED: April 19, 2018

REVISED: November 20, 2025

209.2 DIABETES MANAGEMENT

Purpose

The Joint Operating Committee recognizes that an effective program of diabetes management in the school is crucial to:

1. The immediate safety of students with diabetes.
2. The long-term health of students with diabetes.
3. Ensure that students with diabetes are ready to learn and participate fully in school activities.
4. Minimize the possibility that diabetes-related emergencies will disrupt classroom activities.

Authority

The Joint Operating Committee adopts this policy in accordance with applicable state and federal laws and regulations, and Joint Operating Committee policies and administrative regulations, regarding the provision of student health services.[1][2][3][4][5][6][7][8][9]

Definitions

Diabetes Medical Management Plan (DMMP) – means a document describing the medical orders or diabetes regimen developed and signed by the student's healthcare practitioner and parent/guardian.[2]

Individualized Education Program (IEP) – means the written educational statement for each student with a disability that is developed, reviewed and revised in accordance with federal and state laws and regulations. A **student with a disability** is a school-aged child within the jurisdiction of the school who has been evaluated and found to have one or more disabilities as defined by law, and who requires, because of such disabilities, special education and related services.[7]

Section 504 Service Agreement (Service Agreement) – means an individualized plan for a qualified student with a disability which sets forth the specific related aids, services, or accommodations needed by the student, which shall be implemented in the school, in transit to and from the school, and in all programs and procedures, so that the student has equal access to the benefits of the school's educational programs, non-academic services, and extracurricular activities. A **qualified student with a disability** means a student who has a physical or mental disability, which substantially limits or prohibits participation in or access to an aspect of the school's educational programs, non-academic services or extracurricular activities.[1]

	Trained Diabetes Personnel – means non-licensed school employees who have successfully completed the required training.
Guidelines	Before a student can receive diabetes-related care and treatment in a school setting, the student's parent/guardian shall provide written authorization for such care and instructions from the student's healthcare practitioner. The written authorization may be submitted as part of a student's DMMP.[5] Diabetes-related care shall be provided in a manner consistent with Joint Operating Committee policy, school procedures and individualized student plans such as an IEP, Service Agreement or DMMP.[1][3][4][5][7][9] In order to maintain a student's health and safety, each student's individualized plan shall address what information will be provided to school staff and other adults who have responsibility for the student in the school setting.[1][5][7][10][11] Student health records shall be confidential and maintained in accordance with state and federal laws and regulations.[12][13][14] <u>Trained Diabetes Personnel</u> The school nurse, in consultation with the Administrative Director or designee, may identify at least one [1] school employee, who is not the school nurse and who does not need to be a licensed healthcare practitioner, in each school building attended by a student with diabetes to perform diabetes care and treatment for students. The identified school employee has the right to decline this role.[4] An identified school employee who has accepted this role shall complete the training developed by the state or training offered by a licensed healthcare practitioner with expertise in the care and treatment of diabetes, that includes at a minimum:[4] 1. An overview of all types of diabetes. 2. Means of monitoring blood glucose. 3. The symptoms and treatment for blood glucose levels outside of target ranges, as well as symptoms and treatment for hypoglycemia, hyperglycemia and other potential emergencies. 4. Techniques on administering glucagon and insulin. The identified school employee shall complete such training on an annual basis.[4] Upon successful completion of the required training, individual trained diabetes personnel may be designated in a student's Service Agreement or IEP to administer diabetes medications, use monitoring equipment and provide other diabetes care.[4] If the diabetes-related care provided to a particular student by trained diabetes personnel will include administration of diabetes medication via injection or

infusion, the Joint Operating Committee shall require the following:[4]

1. The parent/guardian and the student's healthcare practitioner must provide written authorization for such administration; and
2. The trained diabetes personnel must receive annual training for such administration from a licensed healthcare practitioner with expertise in the care and treatment of diabetes.

Training of Other Personnel

School employees, including classroom teachers, lunchroom staff and bus drivers, shall receive annual diabetes care training appropriate to their responsibilities for students with diabetes.

Student Possession and Use of Diabetes Medication and Monitoring Equipment

Prior to student possession or use of diabetes medication and monitoring equipment, the Joint Operating Committee shall require the following:[3][15]

1. The written request from the parent/guardian that the school comply with the instructions of the student's healthcare practitioner. The request from the parent/guardian shall include a statement relieving the school and its employees of responsibility for the prescribed medication or monitoring equipment and acknowledging that the school is not responsible for ensuring that the medication is taken or the monitoring equipment is used.
2. A written statement from the student's healthcare practitioner that provides:
    a. Name of the drug.
    b. Prescribed dosage.
    c. Times when medication is to be taken.
    d. Times when monitoring equipment is to be used.
    e. Length of time medication and monitoring equipment is prescribed.
    f. Diagnosis or reason medication and monitoring equipment is needed.
    g. Potential serious reactions to medication that may occur.
    h. Emergency response.
    i. Whether the child is competent and able to self-administer the medication or monitoring equipment and to practice proper safety precautions.
3. A written acknowledgment from a school nurse that the student has demonstrated that s/he is capable of self-administration of the medication and use of the monitoring equipment.
4. A written acknowledgment from the student that s/he has received instruction from the student's healthcare practitioner on proper safety precautions for the handling and disposal of the medications and monitoring equipment, including acknowledgment that the student will not allow other students to have access to the medication and monitoring equipment and that s/he understands appropriate safeguards.

	The written request for student possession and use of diabetes medication and monitoring equipment shall be reviewed annually, along with the required written statements from the parent/guardian and the student's healthcare practitioner. If there is a change in the student's prescribed care plan, level of self-management or school circumstances during the school year, the parent/guardian and the student's healthcare practitioner shall update the written statements. Students shall be prohibited from sharing, giving, selling and using diabetes medication and monitoring equipment in any manner other than which it is prescribed during school hours, at any time while on school property, at any school-sponsored activity and during the time spent traveling to and from school and school-sponsored activities. Violations of this policy, provisions of a Service Agreement or IEP, or demonstration of unwillingness or inability to safeguard the medication and monitoring equipment may result in loss of privilege to self-carry the diabetes medication and monitoring equipment, and may result in disciplinary action in accordance with Joint Operating Committee policy and applicable procedural safeguards.[1][3][10][16][17] If the school prohibits a student from possessing and self-administering diabetes medication and operating monitoring equipment, or if a student is not capable of self-administering diabetes medication or operating monitoring equipment, the school shall ensure that the diabetes medication and monitoring equipment is appropriately stored in a readily accessible location in the student's building. The school nurse and other designated employees shall be informed where the medication and monitoring equipment is stored and the means to access them.[3]
Delegation of Responsibility	The Administrative Director or designee, in conjunction with the school nurse, shall develop administrative regulations for care and treatment of students with diabetes in the school setting. The Administrative Director or designee shall coordinate training for school employees. Such training may be included in the school's Professional Education Plan.[4][18][19] The Administrative Director or designee shall annually distribute to all staff, students, and parents/guardians this policy with the Code of Student Conduct. **In addition, the school must make the Type 1 Diabetes Fact Sheet developed by the PA Department of Health available to parents/guardians and their child. The Diabetes Fact Sheet must be made available in writing, electronically or on the school's publicly accessible Internet website.**[16][20]**[21]**

	PSBA Revised 8/25 © 2025 PSBA Legal References 1. Pol. 103.1 2. 24 P.S. 1401 3. 24 P.S. 1414.5 4. 24 P.S. 1414.3 5. 24 P.S. 1414.4 6. 24 P.S. 1414.7 7. Pol. 113 8. Pol. 209 9. Pol. 209.1 10. Pol. 113.1 11. Pol. 810 12. 24 P.S. 1409 13. Pol. 216 14. Pol. 113.3 15. 22 PA Code 12.41 16. Pol. 218 17. Pol. 227 18. Pol. 100 19. Pol. 333 20. 22 PA Code 12.3 21. 24 P.S. 1414.12 24 P.S. 1850.1 Pol. 210 Copyright PSBA 2025