Fort Bend Independent School District
School Health Services
Diabetes Management Procedural Guideline

Purpose

Provide guidance for FBISD School Health Services staff and campus principal designees to ensure the provision of a safe school environment for students with diabetes in accordance with Section 504 of the Rehabilitation Act of 1973, Texas Health and Safety Code, Section 168: Care of Students with Diabetes (HSC Ch. 168), and FBISD FFAF (LEGAL). Using current evidence-based practice standards school nurses will coordinate the daily provision of safe diabetes care in the school setting with as little disruption as possible to the student's academic schedule.

FBISD staff are committed to maintaining the independence of all students and encourage self-management of all chronic disease to the greatest extent possible based on the student's individual ability, wellness, and maturity. School nurses are responsible and accountable for the assessment of and planning for safe and effective medical management of students with chronic health conditions like diabetes. Students with insulin dependent diabetes are offered unrestricted access to the school nurse, restrooms, and water during the school day. Students with proper permission from their Healthcare Provider (HCP), parents/guardians, and the school nurse may elect to self-manage diabetes care in their classrooms, the clinic, or any other private space specified in the Individualized Healthcare Plan **(**IHP), defined below. Students may be granted self-management for one diabetic treatment skill but might need continued supervision for others. Each student will be assessed individually by the school nurse and self-management permissions will be tailored for each student with parent/guardian collaboration. These permissions are assessed regularly throughout the school year and might be allowed or rescinded by the school nurse or parent as the student's ability to safely self-manage increases or declines. While assisting the student toward self-management of diabetes, nurses ensure the collaboration of students who have diabetes, the student's parents/guardians, the student's primary care providers, and other involved FBISD staff to develop and follow an (IHP) safeguarding the provision of safe, competent care.

Definitions

- **Blood Glucose (BG) -** A sugar that comes from the foods we eat. It is formed and stored inside the body and is the main source of energy for the cells of our body. Glucose is carried to each cell through the bloodstream.
- **Continuous Glucose Monitor (CGM) -**A device that provides real-time blood glucose data and trend information, updating every 1-5 minutes. It consists of a sensor, transmitter, and receiver/display device. CGMs offer personalized alerts for high and low glucose levels and trend arrows that predict glucose level changes and speed.
- **Diabetes -** A metabolic disease in which the body's inability to produce any or enough insulin causes elevated levels of glucose in the blood. Individuals dependent upon insulin require the injection of insulin for survival.
- **Diabetic ketoacidosis (DKA) -** A serious complication of diabetes that occurs when the body produces high levels of blood acids called ketones. The condition develops when the body can't produce enough insulin.
- **Diabetes Management and Treatment Plan (DMTP)** - Plan provided by a licensed HCP with prescriptive authority used as the basis for the development of the written Individualized Health Plan (IHP)
- **FERPA -** Family Educational Rights to Privacy Act of 1974 to protect all personally identifiable information of students/children enrolled in public school.
- **HCP -** Health care provider licensed to prescribe medication/treatment in the State of Texas.
- **Hypoglycemia -** Deficiency of glucose in the bloodstream usually less than 70 mg/dl manifested as symptoms such as anxiety, sweating, tremor, palpitations, weakness, nausea, and pallor.

- **Hyperglycemia -** An excess of glucose in the bloodstream usually more than 120 mg/dl manifested early as symptoms such as frequent urination, increased thirst, blurred vision, fatigue, and headache. Late symptoms include fruity-smelling breath, nausea, vomiting, shortness of breath, dry mouth, weakness, confusion, coma, or abdominal pain.
- **Individualized Healthcare Plan (IHP)–** A plan of care written by the registered nurse for students with or at risk for physical or mental health needs (ANA & NASN, 2017). It is the responsibility of the school nurse to annually evaluate the Individualized Healthcare Plan (IHP), as well as to update the plan if deemed appropriate, to reflect changes in the student's healthcare needs and address nursing interventions and/or student healthcare outcomes.
- **Insulin** - A natural hormone produced by the pancreas which regulates the level of the sugar/glucose in the blood
- **Insulin pump -** An insulin-delivering device that is connected to a narrow plastic tube that's inserted just under the skin
- **Intramuscular Route (IM) -** Medication injected into a muscle (glucagon is given IM and can only be administered by RNs, LVNs, and specially trained staff)
- **Subcutaneous Route (SC) -** Medication injected into fatty tissue just beneath the skin (insulin is delivered SC and can only be administered by RNs and specially trained staff)
- **Unlicensed Diabetic Care Assistant (UDCA) -** A school employee who has successfully completed training described in HSC Ch. 168.005

Procedure for a school nurse to provide insulin dependent diabetes care at school (documents available on SharePoint are written below in ***bold italics*** and must be kept on file upon completion unless otherwise specified below).

1. Obtain a ***Diabetes Management and Treatment Plan*** (DMTP) from healthcare provider (HCP) with prescriptive authority.
    a. Parents/guardians (P/G) may provide a DMTP generated by HCP with prescriptive authority or use FBISD's template (includes medical release).
    b. The DMTP must include:
        i. HCP's signature and order date;
        ii. Parent/guardian signature;
        iii. Blood glucose monitoring instructions, including the frequency/circumstances requiring blood glucose checks and use of continuous glucose monitoring if applicable;
        iv. Insulin administration;
            1. Type of insulin and dose/injection times prescribed for specific glucose values and for carbohydrate intake
            2. storage of insulin
            3. HCP authorization of parent/guardian adjustments for insulin dose/insulin to carbohydrate ratio and the allowable parameters of adjustment if applicable.
                a. Parents must submit any requested adjustments to the school nurse in writing. Parent/guardian requested changes will only be accommodated for the time frame specified in the written request and only if the request meets the parameters specified by the HCP in the DMTP.
                    i. Signed and handwritten P/G letters, signed emails from the P/G email on file with campus registrar, and signed facsimiles with a copy of P/G photo ID will be accepted
        v. Insulin pump instructions if applicable, including an alternate plan for students with insulin pumps in the case of a pump failure;
        vi. Information regarding meals and snacks, including food content, amount, and timing;
            1. Parents/guardians must submit any requested adjustments to the school nurse in writing. Parent/guardian requested changes will only be accommodated for the time

frame specified in the written request and only if the request meets the parameters specified by the HCP in the DMTP.

vii. Symptoms and treatment of Hypoglycemia, including the administration of glucagon;
    1. FBISD staff will activate EMS if glucagon is administered unless otherwise specified in the DMTP.
viii. Symptoms and treatment of Hyperglycemia;
ix. Ketone assessment instructions and appropriate actions for assessed ketone values; and
x. Participation in physical activity and any limitations

c. The DMTP must be renewed annually (valid for an academic year)
d. Any desired/required changes to the DMTP must be submitted in writing by the HCP. Parents will not be permitted to adjust medical orders unless specified in the DMTP.

2. Consult and follow DMTP when managing diabetes. Always contact EMS and parents/guardians for severe diabetes symptoms including administering glucagon for student unresponsiveness or seizure.
    a. For FBISD diabetes assessment and intervention expectations:
        i. Nurses should refer to ***Guidelines for the Nurse in the School Setting***
        ii. Clinic assistants and other unlicensed staff should refer to ***Emergency Guidelines for Schools***

3. Obtain a ***Parent-Physician Permit to Administer Medication at School*** form if appropriate (I.e. not included in the Diabetes Management and Treatment Plan)
    a. Signed by parent/guardian
    b. Verify expiration dates upon receipt of medication
    c. Accept medications according to FBISD FFAC (LOCAL)
    d. Filed in "Medication" binder

4. Obtain a ***Student Independent Diabetes Monitoring and Treatment at School*** form if appropriate
    a. Give copy of signed form to parent/guardian

5. Assess each student's ability to self-manage
    a. Allow self-management when:
        i. HCP consents and acknowledges student ability to self-manage;
        ii. Parent consents; and
        iii. Student consistently demonstrates competency to school nurse in all of the following:
            1. Self-administer necessary medications and treatment
            2. Articulate the name and describe the purpose of each medication included in the treatment plan
            3. Identify the prescribed dosage for each medication included in the treatment plan
            4. Articulate the time or circumstances for medication administration
            5. Properly identify problems that require adult assistance in the school setting
            6. Use an appropriate personal sharps disposal container
            7. Identify the medication's expiration date.
    b. Label emergency medication as approved for self-transport/administration for the current school year.
    c. Periodically review student's ability to perform tasks outlined in the DMTP. Based on the school nurse assessment, HCP's written DMTP, and collaboration with the parent/guardian, school nurses will allow or rescind permissions to self-manage. This is an ongoing process that requires open and honest communication with all involved parties to ensure permissions are safe and consistent with each student's individual ability, wellness, and maturity.

d. Request duplicate supplies to be kept in clinic in case of emergencies when a student may not be responsive or does not have necessary supplies with him/her at school.

6. Obtain ***Parent/Guardian Authorization for UDCA Provided Diabetes Care at School*** form (only required if not included in the DMTP).

7. Obtain a ***Release of Medical Information***
    a. Signed by parent/guardian (only required if not using a FBISD approved DMTP).

8. Draft an ***IHP*** in collaboration with the student, the student's parent/guardian, and the student's HCP, including
    a. Planning for special events, field trips, and extracurricular activities; and
    b. Any other reasonable accommodations not specified in the DMTP.
9. Refer the student to the campus CCC/Section 504 Coordinator to determine Section 504 eligibility
    a. Provide a copy of the *504/RTI/SPED Health Information* form found in the electronic health record
    b. Provide a copy of the 504/RTI/SPED Health Plan when initial Section 504 meeting is scheduled
    c. Consider needed Section 504 accommodations, including CGM monitoring, unrestricted access to bathroom, private area, water, etc.;
        i. Ensure campus administration is aware of any request for cellular phone use during the academic day and state regulated standard testing.
        ii. Ensure that the student's 504 plan is individualized to his/her unique needs.

10. Enter a medical conditions alert and medications in student's electronic health record

11. Enter medical conditions alert in electronic student information system

12. Conduct health awareness training with identified staff at appropriate Diabetes education training level. See **Diabetes Training Outline.** Document the training, including skills check off, delegate's signatures, and copies of training materials.

    a. Diabetes Level I awareness training for:
        i. All campus staff providing general information about Diabetes to ensure familiarity with the disease and its symptoms.
    b. Diabetes Level II awareness training for:
        i. Staff who are not UDCAs but may be responsible for recognizing signs and symptoms of hypoglycemia/hyperglycemia and alerting the school nurse or other trained FBISD staff to initiate the DMTP
            1. Classroom, recess duty, and lunchroom duty teachers
            2. Bus drivers who transport students with diabetes
            3. Coaches, athletic directors, band directors, and all other sponsors of extracurricular events that occur outside of the regular school day
    c. UDCA Level III training for:
        i. Unlicensed Diabetes Care Assistants (UDCAs) who will be trained to follow the DMTP in the absence of the nurse (at least one UDCA per campus is required according to HSC Ch. 168) FBISD School Health Services requires at least two UDCAs per campus
        ii. Periodically review delegate's ability to perform tasks outlined in the DMTP to ensure his/her continued competence.
            1. Administer annual exam with 80% or greater passing score;
                a. Lower than 80% score requires remedial education.

2. Verify UDCA competency in blood glucose monitoring, insulin administration, glucagon administration, universal precautions, and understanding DMTP components.
3. Offer additional education at any UDCA request.

iii. Complete a ***Principal's Designee for Unlicensed Diabetes Care Assistant*** form

13. Consult with parents/students who include an insulin pump in their DMTP.
    a. Review insulin pump user manual/educational materials via the manufacturer's website and become familiar with pump features.
    b. Attend insulin pump educational meetings with student/parent/guardian if appropriate and agreeable to parent/guardian.
    c. Include alternative plan in IHP for possible pump malfunction.
        i. Nurses/UDCAs will contact parents/guardians for reinsertion of the pump infusion sets and/or calculation of sliding scales in the event of pump failures.

14. Consult with parents/guardians and students who include a CGM in their DMTP.
    a. Ensure that parent/guardian understand that a CGM is for trending use only and no treatment decisions will be made on CGM values unless the HCP order includes specific parameters for use outlined in the DMTP.
        i. If the CGM orders are not specific enough, the school nurse must consult with the prescriber to clarify. Until orders are clarified, no adjustments to the treatment plan will be allowed.
        ii. School Nurses should use a blood glucose value (finger-stick measurement) for treatment decisions if:
            1. The student expresses low/high blood glucose symptoms;
            2. The CGM displays a value but not an arrow;
            3. The CGM value is lower than 80 mg/dL or higher than 250 mg/dL;
            4. The student has taken acetaminophen (e.g. Tylenol, Excedrin, or Robitussin) on that school day.
            5. The CGM sensor malfunctions or is dislodged at school.
    b. Students/parents/guardians may monitor CGM data as desired and will seek FBISD staff assistance if treatment is required.
        i. If the CGM receiver is a cellular phone, the student must adhere to campus cellular phone use policies except to monitor CGM data (outlined in student's 504).
    c. School nurses will not download applications to personal electronic devices, continuously monitor CGM devices from the school clinic, or calibrate CGM devices.
        i. To ensure compliance with HIPAA and FERPA privacy standards, FBISD employees shall not use personally owned devices to monitor CGM devices.
        ii. Calibration should occur at home during periods of blood glucose stability.
        iii. The School Nurse practice setting requires the nurse to address the needs of many students throughout the school day. The school nurse frequently cares for other students with chronic medical conditions, responds to emergencies outside of the clinic, frequently communicates with parents/guardians by telephone, and closely monitors students who are ill or injured. This practice setting precludes the nurse and/or trained FBSID employee from making a commitment to monitor individual CGM display devices continuously.
    d. School nurses and/or trained FBISD employees may monitor CGM devices on a district provided device from the school clinic during school hours only.
        i. The parent/guardian must consent to Section 504 services in order for the nurse to monitor a CGM.
            1. Accommodations may include, **but are not limited to**, monitoring of the CGM by the school nurse and/or trained employee, allowance for snack and water in the classroom, considerations for state mandated testing.

ii. The parent/guardian must understand and agree that the physician's orders (DMTP), Individualized Healthcare Plan (IHP), and the nurse's assessment will continue to be the primary methods for providing care to the student. The CGM app/program on a district provided device will be used as a supplementary tool to assist trained Fort Bend ISD employees in the monitoring of student glucose levels.
iii. The parent/guardian must understand and agree that the 504 plan or Individualized Education Plan (IEP) will reflect the physician's orders (DMTP), and Fort Bend ISD employees are responsible for monitoring the student's glucose on the CGM app/program as ordered by the physician's orders (DMTP).
iv. The parent/guardian must acknowledge that the app/program requires wireless internet and/or other wireless services and that Fort Bend ISD and its employees are not responsible for wireless services, any lapse in services, software malfunction, CGM malfunction, or for notifying parent/guardian of technology issues.
v. The parent/guardian must understand that continuous glucose monitoring on a Fort Bend ISD owned computer or tablet may not always be private.
vi. The District is immune from civil liability for damages or injuries resulting from the administration of medication to a student in accordance with Texas Education Code § 22.052. The District makes no warranties, guarantees, or promises regarding the response time or availability of nurse and/or trained FBISD employee when a CGM alarm is activated. Any alarm requirements or settings should be outlined in writing in the student's IHP.

15. Make current FBISD menu information available in the clinic and refer students/parents/guardians to the District Child Nutrition website to ensure accurate carbohydrate information is included in insulin to carbohydrate ratio calculations of FBISD provided foods.

16. Build student self-care capacity during clinic visits and at appropriate intervals with age-appropriate education regarding,
    a. Safe and appropriate medication use
    b. Diabetes sign & symptom recognition and response.

17. If the CGM requires access to the district's wireless network (Wi-Fi) for monitoring purposes, the district will allow the students to use the FBISD_BYOD wireless network, as necessary. However, the district does not provide any warranties, guarantees, or assurances regarding the availability of the wireless network, either on district property or elsewhere.

    The district is committed to providing access to technology resources and establishing procedures for students and staff. This includes managing personal use, providing network access, and monitoring technology usage. Technology resources, including Internet access, are provided for instructional and administrative purposes as outlined in district policy (CQ Local). The district's wired and wireless infrastructure is designed to support these functions on a best-effort basis.

    However, the district's wired and wireless infrastructure was not designed to support health and safety monitoring devices to the extent typically provided by network infrastructure in healthcare settings. Due to the potential for many points of failure and for frequent interruptions in Internet connectivity in our area, the reliability and availability of the wireless network cannot be assured.
    a. While the district permits use of the wireless network, no guarantees are made regarding the reliability and availability of the district's wireless network.
    b. Due to the rapid advancements and changes in technology, the district cannot guarantee that the CGM will be compatible with its wireless network, nor can it assure that district staff will be able to provide technical assistance for connecting the CGM to the wireless network.

Parental responsibilities for a student who requires diabetes care at school

1. Provide complete DMTP/orders before the first day of student attendance.

2. Request any changes to the IHP or DMTP in writing, understanding that parents may only adjust order components as specified by the prescribing HCP in the DMTP (i.e. insulin dose or carbohydrate amount or timing).
    a. Signed and handwritten P/G letters, signed emails from the P/G email on file with campus registrar, and signed facsimiles with a copy of P/G photo ID will be accepted.

3. Complete a ***Parent-Physician Permit to Administer Medication at School*** if appropriate (i.e. not included in the Diabetes Management and Treatment Plan)
    a. Provide all medication and supplies necessary for ensuring a safe student environment, including, but not limited to
        i. Insulin;
        ii. Glucagon;
        iii. Ketone strips;
        iv. Glucose tablets or fast acting carbohydrates;
        v. Snacks or slow acting carbs;
        vi. Glucose monitor and test strips;
        vii. Pump supplies;
        viii. Alcohol swabs;
        ix. Lancets;
        x. Syringes or pen needles.

4. Complete ***Student Independent Diabetes Monitoring and Treatment at School*** form if applicable knowing that self-management permissions are assessed regularly throughout the school year and might be allowed or rescinded by the parent or school nurse as the student's ability to safely self-manage increases or declines. FBISD reserves the right to alter plans in the IHP or 504 if students deviate from self-management standards that protect student safety.
    a. Reinforce FBISD expectations for students with diabetes as outlined in the ***Student Independent Diabetes Monitoring and Treatment at School*** guidelines, understanding that non-compliance with these expectations might be reason to adjust self-management permissions in the IHP.
    b. Provide emergency medications to be maintained in the school clinic if student will self-transport medications to ensure medication availability should student misplace or forget to carry medication
5. If the student will use a CGM at school (treatment decisions only permitted with FDA approved CGM and complete HCP orders), parents/guardians should ensure CGM devices are maintained at home in accordance with manufacturer's guidelines.
    a. Calibration should be conducted at home during periods of blood glucose stability.
    b. Sensors should be replaced at home at appropriate intervals.
    c. Parents should inform the school nurse if the student is taking Acetaminophen (e.g. Tylenol, Excedrin, or Robitussin). The CGM will not be used for treatment decisions), as acetaminophen can falsely raise CGM values and have an adverse effect on treatment decisions.
    d. Contact the School Nurse by phone if a CGM value requires student assessment.

6. Complete Authorization for **UDCA Provided Diabetes Care at School** (only required if not included in the DMTP).

7. Collaborate with school nurse, classroom teachers, and HCP to draft the student IHP.

8. Collaborate with the campus CCC/Section 504 coordinator to develop a 504 plan.

9. Complete a ***Release of Medical Information*** for nurses to communicate openly with HCP (specifically nurse educators) to ensure student safety while at school.

10. Communicate openly and frequently with FBISD staff, including, but not limited to nurses, teachers, and coaches as appropriate for changes to student health status or to communicate special needs.

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