

5141.211(a)

Students

Glucose Self-Monitoring in School

The Board of Education shall permit glucose self-testing by students with diabetes who have a written order from a physician or an advanced practice registered nurse stating the need and the capability of such student to conduct self-testing in the school setting. Such self-testing is to be conducted pursuant to the guidelines promulgated by the Commissioner of Education.

The Board recognizes that diabetic students learn better when their blood glucose levels are within the proper range. Within the capabilities of students to participate in the management of their diabetes, the ultimate goal is independent management.

All decisions pertaining to self-monitoring must be made on a case-by-case basis, involving the family, school, medical providers, and with respect for individual needs and preferences regarding privacy and confidentiality.

All students with diabetes shall have an individualized plan to address the health and/or safety needs in the school setting. The individualized plan may be a Section 504 Accommodation Plan or an Individualized Health Care Plan (IHCP) with an Emergency Care Plan (ECP).

In the development of the required individualized self-monitoring of blood glucose levels plan, school personnel, including, but not limited to the school nurse, appropriate teachers, and the student, parent, and student's health care provider, must address the key components of an individualized plan: communication of needs; determination of location; safety considerations; staff education and training; and evaluation of plans. These issues pertaining to glucose self-monitoring include the following:

1. Determining a process for developing and implementing an individualized plan for the student.
2. Defining expectations for communication between relevant school staff, family and the student's health care provider.
3. Determining appropriate location(s) for self-monitoring that take into account the individual student's needs, levels of competence, health status, and independence.
4. Addressing safety concerns in light of OSHA *Universal Precaution* standards.

Students

Glucose Self-Monitoring in School (continued)

5. Establishing procedures ensuring that the appropriate people are familiar with the 504 plan or IHCP and ECP and are properly “educated” regarding diabetes and the importance of timely treatment.
6. Ensuring periodic assessments of the effectiveness of the individual plan, location of self-monitoring and student agreement, including review of the student’s competency level and changes in the school environment.

District personnel must be cognizant of all federal and state statutes, in addition to District policies, impacting this subject in the formation and implementation of plans permitting student self-testing.

Section 7 of Connecticut’s Public Act No. 03-211 states that “[n]o local or regional board of education may prohibit blood glucose self-testing by children with diabetes who have a written order from a physician or an advanced practice registered nurse stating the need and the capability of such child to conduct self-testing.”

(cf. 4147.1 – Bloodborne Pathogens)
(cf. 5125 – Student Records; Confidentiality)
(cf. 5141 – Student Health Services)
(cf. 5141.21 Administering Medications to Students)
(cf. 5141.23 – Students with Special Health Care Needs)
(cf. 5145 – Section 504)
(cf. 5145.4 – Americans with Disabilities Act)
(cf. 6171 – Special Education)

Legal Reference: Connecticut General Statutes

52-557b Immunity from liability for emergency medical assistance first aid or medication by injection. School personnel not required to administer or render.

10-212a Administration of medications in schools. (as amended by PA 99-2, and June Special Session and PA 03-211)

20-12d Medical functions performed by physician assistants. Prescription authority.

Students

Glucose Self-Monitoring in School (continued)

20-94a Licensure as advanced practice registered nurse.

PA 03-211 An Act Concerning the Provision of Medical Care for Student's Health Care Needs.

Policy adopted: April 12, 2005

EASTON PUBLIC SCHOOLS
REDDING PUBLIC SCHOOLS
REGIONAL SCHOOL DISTRICT NO. 9

Appendix A

Students

Guidelines for Blood Glucose Self-Monitoring in School

Diabetes mellitus is a chronic disease that interferes with the body's ability to produce or use insulin, impairing the ability to metabolize food. Diabetes management balances careful control of diet, exercise and medication. Frequent monitoring or checking of blood glucose levels is critical to diabetes management. Timely blood sugar monitoring and prompt intervention are necessary to prevent life threatening hypoglycemic episodes. Equally important, close monitoring to maintain blood glucose levels within a specified range is essential to prevent long-term complications.

The benefits of allowing blood glucose self-monitoring are significant. Students learn better when their blood glucose levels are within the proper range. They gain independence and self-confidence, and experience fewer stigmas when monitoring is treated as a regular occurrence.

All students with diabetes need an individualized plan to address their health and safety needs in school settings. This plan may be a Section 504 Accommodation Plan or an Individualized Health Care Plan (IHCP) with an Emergency Care Plan (ECP) which will address the following issues:

1. Determine a process for developing and implementing an individualized plan for the student.
 - Identify a core team to create the plan. This team should include, at a minimum, the school nurse; appropriate teacher(s); the student (if appropriate); and parent(s), guardian(s) or other family members. Other possible members include the student's health care provider, an administrator and other school staff.
 - Obtain current health information from the family and the student's health care provider(s), including how often the child should monitor his or her blood glucose level.
 - Based on the student's health status, determine the minimum frequency with which health information will be reviewed and updated.
2. Define expectations for communication between relevant school staff, family and the student's health care provider that includes:
 - Documentation by the student's health care provider of health needs, which may be included in appropriate authorizations for mediations and procedures to be performed at school.

Appendix A (continued)

- Written permission for school health staff to communicate with the child’s health care provider regarding diabetes management.
 - Clear expectations for minimum frequency of communication.
3. Determine appropriate location(s) for self-monitoring that take into account the individual student’s needs, level of competence, health status, and independence. Location determination should be a team decision. Such a determination should also consider the safety of the child with diabetes, other students, and staff. Factors which may impact determination of self-monitoring location(s) include:
- If self-monitoring locations are outside the health room, completion of a self-monitoring checklist and documentation of such assessment by the school nurse. (See Appendix B)
 - Team discussion of the self-monitoring checklist.
 - Completion of a student agreement. (See Appendix C)
 - The determination of the location(s) of self-monitoring should address accommodations during field trips, athletics, and unusual circumstances such as lockdowns or building closures.
4. Address safety concerns, including:
- Specific procedures for disposal of lancets and any material exposed to blood, which meet OSHA *Universal Precaution* standards.
 - Procedures for transportation of monitoring equipment; storage, security and access to monitoring supplies; identification of signs and symptoms of excessively high or low blood sugar levels and appropriate responses; access to food and drink; and replacement of equipment, and supplies.
5. Establish procedures ensuring that the appropriate people (including staff members such as teachers, physical education teacher, custodian, bus driver and substitute staff) are familiar with the 504 plan or IHCP and ECP, and are properly “educated” regarding diabetes and the importance of timely treatment. This education should include:
- An understanding of diabetes; the signs and symptoms of high or low levels of blood glucose; familiarity with blood glucose equipment; appropriate location(s) for self-monitoring; possible adverse effects of high or low blood glucose levels on learning; and OSHA *Universal Precaution* standards.

Appendix A (continued)

- Raising awareness of diabetes and the importance of blood glucose monitoring throughout the school, especially if monitoring is to occur in the classroom. However, individual student and family privacy needs and preferences should be considered.
6. Ensure periodic assessments of the effectiveness of the individual plan, location of self-monitoring and student agreement (see Appendix C), including review of the student's competency level and changes in the school environment. Assessments should occur:
- At least annually with the school team, including the parents or guardians and when appropriate the student.
 - More frequently if there are changes in the student's diabetes management plan, changes in the self-monitoring abilities of the student, or whenever an adjustment to the plan is appropriate. If the IHCP is separate from the Section 504 Accommodation Plan, then the team may make modifications to the IHCP without formal review of the 504 plan.

Appendix B

Self-Monitoring Checklist

Student: _____ School: _____

D.O.B.: _____ Age: _____ Grade: _____

Physical/Behavioral Limitations: _____

Self-Monitoring Criteria: *(These criteria are designed to assist the school nurse in making recommendations. Answers to the following provide a basis for team discussion of appropriate blood glucose self-monitoring locations.)*

- A. Medical Provider has provided written documentation that student is competent to self-monitor blood glucose level.

Comments (if any): _____

- B. Student knows what equipment to use to conduct blood glucose self-monitoring.

Comments (if any): _____

- C. Student is familiar with individual health care provider's instructions or recommended steps for blood glucose monitoring, and demonstrates the ability to self-monitor blood glucose levels.

Comments (if any): _____

- D. Student understands how to dispose of contaminated equipment, e.g. at home or in the health office.

Comments (if any): _____

Appendix B (continued)

- E. Student understands what locations are appropriate for blood glucose self-monitoring.

Comments (if any): _____

- F. Student is able to identify appropriate action if blood glucose level is not within normal range.

Comments (if any): _____

- G. Student knows how to access assistance, and when it is needed.

Comments (if any): _____

- H. An Individual Health Care Plan and Emergency Care Plan has been developed to monitor and evaluate the student's health status.

Based on Checklist:

- Student has successfully demonstrated competence in independent self-monitoring.
- Student is not a candidate for blood glucose self-monitoring outside the health room at this time, but the following steps will be taken to help the student move toward independence:

Comments (if any): _____

School Nurse Signature: _____ Date: _____

Date of next assessment: _____

Appendix C

Agreement Concerning Blood Glucose Self-Monitoring

Determination of location(s) for blood glucose self-monitoring is made in accordance with an Individualized Health Care Plan (“IHCP”) or Section 504 Accommodation Plan, and Easton, Redding, and Region 9 procedures. Once location(s) for self-monitoring are determined, the following guidelines apply:

1. Self-monitoring shall be performed in the designated location(s).
2. The student shall be responsible for disposing of lancets, strips, and any other material exposed to blood either in the health office or at home.
3. The parent or guardian and student have knowledge of and agree to comply with OSHA’s *Universal Precautions*.
4. If, after monitoring the student is not within his/her target range, the student should notify the appropriate school personnel in accordance with the student’s IHCP.
5. The parent or guardian shall be responsible for maintaining the equipment and supplies needed for self-monitoring in the school.

The above information has been reviewed by the IHCP Team, the parent or guardian, and the student. The above procedures have been agreed upon by:

Parent/Guardian’s signature

Date

Student’s signature

Date

School Nurse’s signature

Date

School Administrator’s signature

Date