

Students with Special Health Care Needs

Diabetes

A. Regulations

ORS 433.800-830

Programs to Treat Allergic Response or Hypoglycemia

ORS 433.805

Policy

It is the purpose of ORS 433.800 to 433.830 to provide a means of authorizing certain individuals, when a licensed health care professional is not immediately available, to administer lifesaving treatment to persons who have severe allergic responses to insect stings and other specific allergens and to persons who are experiencing severe hypoglycemia when other treatment has failed or cannot be initiated.

OAR 333-055-0000 to 0035

Purpose

The purpose of OAR 333-055-0000 to 33-055-0035 is to define the procedures for authorizing certain individuals, when a licensed health care professional is not immediately available, to administer epinephrine to persons who have severe allergic responses to insect stings or other allergens, and glucagon to persons who are experiencing severe hypoglycemia when other treatment has failed or cannot be initiated, as well as to define the circumstances under which these rules shall apply.

B. Overview

Diabetes is a chronic, serious disease that affects the body's ability to use foods and nutrients. It has the potential to affect every organ system and can be fatal. It is characterized by high blood sugars, and symptoms are related to variations in blood sugar levels. No known cure exists.

There are two types of diabetes that occur in students: type 1 and type 2. Type 1 diabetes is one of the most common chronic diseases affecting the school-aged population, second only to asthma. Although type 2 diabetes most frequently afflicts adults, an increasing number of adolescent and even preadolescent students are developing type 2 diabetes. This is due to a multitude of factors including obesity, genetics, and other environmental influences. The increase in

the numbers of students with diabetes in the United States is the subject of much current research.

C. Background/Rationale

Management of insulin dependent diabetes requires a 24 hour per day schedule of juggling insulin administration, food intake, physical activity, and physical and emotional stresses. Anything that tips this delicate balance can cause fluctuations in the blood sugar level. These fluctuations in blood sugar level can sometimes affect school attendance, behavior, and cognitive functioning, as well as result in acute or life-threatening episodes for the student.

Diabetes management must be exactly tailored to the individual needs of the student. Therefore, diabetes management in the school setting requires a partnership among families, health care providers, school personnel, and the student. The majority of students with diabetes in Oregon obtain medical care from specialists (i.e., pediatric endocrinologists), who often are located in large metropolitan areas. However, students in rural areas may obtain care from local health care practitioners. Therefore, communication to maintain effective coordination of care in the school setting is sometimes complicated by these demographic issues. It is essential that a school nurse or other licensed health care provider acts as a case manager to assure effective coordination and partnerships in order to manage appropriate and current health care for the student. The administrator may seek outside consultation and resources (see Oregon Resources).

Many students with type 1 diabetes assume a high degree of self-management of their disease from an early age. However, their level of self-management is highly dependent on many factors, including how long the student has had diabetes, developmental maturity, family support, personal motivation, and psychosocial factors.

Students with type 1 diabetes must take daily injections or infusions of insulin. Some but not all students require insulin injections during the school day. As an alternative to insulin shots, a growing number of school-aged youth wear insulin infusion pumps. These pumps administer regular doses of insulin 24 hours a day.

Students with type 1 diabetes typically check their blood sugar level during the school day. They may from time to time need additional medical procedures such as ketone testing or injections of glucagon.

Students with Type 2 diabetes usually manage their disease through specific food intake and timing, physical activity, and oral medications. Some also check their blood sugar level during the school day. A small percentage of students with type 2 diabetes use injected insulin to control their blood sugar levels.

There are about 125,000 school-aged individuals in the U.S. diagnosed with type 1 diabetes. The majority of these young people need knowledgeable staff to provide a safe school environment. Both parents and a student's health care team should work together to provide school systems and daycare providers with the information necessary to allow students with diabetes to participate fully and safely in the school experience. The American Diabetes Association Position Statement, "Diabetes Care in the School and Day Care Setting" (Diabetes, January 2012) provides a guide for best practice; sample Health Care Plans available to schools, and model development of district policies and procedures affecting students with diabetes. The role of the school nurse in the management of student health care plans for diabetes is pivotal and essential.

D. Guidance

Roles and Responsibilities

District Administration

Students should be able to participate in all or some of their diabetes care at school. The extent to which some students may need assistance from trained school personnel is dependent on the student's age, developmental level, and his/her experience with diabetes. District administrators need to become familiar with general guidelines regarding self-care responsibilities at various developmental ages of students as outlined in "Diabetes Care in the School and Day Care Setting" (*Diabetes Care*, January 2012).

It is the responsibility of the district administrator to identify designated school personnel to act as trained caregivers in the event that students with diabetes need assistance in managing their diabetes, such as with blood glucose monitoring (refer to Diabetes IIB). Although Diabetes I offers general guidelines from a national perspective regarding diabetes management in the school setting, district administrators must be aware of Oregon laws and statutes as they relate to nursing practice issues regarding delegation of special tasks of client nursing care (OAR 851-047-0030). In the event that medical/emergency procedures need to be implemented, only a licensed health care provider (i.e., school nurse) may train and delegate certain medical procedures, including but not limited to injectable glucagons administration.

District administrators need to assure that procedures and policies related to managing diabetes in the school setting are developed and implemented. These policies and procedures should be specific for the individual school population and school environment in order to assure that diabetes management is provided within the student's usual school setting with as little disruption to the school's and student's routine as possible. Therefore, school administrators must be

knowledgeable about federal and state laws that protect the rights of students with diabetes or other disabilities.

Section 504 (of the Rehabilitation Act of 1973) is a civil rights law that prohibits discrimination based on a disability in any program receiving federal financial assistance. If a student has diabetes, he or she may be eligible for Section 504 accommodations because diabetes is a physical condition that has the potential to substantially limit many major life activities, including walking, speaking, learning, caring for oneself, and performing manual tasks. If there is reason to believe there is a qualifying disability, the 504 process will set in motion the important process of evaluation, testing, information exchange, and subsequent meetings to determine the student's need for accommodation.

Comprehensive School Health Education Program

Although there is no nationally recognized K-12 curriculum on diabetes management for students in school, an extensive variety of resources exist for families through medical providers, non-profit health organizations, and the Internet (refer to Oregon and National Resources). There has been a significant increase in type 2 diabetes among youth in the past decade, much of which is attributed to increasing rates of obesity and physical inactivity. A comprehensive health program that promotes lifelong physical activity and healthy dietary behaviors can be contributed to the reduction of overall rates of type 2 diabetes among school-aged youth. Additionally, education related to the special needs of students with diabetes can be included in disability education and harassment prevention programs. These programs help to provide a safer school environment for students with diabetes.

Physical Education

Physical educators should:

- know which students have diabetes;
- know how to recognize signs and symptoms of low and high blood sugar levels;
- know how to implement student-specific treatment plans for low and high blood sugar levels;
- understand that students with diabetes live normal, active lives and participate in all curricular and extracurricular physical education activities unless medically contraindicated; and
- understand and encourage physical activity for weight control, especially for students with type 2 diabetes.

School Health Services

All students should have access to comprehensive school health services, including school-based or school-linked access to referrals, emergency care, and chronic disease management. A licensed health care provider (usually the school nurse) is responsible for assessing students with diabetes and developing individualized health care plans and emergency procedures.

School Nutrition Services

School nutrition services should not restrict or limit the types of food and drink available to students with diabetes, and it may be necessary to provide a source of fast-acting carbohydrate in the event a student experiences low blood sugar reaction. It is necessary for the school to have a back-up supply of fast-acting carbohydrate foods in the event that supplies provided by the parents have been used or not available. Contrary to popular myth, sugar-containing foods are no longer restricted per se. Rather; most students adhere to a system of total carbohydrate counting that can include all types of foods.

Students need to be able to make food choices that comply with their individual meal plan requirements. An individualized meal plan is developed by the primary care provider, in cooperation with the student and parents. The school nurse or health care case manager must implement the plan and facilitate necessary school personnel training in carbohydrate counting to assure that the plan is followed in the school setting. Although carbohydrate counting is a technique used by most students with diabetes, it is an essential management tool for students wearing insulin pumps. Nutrition services personnel are encouraged to help facilitate students' ability to count food carbohydrate content. Therefore, school personnel may need to receive training in carbohydrate counting in order to assist with this type of insulin therapy.

Psychological and Counseling Services

Often students with diabetes feel isolated and different and may benefit from emotional support and understanding. A certain percentage of students with diabetes suffer from clinical depression and may need a referral to and the support of school and / or outside counseling services. In addition, families of students with diabetes can experience difficulty in coping with this chronic disease and may also need support.

Healthy School Environment

Students with diabetes need to have snacks, diabetes supplies, and emergency equipment (i.e., glucagon) readily available in the classroom and other identified areas to assure their safety. Provisions need to be made to assure that trained caregivers are available for field trip, extracurricular activities, and during

transportation to and from school if necessary. It is essential that any students with a requirement for special needs at school do not feel different or isolated from their peers. In addition, school administrators and safety committees need to work with families to consider developing plans for significant emergencies (i.e., earthquake preparedness) to assure that adequate supplies would be available for students with diabetes for an extended period of time.

School Site Health Promotion for Staff

The school community at large should promote healthy lifestyle choices, such as regular physical activity, healthful food choices, and seeking appropriate resources. This could be accomplished through school health fairs, parent/staff newsletters, and role modeling.

Family and Community Involvement

Successful partnership and ongoing communication are essential to successful management of diabetes in the school setting. Families need to communicate with appropriate school personnel on a regular and consistent basis about the changes in their student's medical status or treatment plan. It is the responsibility of the student's family or parent/guardian to provide the necessary medical supplies and snacks needed to manage diabetes at school.

E. Procedures

- Identify students with a history of diabetes from the registration process or direct parent notification.
- Obtain additional medical history from parent as well as health care provider to plan for daily needs and potential emergency procedures. Information obtained from parents usually includes specific requirements of that student's daily management plan (i.e., meal plan, current diabetes management skills and knowledge, student's usual signs and symptoms of low blood sugar, etc.).
- Only a licensed health care provider (i.e., school nurse) can conduct an individual student assessment and interpret medical orders to develop an individualized school health care plan (refer to Diabetes Appendix 3). An assessment should be conducted at least annually, and more frequently if the student's diabetes has been diagnosed recently, is unstable, or if the student requires frequent assistance by caregivers at school.
- The school administrator needs to designate appropriate school personnel to act as caregivers for a student with diabetes in order to carry out the individualized school health care plans. It is recommended that designated caregivers are also trained in first aid/CPR guidelines in the event that emergency procedures need to be followed. Diabetes management plans and emergency procedures need to be readily accessible to any designated caregiver, including substitute school personnel.

- If the student requires assistance with any delegated medical procedures, ensure they are:
 - Performed by a licensed health care provider (i.e., school nurse);
 - OR**
 - Implement procedures for teaching to unlicensed school personnel according to nursing practice standards regarding delegation and ongoing supervision. In the absence of a school nurse, district administrators should seek assistance for medical/nursing consultation through the local health department or student’s health care provider.
- Follow school district policies for administration of medications (injectable and noninjectable), blood glucose testing parameters, storage and location of sharps, bloodborne pathogen standards, “self-manager” guidelines, and provisions for field trips and off-site curricular/non-curricular activities.
- Maintain ongoing communication with the student’s parent and health care provider regarding any changes in health status for managing diabetes at school.

Staff Development Needed

- School personnel should be trained to recognize the signs and symptoms of diabetes and high/low blood sugar levels, as well as how to respond in an emergency or life threatening situation associated with diabetes.
- It is vital that substitute teachers and school personnel not be overlooked in receiving adequate training regarding their role in supporting students in their diabetes management/emergency procedures.
- If students need assistance with administration of insulin or other medications, school personnel need to be trained in medication administration or through delegation by a licensed health care provider (i.e., school nurse).
- If designated school personnel perform tasks that put them at risk for exposure to body fluids, training must be done according to Oregon Occupational Safety and Health Administration (OR-OSHA) Bloodborne Pathogen Regulations.

F. Oregon Resources

- Local Education Service Districts: www.oaesd.org 
- Local County Health Departments: <http://oregon.gov/dhs/ph/lhd/lhd.html> 
- Oregon State Board of Nursing: www.osbn.state.or.us 
- Oregon School Boards Association: www.osba.org 
- Oregon Department of Education: Injectable Medication [Injectable Medication](#) 

- Oregon Health Division: www.oregon.gov/dhs/ph/diabetes/ 
- Glucagon Training: [Glucagon Training Protocol](#) 
- Patient and Provider Resources: [Patient and Provider Resources | Diabetes](#) 

G. National Resources

- American Diabetes Association: www.diabetes.org 
- National School Lunch and Breakfast Program: <http://www.fns.usda.gov/cnd/lunch/> 
- Centers for Disease Control and Prevention: Diabetes Public Health Resource: www.cdc.gov/diabetes/ 
- Barbara Davis Diabetes Center: www.uchsc.edu/misc/diabetes.bdc.html 
- Joslin Diabetes Center: www.joslin.harvard.edu 
- American School Food Services Association (ASFSA): www.asfas.org 
- National Diabetes Education Program <http://www.ndep.nih.gov/> 

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If alternate format is needed, or questions occur, contact:

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