

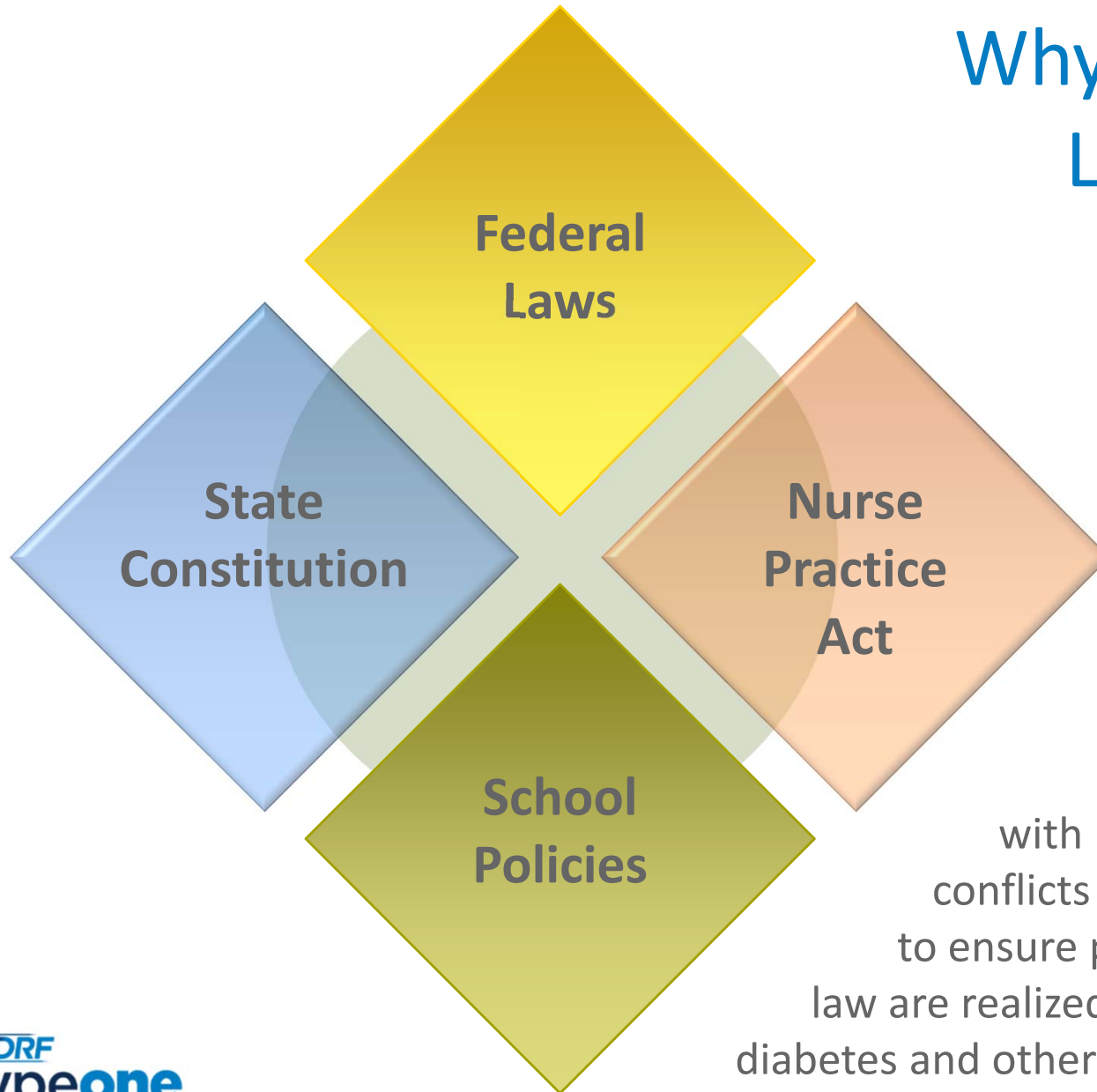
A group of young people, including a man in the foreground and several others behind him, are walking on a rocky beach. They are dressed in casual summer attire like t-shirts, shorts, and cardigans. The background shows a calm body of water and a hazy sky. The overall mood is relaxed and active.

JDRF typeone nation

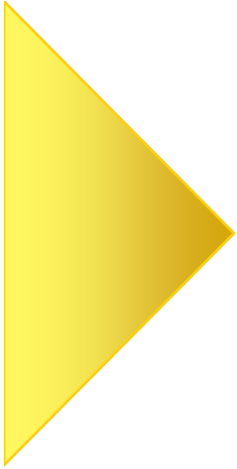
CARING for STUDENTS with DIABETES

Suzanne Elder, MPP | Staci Prince, RN | Anita Swamy, MD

Why Was a State Law Needed?



The Care of Students with Diabetes Act resolves conflicts in state and local law to ensure protections of federal law are realized for all students with diabetes and other disabilities in Illinois.

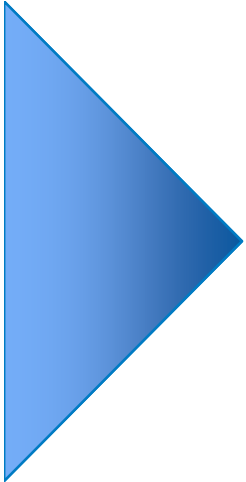


Federal Laws

Protect Students with Disabilities from Discrimination

- **Section 504 of the Rehabilitation Act of 1973** (29 U.S.C. § 794) requires school districts to provide a “free appropriate public education” (FAPE) to each qualified person with a disability who is in district’s jurisdiction, regardless of the nature or severity of the person’s disability.
- **The Americans with Disabilities Act** (42 U.S.C § 12101 et seq.) prohibits state and local governments from discriminating on the basis of disability.
- **The Individuals with Disabilities Education Improvement Act** (20 U.S.C. §1400 et seq.) also mandates FAPE but only applies when there is also a need for special education services.





Illinois State Constitution

Reaffirms federally established right to a free public education

- A fundamental goal of the People of the State is the educational development of all persons to the limits of their capacities.
- The State shall provide for an efficient system of high quality public educational institutions and services. Education in public schools through the secondary level shall be free.
- The State has the primary responsibility for financing the system of public education.

Source: Illinois Constitution, Article X, Section 1

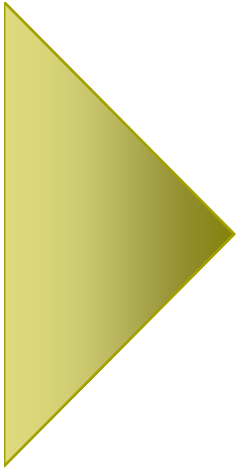


Illinois Nurse Practice Act

Public interest regulation ensures only qualified persons practice

- A nursing activity is any work that requires the knowledge acquired by completing an approved program for licensure.
- Nurses are prohibited from delegating any nursing activity.
- A 2007 amendment added a provision defining the administration of medication as a nursing activity.
- This overly broad definition is inconsistent with standard practice for the management of most chronic health conditions and may violate both ADA and Section 504.

Source: 225 ILCS 65/50 et seq.



Illinois School Code

State Statute Informed School Health Policies Across the State

“It shall be the policy of the State of Illinois that the administration of medication to students during regular school hours and during school-related activities should be discouraged unless absolutely necessary for the critical health and wellbeing of the student.”

By discouraging the administration of medication at school, the Code effectively encouraged schools to not accommodate students with diabetes---and thus denied students their civil and education rights.

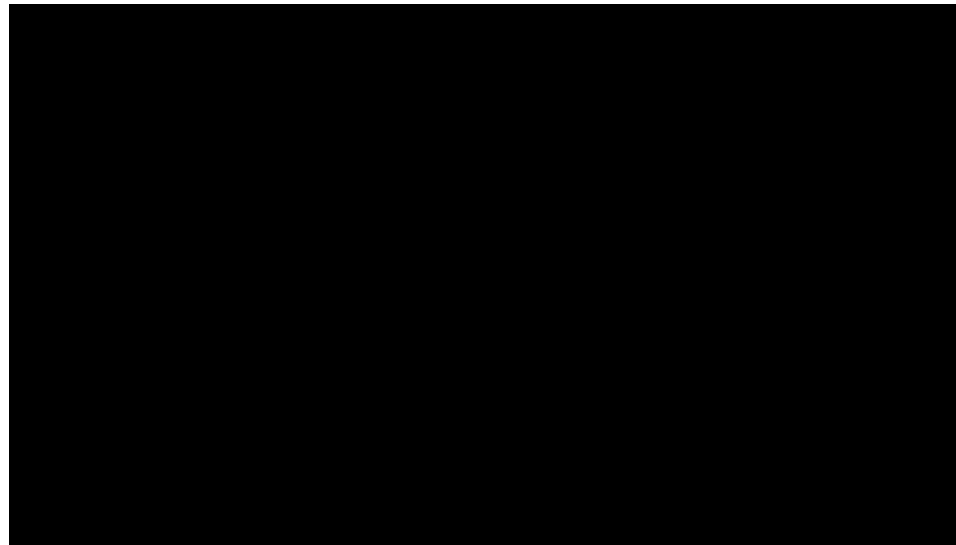
Source: Illinois School Code (105 ILCS 5/10 et seq.)

The Care Act *of* Students *with* Diabetes Act

- Diabetes must be managed 24-hours a day
- Consistent care decreases the risks of serious short and long-term complications, increases a student's learning opportunities, and promotes individual and public health benefits,
- Federal law affords people with diabetes specific protections.
- A school nurse is the most appropriate person to provide for all students' healthcare needs; however, s/he may not be available when needed and many schools do not have a full-time nurse.
- Many students are capable of self-management.

Source: 105 ILCS 145/5

A Note on Self-Management . . .



Law applies to

All Schools

- ✓ Public Schools
- ✓ Charter Schools
- ✓ Private Schools

Primary and Secondary Schools must:

- Work with parents to establish a Section 504 Plan for each eligible student.
 - Coordinate basic training for all school staff and special training for staff that volunteers to be a delegated care aide.
 - Review school medication policies; revise as needed to ensure they are compliant with state and federal law.
 - Build a healthy and safe school environment; minimize disruptions that affect a student's ability to learn.
-

504 Plans for Students with Diabetes

School

Section 504 Plan — 29 U.S.C. § 794

“No otherwise qualified individual with a disability in the United States... shall, solely by reason of her or his disability, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance.”

Family

Student’s Diabetes Care Plan— 105 ILCS 145

Created by the student’s parent and submitted. Contains **detailed** care instructions for student’s unique daily care needs. It is important to note that it is the parent—not the physician—who is the delegating authority.

Dx

Physician Information

Prescriptions and **general** care instructions from student’s physician must be included in student’s diabetes care plan.

Requirements for Staff Training

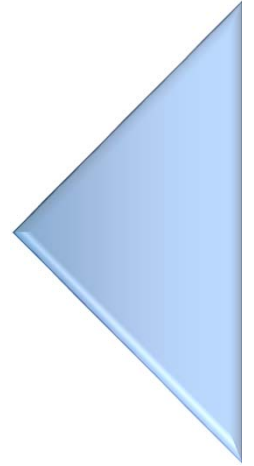
Staff in all schools must be instructed on common chronic conditions during a regular in-service.

In Schools with a Student with Diabetes

- All school employees must be trained in the basics of diabetes care, how to identify when a student needs immediate or emergency medical attention, and whom to contact in the case of an emergency
- Staff that choose to be a Delegated Care Aide receive more extensive training.
- Employees who transport students to and from school-sponsored activities must have an information sheet about diabetes basics.

Source: 105 ILCS 5/3-11 and 105 ILCS 145/25

The Parents' Role

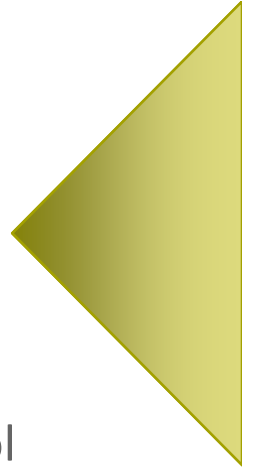


- Prepare a Diabetes Care Plan; it's the basis of your 504 plan; be sure to address your child's social and emotional needs.
- Include copies of prescriptions and instructions from your child's healthcare provider; update these documents as they change.
- Provide supplies and equipment to monitor and treat diabetes.
- Individualize staff training to meet your child's needs.
- Stay positive. It takes time to build understanding and relationships, especially if this is new for your child's school.

Source: 105 ILCS 145/15, 45/25 and 145/30



Protections for Students & Staff



- **School districts cannot restrict the assignment of a student** with diabetes to a particular school on the basis that the school does not have a full-time school nurse.
- **A school cannot deny a student access to any school or** school-related activities on the basis that a student has diabetes.
- **Retaliation prohibited.** A school employee shall not be subject to any penalty, sanction, reprimand, discharge, demotion, denial of a promotion, withdrawal of benefits, or other disciplinary action for choosing not to agree to serve as a delegated care aide.

Source: 105 ILCS 145/10, 145/35, 145/40 and 145/45



Civil Immunity

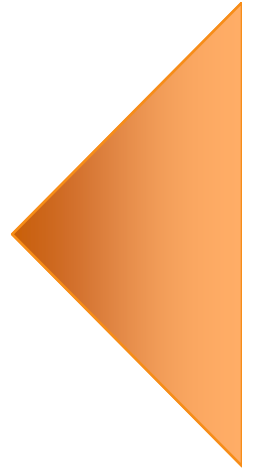
- **Neither schools nor school employees are liable** for civil or other damages as a result of conduct, other than willful or wanton misconduct, related to the care of a student with diabetes.
- **School employees are not subject to any disciplinary action** resulting from an action taken in compliance with this Act unless the action constitutes willful or wanton misconduct.

Liability

When a school refuses to accommodate a student with diabetes or other disabilities, they do not reduce liability; they increase it. The requirement to accommodate students is established by state and federal law and liability is mitigated only by responsible action.

Source: 105 ILCS 145/45

Putting It All Together



Staci Prince, RN
Certified School Nurse
Chicago Public Schools
Volunteer DCA Trainer



Anita N. Swamy, MD
Medical Director, Chicago Children's
Diabetes Center, La Rabida Children's Hospital;
Pediatric Endocrinologist, Lurie Children's
Hospital; Volunteer DCA Trainer



The Physician's Role

Documentation is to provide:

- Instructions on diabetes management during the school day.
- Information on diet, glucose testing, administration of insulin and other medications, treatment for hypoglycemia, hyperglycemia, and emergency situations.
- When a school staff should consult with the health care provider.



Anita Swamy
Endocrinologist

The Care of Students with Diabetes Act ensures that physicians are a part of the school-based care team. Pediatric endocrinologists want to partner with schools, nurses, parents, and DCAs to ensure students are safe and healthy.

Source: 105 ILCS 145/15

Training for DCAs

Initial training must be provided by a health care provider with expertise in diabetes management. Parents can subsequently individualize the training to fit the needs of their child.

Delegated care aides (DCAs) are authorized by parents to aide a student according to their Diabetes Care Plan. They are trained to:

- Check blood glucose and record results.
- Recognize and respond to the symptoms of hypoglycemia and hyperglycemia.
- Estimate the number of carbohydrates in a snack or lunch.
- Administer insulin and keep a record of the amount administered.
- Respond in an emergency, administer Glucagon, and call 911.

Source: 105 ILCS 145/25 and 145/25

Your Diabetes Care Plan

- There are no official forms but your plan should be in writing and must include:
- Instructions from your provider with prescription as needed.
- Information about meals, exercise, and other care needed at school.
- Prepared annually and updated as needs change.

Daily Diabetes Care Plan for Sophie Elder

Food makes blood glucose go \uparrow up. Insulin makes blood glucose go \downarrow down. The goal is balance not perfection.

IDEAL BLOOD GLUCOSE RANGE

> **80** mg/dL to **180** mg/dL

Hypo GLYCEMIA (Low Blood Glucose)

Immediate Concern is Hypoglycemia

Hypoglycemia, or low blood glucose, may be caused by too little food, too much insulin or extra exercise. Symptoms are sudden and may lead to insulin shock (unconsciousness), which requires an emergency injection of glucagon. Never leave a hypoglycemic child unattended.

- Headache
- Shakiness
- Cold/Clammy
- Weakness
- Dizziness
- Blurred vision
- Confusion
- Sweating
- Pale, moist skin
- Extreme hunger
- Fatigue/tiredness
- Rapid pulse rate
- Shallow breathing
- Seizure

How to Treat Hypoglycemia:

If blood glucose <50 give **3** glucose tabs

If blood glucose <60 give **2** glucose tabs

If blood glucose <70 give **1** glucose tab

Retest blood glucose after 15-20 minutes. Retreat and retest if necessary until blood glucose is within ideal range (80-180 mg/dL).

Hyper GLYCEMIA (High Blood Glucose)

Hyperglycemia may be caused by too much food, too little insulin, illness or stress. Onset is gradual and left untreated can cause long-term damage or progress to coma. Symptoms include: Extreme thirst, dry skin, frequent urination, and hunger. It is dangerous to exercise when blood glucose is too high.

How to Treat Hyperglycemia:

If Sophie's BG is >200 she will administer a correction dose, which she can calculate. See Dosing Notes for equation.

Care SUPPLIES

- 1.) Fast acting insulin (Humalog)
- 2.) Long-acting insulin (Levemir)
- 2.) Pen Needles, Lancets, Alcohol Wipes
- 3.) Glucometer with Test Strips
- 4.) Glucose tablets / 19g fruit snacks

CONTACT INFORMATION

| | | |
|------------------------------|------------------|-----------------------|
| Suzanne Elder | 773-718-2822 | 773-718-2822 |
| Mother | Cell Phone No. | Home Phone No. |
| Tobias Elder | 773-484-8670 | 773-484-8670 |
| Father | Cell Phone No. | Office Phone No. |
| Nancy Levin / Dr. Drobac | 847-663-8520 | 847-479-2652 |
| R.N.-C.D.E / Endocrinologist | Office Phone No. | Doctor's Pager Number |

DAILY ROUTINE

| Snacks | Notes |
|-----------|---|
| ✓ Test | Sophie must test 15-30 minutes before eating. Sophie can calculate the number of grams of carbohydrates, calculate correct insulin dosage and administer independently. She can calculate correction doses as needed. |
| ✓ Food | |
| ✓ Insulin | |

| Lunch | Notes |
|-----------|--|
| ✓ Test | Test 15-30 minutes before eating. If Sophie's blood glucose level is on target, she can dose just before eating. If blood glucose level is high, she adds a correction to dose and waits. If low, she treats with glucose. |
| ✓ Food | |
| ✓ Insulin | |

| Exercise | Notes |
|-----------|---|
| ✓ Test | It can be dangerous to exercise when blood glucose is too high >280. Sophie must test 15-30 minutes before strenuous exercise. If her blood glucose level is under 80, give 1 glucose tab. If high, treat and retest. |
| ✓ Food | |
| ✗ Insulin | |

| Dosing | Notes |
|----------------------------------|---|
| 1:7 Correct Log | <ul style="list-style-type: none"> • Sophie takes 1 unit of insulin for every 7g of carbs (6g in the a.m.) • [BG minus 120 target BG] / 20 = Correction dose (in units) • Log BG, insulin intake, lows, treatments and correction doses, |

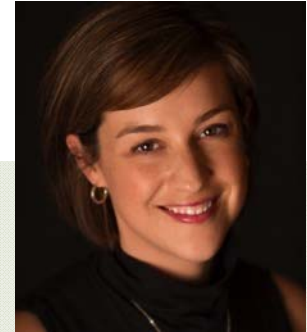
THINGS TO KEEP IN MIND:

- 1 Blood sugar that is too high or too low (out of range) affects cognitive function. It's important that Sophie test her blood sugar before exams to make sure her blood sugar is in range (between 90 and 120 mg/ml to ensure optimal performance).
- 2 If Sophie's behavior seems "off," she should test her blood glucose. Behavior changes are a common symptom of blood sugar that is out of range.
- 3 It's important that diabetes is managed with kindness and in a way that preserves Sophie's privacy and dignity. There are times when diabetes feels completely overwhelming. That's when she needs the most support from the adults in her life.
- 4 It's important that whatever assistance Sophie may need is provided in a way that does not single her out or make her feel different.
- 5 Sophie knows that caring for diabetes is mandatory and that it is never a reason for not fulfilling her other responsibilities.
- 6 It takes time to learn the rhythm of diabetes care. Whenever there's a question or doubt, feel free to ask Sophie or call Suzanne or Toby at anytime.

The Nurse's Role

School nurses with recent diabetes training may provide direct care. They may also:

- **Ensure plans** reflect the standard of care.
- **Include services and accommodations** needed in the school environment.
- **Educate other school staff** about how diabetes can affect students ability to learn.
- **Provide technical assistance/consultation** to parents and delegated care aides.



Staci Prince, RN
School Nurse

The Care of Students with Diabetes Act ensures that nurses are compliant with their professional practice act; it is the student's parents who are delegating to DCAs the authority to perform select care activities and tasks in the school setting.

Source: 105 ILCS 145/15

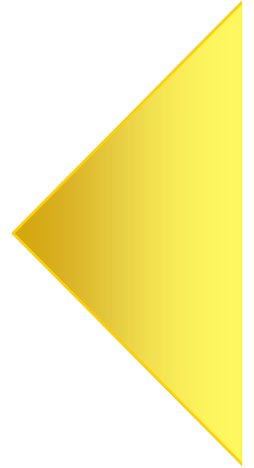
Training for School Nurses

It's important to learn the specific practice issues related to diabetes care in the school setting

- Nurses must renew their license every two years; a minimum of 20 hours of continuing education credit is required.
- Good opportunity to update clinical skills for managing diabetes and other chronic conditions like asthma, allergies, and seizure disorders.
- CE credit-earning courses are available; many are free or low-cost.
- La Rabida offers training for CPS nurses.

For more information, call: **800-
770-2232**

Building a Community of Care



- Build a team to support the whole child; include a case manager or social worker, coach, and principal or other school administrator.
- Work with your team to identify potential DCAs. Think about who has flexibility, who is savvy with medical issues and providing first aid in general, and who is in the building on a regular basis.
- Focus on building relationships, open communications.
- Be sure to address the social and emotional aspects of Type 1.
- Balancing developmentally appropriate self-care while providing a safety net is the ultimate goal.

Are There Any
Questions? 