



Taking T1D to School

LeeAnna Anzaldi RN, BSN

Anne McCann RN, CSN

February 23, 2019



Introduction

LeeAnna Anzaldi RN, BSN

I have been a nurse since the year 2000. I started as a Certified Nurse assistant at a family practice office. Then went on to work at Lutheran General Hospital on their general pediatric floor often floating to their PICU and NICU. I worked a year at CDH in their Pediatric ER. I also volunteered my time and traveled to Guatemala as a post op nurse with a group of medical professionals. Now I love being a School Nurse in D303. I am also a mom to 2 boys one who is a Type 1 diabetic.

Anne McCann RN, CSN

I have been a nurse since 2013 and have been working in schools since that time. I started my career as a Direct Service Nurse at both Elgin and Bartlett High Schools before moving to the St. Charles School District, where I have worked at both the high school and elementary school levels. I have been a Certified Nurse since 2017 and love working with students and families to ensure academic success.

Parent/Nurse/Student Relationship

- Trust- The parents and student must trust their Nurse.
- Communication- There should always be open communication
- Mutual Respect



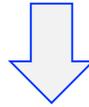
Tools for Effective Diabetes Management In Schools

Tools Promoting Effective Diabetes Management

- Diabetic Orders/Diabetes Medical Management Plan (DMMP)
- Individualized Health Plan (IHP)
- Emergency Care Plans for Hypoglycemia and Hyperglycemia

**Diabetes Medical
Management Plan**

To Nurse



Individualized Health Care Plan

To Teacher



Daily Schedule

Emergency Care Plans

Diabetes Medical Management Plan (MD orders)

Health Care Provider Orders for Student with Diabetes on Insulin Pump
 To be completed by the Health Care Provider

Student: _____ DOB: _____ School: _____ Grade: _____
 Physician/Provider: _____ Phone: _____
 Diabetes Educator: _____ Phone: _____

TARGET RANGE - Blood Glucose: _____ mg/dl TO _____ mg/dl
 70-130 mg/dl 80-130 mg/dl 90-130 mg/dl 100-130 mg/dl 110-130 mg/dl 120-130 mg/dl 130-130 mg/dl

Notify when to Parents: Low = target range and High = 300 mg/dl or higher. Low (low) _____ mg/dl and greater than _____ mg/dl

continuous glucose monitoring, always include glucose level with a 2-hour trend prior to treatment

Hypoglycemia: Follow Standards of Care for Diabetes Management in the School Setting. Address otherwise indicated here: _____

For Severe Symptoms: Call 911. Document Pump, Administer Glucagon Dose: _____ mg. Administer to: Class Classroom Other _____

Hypertension: Follow Standards of Care for Diabetes Management in the School Setting. Address otherwise indicated here: _____

Diabetes Training: per Standards of Care for Diabetes Management in the School Setting. All None

When to Check Blood Glucose: The presence of certain signs with fasting should be noted by the student.

Always for signs & symptoms of low/high blood glucose, when there are not well and/or indicator comes on
 Before School Program After Lunch Mid-afternoon After School End of School/After Activity
 Before Lunch After Lunch Before After PE After PE
 Before Breakfast Before going to bed/after bedtime 15-30 min after snacks Other _____

Insulin Pump: Follow Guidelines for Insulin Administration by School Staff.
 • Pump settings are established by the student's healthcare provider and should be maintained. The student should notify changes to be made at home or by student providing self care as indicated on IDP.
 • Normal pump alarms for the insulin pump should be written on all IDPs and IDPs should be maintained consistently.

Insulin Pump Brand: _____ (Type in full name)

Correction Ratio:
 • Provide correction factor per pump calculation. All BG levels are to be used for the pump for administration of pump-generated correction unless otherwise indicated on the provider orders.

Correction/Correction Factor: _____ mg/dl above target BG range starting at _____ mg/dl
 If blood glucose is low then _____ mg/dl (Type in full name)

When Hypoglycemia occurs with _____ mg/dl or lower:
 If there have been greater than 2 low BG readings in the last 24 hours, the student may be given insulin or glucose using the indicated correction factor at the provider orders if approved by the _____ (Type in full name)
 School Health Care Provider (Type in full name)

Carbohydrate and Insulin Doses per pump: Breakfast Lunch Dinner Other _____

Insulin to Carb Ratio: _____ mg/dl for every _____ grams of carbohydrate to be eaten.
 Insulin for carbs: _____ mg/dl for every _____ grams of carbohydrate to be eaten. After lunch/snack After lunch After PE
 Before going to bed/after bedtime or decrease insulin to carb ratio 1:100 to 1:150 of carbohydrate

Pump Malfunctions: Disconnect pump when malfunctioning
 • Pump malfunctions or symptoms that the pump is not working should be addressed by using the pump before disconnecting and then insulin given by injection.
 • Pump malfunctions to not operational: School Nurse or Parent to give insulin according to Insulin to Carb Ratio and/or Correction Factor Call Parent and School Care Provider (if orders)

Student's Self Care: No supervision Full supervision Requires some supervision (ability level to be determined by school nurse and parent) unless otherwise indicated here: _____

Additional Information:
 Remarks: No signature below provides authorization for the written orders above and exchange of health information to assist the school nurse or individualized health plan. I understand that all procedures will be implemented in accordance with state laws and regulations and may be performed by additional designated school personnel under the training and supervision established by the school nurse. This plan is for a maximum of one year.

Physician: _____ Date: _____
 Parent: _____ Date: _____
 School Nurse: _____ Date: _____

- Prepared annually by student's Health Care Team
- Describes diabetes care - routine/emergency
- Should be clear and detailed
- This is the basis for all health care
- Typical orders include information regarding:
 - Type of insulin/type of pump (if applicable)
 - Target BG /carb ratio/correction factor
 - Blood glucose monitoring - when and how
 - Independence level of child
 - Safe ranges for PE/recess/physical activity
 - Rules for hyper- and hypoglycemia? Checking for ketones? Glucagon dose?
 - Parent and Emergency Contact info
 - Information regarding CGMs
 - Meal Plans/Disaster plans

Individualized Health Care Plan

Individualized Health Care Plan

Student: _____ Grade: _____

Parent's Name: _____
Address: _____

Home Phone: _____ Dad's work: _____
Mom's cell: _____ Dad's cell: _____

Daily Blood Sugar Management

- Target blood sugar: _____ mg/dl
- CALL PARENT IF BLOOD SUGAR IS LESS THAN _____ OR GREATER THAN _____

Blood glucose testing (BG)

- Lunch
- Before PE if below _____ or above _____ student or parent from PE.
- As needed for symptoms of high or low blood sugar.
- Student is independent monitoring blood glucose at school.
- Student requires assistance.
- Student requires observation.

Medication at lunch time:

- Bolus dose for carbs = 1 unit of insulin for _____ grams of carbs
- Correction factor = 1 unit of insulin for every _____ mg/dl over target BG
- Insulin Pump
- Student will independently calculate/administer insulin at school.
- Student requires assistance to calculate/administer insulin at school.

Correcting for High Blood Glucose Levels

If two hours (or more) past since insulin administration and blood glucose is greater than _____ mg/dl, blood sugar will be corrected by administering 1 unit of insulin for every _____ mg/dl over _____.

Signs of High Blood Glucose:

- Blood sugar above _____ mg/dl
- Frequent urination
- Excessive thirst
- Nausea/vomiting
- Dehydration
- Sleepiness
- Confusion
- Blurred vision
- Inability to concentrate
- Irritability

Actions to be taken

- Follow above correction for high blood glucose.
- Check blood sugar again in 15 minutes and at hourly intervals until blood sugar is below _____ mg/dl.
- Check ketones in urine if blood sugar is above _____ mg/dl.
- Ketone testing supplies are kept in _____.
- Allow free and unbiased use of bathroom.
- Encourage student to drink water or other sugar free liquid.
- If symptoms worsen or the student becomes unresponsive or begins vomiting call parent.

- Prepared by School Nurse - is a nursing care plan
- How will DMMP be effectively implemented in school (assesses specific student and school environment)
- May include:
 - Snack/lunch time? PE? bus?
 - Carb calculations
 - Testing times/location
 - Plan for maintenance of target BG
 - Independent students - management
 - Supply location/Emergency kits?
 - Field trips? Classroom parties? Snacks?
 - Communication with parents?
 - Trained Staff? Delegated Care Aides?

Daily Schedule

- Developed by School Nurse in consultation with teacher
- Instructions and schedule regarding diabetes management for teacher to follow
 - When student needs to check blood sugar
 - When student goes to nurse
 - Where supplies are kept
 - Water/bathroom privileges

Emergency Care Plan

- Developed by the School Nurse as a tool for school staff
- How to recognize and treat signs/symptoms of hypo- and hyperglycemia
 - What to do in an emergency? Severe lows/highs



Rights of Students with T1D

Rights of the Student with T1D

American with Disabilities Act

Provides clear and consistent guidelines protecting a person with a disability (including diabetes) from being discriminated against.

Section 504 (Rehab. Act of 1973)

Prohibits discrimination on the basis of disability in programs/activities receiving federal funds from the U.S. Department of Education.

Individuals with Disabilities Education Act

Requires that a free, appropriate public education be provided to all eligible children with disabilities

Governs how states and public agencies provide early intervention, special education and related services

Setting	504	ADA	IDEA
Public School: Federally Funded	Yes	Yes:	Yes if the student qualifies for Special Education
NOT Federally Funded	No		
Private School: Federally Funded	Yes	Yes	Yes if it is found that the child qualifies then proportionate services must be provided
NOT Federally Funded	No		
Religious school	No	No	Yes if it is found that the child qualifies then proportionate services must be provided
Day Care: Federally Funded	Yes	Yes	Only if the day care is providing elementary educational
NOT Federally Funded	No		
Religious Day Care	No	No	No

Section 504

What is a 504 “Plan”?

- Legally binding document that applies to publicly funded schools from early childhood through higher education
- Goal is to level the playing field for children with disabilities so that they have equal access to education
- It is a Civil Rights act
- Allows for reasonable accommodations and/or modifications to allow students with disabilities have equal opportunity to participate in school programs and activities (academic, non-academic and extra-curricular)
- It is not a modification to the curriculum - NOT Special Education

Section 504

Who is eligible?

- Law provides that students who have a physical or mental /impairment that substantially limits one or more major life activities, have a record of such an impairment, or are regarded as having such an impairment are eligible for a 504
- Eligibility is determined through a specific process by a team of school district/school employees
- Diabetes qualifies as a disability for Section 504 consideration

Individualized Education Plans (IEPs)

What are they?

- Educational plan designed for a child with at least one of the disabilities covered by the IDEA to address gaps in learning
- Provides for special education and/or related services to accommodate these students and to help them make progress toward identified goals
- Educational Law

Should my child have one?

- Student must have one of the 13 disabilities identified in the Individuals with Disabilities Education Act (IDEA)
- Typically students with diabetes will only qualify for an IEP if has at least one other of these disabilities or if their condition so severely impacts their learning that they require supports to their educational program
- Team of school staff along with parents evaluate and determine eligibility



At School

Parent Responsibilities

- ❖ Inform school that your child has diabetes (if new to school)
- ❖ Meet with the Nurse before school starts to go over orders and daily schedule
- ❖ Set up 504 meeting
- ❖ Provide at least 2 emergency numbers
- ❖ Keep nurse updated on any changes in child's health status or medical orders
- ❖ Provide needed supplies for day to day care/Replenish when needed
- ❖ Communicate with nurse daily carb counts for lunch and snack
- ❖ Instruct nurse about pump
- ❖ Give access to CGM
- ❖ Inform appropriate staff if your child is attending extra curricular activities

Supplies needed at School

The parent is responsible in supplying the school with the supplies needed to take care of the student daily as well as replenishing them as needed.

- ❖ Blood Glucose Meter
- ❖ Test strips/lancets
- ❖ Ketone strips
- ❖ Insulin/syringes
- ❖ Alcohol wipes
- ❖ Extra batteries for pump and glucometer
- ❖ Snacks/juice
- ❖ Emergency kits
- ❖ Glucagon

Emergency Kits

Lockdowns, Shelter in Place, Extreme Weather

- ★ Emergency Kits should be placed in all classrooms that your child will visit in a normal day.
- ★ Older kids can carry a backpack with emergency supplies
- ★ The kits should include
 - Extra blood glucose monitor
 - Extra lancets/test strips/batteries/ ketone strips
 - Glucagon
 - insulin/syringes
 - alcohol wipes
 - quick acting glucose (enough for 3 events)
 - carb filled snacks
 - water
 - pump supplies
 - information on Highs and Lows

Continuous Glucose Monitoring

- Provide CGM access to nurse
- If your child uses the CGM readings to dose insulin it needs to be specified in the orders that the CGM can be used.
- Make sure that the device being used daily to monitor/transmit the data is charged/send an extra charger to school
- Make sure child knows that monitoring device is not to be used for any other reason but for the CGM at school.

Preschool/ Day Care Private School



Private/Religious Schools

- If a private school does not receive federal funding, then the 504 Act does NOT apply. If a private school DOES receive federal funding, then services provided at public school should be provided at the private school
- The ADA applies to all schools EXCEPT those run by religious institutions. If attending a religiously run institution, then parents and students are at the mercy of what the school wants to do, and the parent/child have little options. If the private school is NOT run by a religious institution, then ADA applies. Accommodations within reason must be applied.

Day Care

- The laws that apply to children in the school setting also apply to children with diabetes in the day care setting.
- Day care centers (that are not religiously affiliated) can not legally deny your child the right to attend their day care.

Elementary School



Elementary School

Expectation of Nurse

Expectation in Classroom

Other

Total management

- Very Involved
- Nurse Still either does the finger pokes or oversees the student while they are doing the task
- Watches the Dexcom in office
- Intervenes for every high and low
- constant contact with parent
- informs staff of T1D
- involved in day to day care of the student
- informs parents of supplies being low.

- Welcome Child into the classroom
- Allow child to explain to class about T1D
- Become aware of alarm sounds of dexcom
- Be aware of signs of Highs and lows
- Follow IHP and 504s
- NEVER send student to Health office alone when not feeling well
- Inform Health office/Parent of any planned field trips
- Make sure Substitute folder includes instructions for T1D care

Specials, Lunchroom, Bus Driver

- Be sure that they are informed about T1D and make sure they have extra emergency supplies
- PE -Safe range to participate
- Lunchroom: Discuss Hot lunches
- Bus Driver- Make sure they are aware of T1D
- allow student to eat snacks on bus
- Student should have a buddy that is responsible on the bus in case of an emergency.

MIDDLE SCHOOL



Middle School

In Middle School Students start to self manage.

- Orders need to state that child can self manage
 - Sit down with the Nurse at the beginning of the year to discuss
- They become an advocate for themselves
 - Have conversations with teachers about T1D and their care
 - Test taking
 - They should know to tell teachers if they are high or low during a test
 - They can decide where/when to test themselves
- Students carry their own supplies
 - no one but them/Nurse/ Diabetic care aid can touch their supplies unless it is an emergency
- Nurse still watches the dexcom and will intervene for highs and lows
- Parent/Nurse/Diabetic care aid will accompany child on a field trip

High School



High School

In High School Students self manage.

- Orders need to state that child can self manage
 - Sit down with the Nurse at the beginning of the year to discuss
 - Testng before driving home
- They are advocate for themselves
 - Have conversations with teachers about T1D and their care
 - Test taking
 - Stop the clock/ extended time
 - They can decide where/when to test themselves
- Students carry their own supplies
 - no one but them can touch their supplies unless it is an emergency
- Nurse will watch the dexcom and will intervene only for lows
- Parent/Nurse will not accompany child on a field trip

Conclusion

Communication

Trust

Mutual Respect

QUESTIONS



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Introduction

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Parent/Nurse/Student Relationship

- Trust- The parents and student must trust their Nurse.
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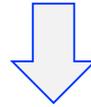
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TARGET RANGE - Blood Glucose: _____ mg/dl TO _____ mg/dl
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Notify when to Parents: Low = target range and High = 300 mg/dl or higher. Low (low) _____ mg/dl and greater than _____ mg/dl

continuous glucose monitoring, always include glucose level with a 2-hour/10-hour prior to treatment

Hypoglycemia: Follow Standards of Care for Diabetes Management in the School Setting. Address otherwise indicated here: _____

For Severe Symptoms: Call 911. Document Pump Administered Glucagon Dose: _____ mg. Administer to: _____ Class/Classroom/Other
Hypertension: Follow Standards of Care for Diabetes Management in the School Setting. Address otherwise indicated here: _____

Diabetes Training: per Standards of Care for Diabetes Management in the School Setting. (See below)

When to Check Blood Glucose: The presence of certain signs with fasting should be noted by the parent.
 Always for signs & symptoms of low/high blood glucose, when there are fast and/or indicator colors
 Before School Program After Lunch Mid-afternoon After School (if not in school program)
 Before Lunch After Lunch Before Before PE
 Before Breakfast Before going to bed/after bedtime 15-30 min after snacks Other _____

Insulin Pump: Follow Guidelines for Insulin Administration by School Staff.
 • Pump settings are established by the student's healthcare provider and should be maintained. The school staff making changes to the insulin or basal rate by student providing will care as indicated on the pump.
 • Insulin pump alarms for the insulin pump should be written on all health care orders and consistently.

Insulin Pump Brand: _____ (Type of insulin) _____

Correction Ratio: Provide correction factor per pump calculation. All BG levels are in mg/dl. The pump for administration of pump-calculated correction unless otherwise indicated on the provider orders.

Correction/Correction Factor: _____ mg/dl when target BG range starting at _____ mg/dl
 If blood glucose is low then _____ mg/dl

When Hypoglycemia occurs when _____ mg/dl
 If it has been greater than 2 hours since the last meal, the student may be given insulin per the school staff using the indicated correction factor at the provider orders if approved by the school staff.
 Contact Health Care Provider for assistance.

Carbohydrate and Insulin Dose per pump: Breakfast Lunch Dinner Other _____
Insulin to Carbohydrate Ratio: _____ mg/dl for every _____ grams of carbohydrate to be eaten.
 Insulin for snacks: _____ mg/dl Prior to lunch/snack After lunch/snack 15-30 min before lunch & after lunch Other _____
 Follow guidelines for insulin or decrease insulin to carb ratio 1:10 (1:1) to grams of carbohydrate.

Pump Malfunctions: Disconnect pump when malfunctioning
 If pump malfunctions or is suspected that the results being obtained are incorrect by using the pump, the student and their teacher should be notified.
 School Nurse or Parent to give insulin according to Insulin to Carbohydrate Ratio and/or Correction Factor
 Call Parent and School Care Provider (if orders)

Student's Self Care: No supervision Full supervision Requires some supervision (ability level to be determined by school nurse and parent, address otherwise indicated here)

Additional Information:
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Individualized Health Care Plan

Student: _____ Grade: _____

Parent's Name: _____
Address: _____

Home Phone: _____ Dad's work: _____
Mom's cell: _____ Dad's cell: _____

Daily Blood Sugar Management

- Target blood sugar: _____ mg/dl
- CALL PARENT IF BLOOD SUGAR IS LESS THAN _____ OR GREATER THAN _____

Blood glucose testing (BG)

Lunch

Before PE if below _____ or above _____ student or parent from PE.

As needed for symptoms of high or low blood sugar.

Student is independent monitoring blood glucose at school.

Student requires assistance.

Student requires observation.

Medication of Insulin:

- Bolus dose for carbs = 1 unit of insulin for _____ grams of carbs
- Correction factor = 1 unit of insulin for every _____ mg/dl over target BG
- Insulin Pump

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Student requires assistance to calculate/administer insulin at school.

Correcting for High Blood Glucose Levels

If two hours (or more) past since insulin administration and blood glucose is greater than _____ mg/dl, blood sugar will be corrected by administering 1 unit of insulin for every _____ mg/dl over _____.

Signs of High Blood Glucose	Actions to be taken
Blood sugar above _____ mg/dl <input type="checkbox"/> Frequent urination <input type="checkbox"/> Excessive thirst <input type="checkbox"/> Nausea/vomiting <input type="checkbox"/> Dehydration <input type="checkbox"/> Sleepiness <input type="checkbox"/> Confusion <input type="checkbox"/> Blurred vision <input type="checkbox"/> Inability to concentrate <input type="checkbox"/> Irritability	<ul style="list-style-type: none"> • Follow above correction for high blood glucose. • Check blood sugar again in 15 minutes and at hourly intervals until blood sugar is below _____ mg/dl. • Check ketones in urine if blood sugar is above _____ mg/dl. • Ketone testing supplies are kept in _____. • Allow free and unobstructed use of bathrooms. • Encourage student to drink water or other sugar free liquid. • If symptoms worsen or the student becomes unresponsive or begins vomiting call parent.

Individualized Health Care Plan

- Prepared by School Nurse - is a nursing care plan
- How will DMMP be effectively implemented in school (assesses specific student and school environment)
- May include:
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 - Carb calculations
 - Testing times/location
 - Plan for maintenance of target BG
 - Independent students - management
 - Supply location/Emergency kits?
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Daily Schedule

- Developed by School Nurse in consultation with teacher
- Instructions and schedule regarding diabetes management for teacher to follow
 - When student needs to check blood sugar
 - When student goes to nurse
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Emergency Care Plan

- Developed by the School Nurse as a tool for school staff
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Section 504

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Section 504

Who is eligible?

- Law provides that students who have a physical or mental /impairment that substantially limits one or more major life activities, have a record of such an impairment, or are regarded as having such an impairment are eligible for a 504
- Eligibility is determined through a specific process by a team of school district/school employees
- Diabetes qualifies as a disability for Section 504 consideration

Individualized Education Plans (IEPs)

What are they?

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- Team of school staff along with parents evaluate and determine eligibility



At School

Parent Responsibilities

- ❖ Inform school that your child has diabetes (if new to school)
- ❖ Meet with the Nurse before school starts to go over orders and daily schedule
- ❖ Set up 504 meeting
- ❖ Provide at least 2 emergency numbers
- ❖ Keep nurse updated on any changes in child's health status or medical orders
- ❖ Provide needed supplies for day to day care/Replenish when needed
- ❖ Communicate with nurse daily carb counts for lunch and snack
- ❖ Instruct nurse about pump
- ❖ Give access to CGM
- ❖ Inform appropriate staff if your child is attending extra curricular activities

Supplies needed at School

The parent is responsible in supplying the school with the supplies needed to take care of the student daily as well as replenishing them as needed.

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- ❖ Test strips/lancets
- ❖ Ketone strips
- ❖ Insulin/syringes
- ❖ Alcohol wipes
- ❖ Extra batteries for pump and glucometer
- ❖ Snacks/juice
- ❖ Emergency kits
- ❖ Glucagon

Emergency Kits

Lockdowns, Shelter in Place, Extreme Weather

- ★ Emergency Kits should be placed in all classrooms that your child will visit in a normal day.
- ★ Older kids can carry a backpack with emergency supplies
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 - information on Highs and Lows

Continuous Glucose Monitoring

- Provide CGM access to nurse
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Preschool/ Day Care Private School



Private/Religious Schools

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Day Care

- The laws that apply to children in the school setting also apply to children with diabetes in the day care setting.
- Day care centers (that are not religiously affiliated) can not legally deny your child the right to attend their day care.

A young girl with dark, curly hair is smiling and looking towards the camera. She is wearing a teal-colored sleeveless top. The background is white, with a large, vibrant blue brushstroke graphic on the left side. The text 'Elementary School' is written in white on the blue brushstroke.

Elementary School

Elementary School

Expectation of Nurse

Expectation in Classroom

Other

Total management

- Very Involved
- Nurse Still either does the finger pokes or oversees the student while they are doing the task
- Watches the Dexcom in office
- Intervenes for every high and low
- constant contact with parent
- informs staff of T1D
- involved in day to day care of the student
- informs parents of supplies being low.

- Welcome Child into the classroom
- Allow child to explain to class about T1D
- Become aware of alarm sounds of dexcom
- Be aware of signs of Highs and lows
- Follow IHP and 504s
- NEVER send student to Health office alone when not feeling well
- Inform Health office/Parent of any planned field trips
- Make sure Substitute folder includes instructions for T1D care

Specials, Lunchroom, Bus Driver

- Be sure that they are informed about T1D and make sure they have extra emergency supplies
- PE -Safe range to participate
- Lunchroom: Discuss Hot lunches
- Bus Driver- Make sure they are aware of T1D
- allow student to eat snacks on bus
- Student should have a buddy that is responsible on the bus in case of an emergency.

MIDDLE SCHOOL



Middle School

In Middle School Students start to self manage.

- Orders need to state that child can self manage
 - Sit down with the Nurse at the beginning of the year to discuss
- They become an advocate for themselves
 - Have conversations with teachers about T1D and their care
 - Test taking
 - They should know to tell teachers if they are high or low during a test
 - They can decide where/when to test themselves
- Students carry their own supplies
 - no one but them/Nurse/ Diabetic care aid can touch their supplies unless it is an emergency
- Nurse still watches the dexcom and will intervene for highs and lows
- Parent/Nurse/Diabetic care aid will accompany child on a field trip

High School



High School

In High School Students self manage.

- Orders need to state that child can self manage
 - Sit down with the Nurse at the beginning of the year to discuss
 - Testng before driving home
- They are advocate for themselves
 - Have conversations with teachers about T1D and their care
 - Test taking
 - Stop the clock/ extended time
 - They can decide where/when to test themselves
- Students carry their own supplies
 - no one but them can touch their supplies unless it is an emergency
- Nurse will watch the dexcom and will intervene only for lows
- Parent/Nurse will not accompany child on a field trip

Conclusion

Communication

Trust

Mutual Respect

QUESTIONS

THANK YOU

**Anne McCann MA, RN, CSN
and LeeAnnaAnzaldi RN, BSN**

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