

TAKING DIABETES TO SCHOOL ...

INFORMATION FOR THE SCHOOL ADMINISTRATOR

Provide a supportive learning environment for students with diabetes. Treat these students the same as other students except to respond to medical needs. Respect the student's confidentiality and right to privacy, and reinforce the expectation that other school personnel will do the same.

Identify and train all staff members who have responsibility for the student with diabetes. Include health staff, teachers, paras, substitutes, coaches, support staff, bus drivers, and administrators as appropriate in your school community. Training for these personnel is based on the student's IHP (Individualized Healthcare Plan) and assigned responsibilities for diabetes care. Some will need training in comprehensive cares for the child with diabetes; others will need a focus on recognizing and responding to low blood sugar. A primary or lead school caregiver at school (with backup) should be identified. Don't overlook communication strategies to involve substitutes. The team should meet at least annually to review the student's IHP and demonstrate skill competency related to assigned responsibilities.

All members of the child's school health team must learn to recognize signs of low and high blood sugar, and understand the appropriate actions to take. Teachers and other members of the school health team may be asked to provide glucose for treatment of low blood sugar. Some student IHPs include injection of glucagon for low blood sugar emergencies. School personnel must be prepared to identify and respond to emergencies.

Access to food, fluids, restroom, and assistance from school health personnel or other designated staff must not be restricted at any time for the student with diabetes.

Support and facilitate communication between parents/guardians of students with diabetes, medical providers, and the school team.

Encourage parents/guardians to keep emergency contact information current. Talk regularly about dosage and treatment changes.

Blood glucose testing in locations other than the classroom is permissible, if carefully planned, and controls are in place to assure safety of the child and others. Communication strategies to report testing results, and other actions, should be detailed in the student's IHP as appropriate for the student's needs.

Young children, students newly diagnosed, and students with diabetes and other special health care needs, may require the assistance of a licensed nurse at school. Not every child with diabetes will require a nurse at school at all times. However, only a Registered Nurse is credentialed in Nebraska to make the delegation decision regarding the delegation of duties to an unlicensed person.

Students may carry sources of glucose for self-treatment with parental and physician consent and assistance in planning from the school nurse. A student cannot be required to self-manage his or her diabetes. The student's IHP will identify areas where the student is independent and those where assistance is needed. Degree of independence will evolve over time.

Participate in planning for school-sponsored activities (field trips, athletics, etc.) in order to fully include the student with diabetes.

School staff accompanying the student with diabetes to activities off school premises must be familiar with the student's IHP. Assure means are available to access emergency medical care if needed.

*NEBRASKA SCHOOL AND CHILD HEALTH PROGRAM
DIVISION OF PUBLIC HEALTH, DEPT. OF HEALTH AND HUMAN SERVICES*

**DIABETES RESOURCES
FOR THE SCHOOL ADMINISTRATOR AND EDUCATION PROFESSIONALS**

HIGHLY RECOMMENDED AND FREE:

U.S. Dept. of Health and Human Services.
2003. "Helping the Student with Diabetes
Succeed: A Guide for School Personnel."
http://www.ndep.nih.gov/media/Youth_NDEP_SchoolGuide.pdf.

National Diabetes Education Program:
<http://ndep.nih.gov/resources/school.htm>

Juvenile Diabetes Research Foundation
www.jdrf.org, and the School Advisory Toolkit
www.jdrf.org/satrequest

American Diabetes Association:
www.diabetes.org and
www.childrenwithdiabetes.com (a site for
families)

American Association of Diabetes Educators.
2008. AADE Position Statement: Management
of Children with Diabetes in the School
Setting. Available: <http://tde.sagepub.com>

Resources of the Nebraska Diabetes Prevention
and Control Program at the Department of
Health and Human Services:
<http://www.dhhs.ne.gov/diabetes/>

Resources of the Nebraska Department of
Education Nutrition Services Program.
Contact: sharon.l.davis@nebraska.gov . See:
http://www.education.ne.gov/ns/slide_shows.htm
and
http://www.education.ne.gov/ns/forms/nslp/forms/Sp_diet_accomod.htm

For more information contact: Kathy Karsting, RN, MPH
kathy.karsting@nebraska.gov www.dhhs.ne.gov/SchoolHealth

***FROM THE SCHOOL AND CHILD HEALTH
PROGRAM AND FREE:***

Sample individualized healthcare plans for the school
nurse.

Professional resources on evidence-based best
practices for the management of diabetes in children
and youth at school.

Examples of sample school policies and teaching tools
to assist in preparing non-nursing school personnel
respond to the needs of a child with diabetes.

Resources on Nebraska regulations governing the
practice of nursing, and information for school
administrators, school health professionals and others
on Delegation Decisions. See:
<http://www.dhhs.ne.gov/SchoolHealth/delegationdecisionmemo50908.pdf> and
<http://www.dhhs.ne.gov/SchoolHealth/delegationdecisionoutline50908.pdf>

Sample form (*Form FH-25*) for self-management of
diabetes per Neb. Rev. Stat. 79-225, to accompany
the student's individualized health care plan. Available:
<http://public.dhhs.ne.gov/FORMS/Home.aspx>

Additional web-based resources to assist school
personnel and families help a child with diabetes
succeed at school.

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