

Section 504 Plan for: <student>
School: _____
School Year: 2014-2015

<student>
Student's Name **Birth Date** **Grade** **Homeroom Teacher**

_____ Type 1 Diabetes _____
Disability

OBJECTIVES/GOALS OF THIS PLAN

Diabetes can cause blood glucose (sugar) levels to be too high or too low, both of which affect <student>'s ability to learn as well as seriously endangering <student>'s health both immediately and in the long term. The goal of this plan is to provide Section 504 Plan and/or related aids and services needed to maintain blood glucose within this student's target range, and to respond appropriately to levels outside of this range in accordance with the instructions provided by <student>'s health care team.

REFERENCES

School accommodations, diabetes care, and other services set out by this Plan will be consistent with the information and protocols contained in the National Diabetes Education Program Helping the Student with Diabetes Succeed: A Guide for School Personnel, 2010.

DEFINITIONS USED IN THIS PLAN

1. Diabetes Medical Management Plan (DMMP) or "Physician Authorization for Health Care Services at School": A plan that describes the diabetes care regimen and identifies the health care needs of a student with diabetes. This plan is developed and approved by <student>'s personal health care team and family. Schools must do outreach to the parents and child's healthcare provider if a DMMP is not submitted by the family, with a signed HIPAA on file.
2. Quick Reference Emergency Plan (QREP): A plan that provides school personnel with essential information on how to recognize and treat hypoglycemia and hyperglycemia.
3. Trained Diabetes Personnel (TDP): Non-medical school personnel who have been identified by the school nurse, school administrator, and parent who are willing to be trained in basic diabetes knowledge and have received training coordinated by the school nurse in diabetes care, including the performance of blood glucose monitoring, insulin and glucagon administration, recognition and treatment of hypoglycemia and hyperglycemia, and performance of ketone checks, and who will perform these diabetes care tasks in the absence of a school nurse/health tech.

1. PROVISION OF DIABETES CARE

1.1 At least ____ staff members will receive training to be Trained Diabetes Personnel (TDP), and either a school nurse/health tech or TDP will be available at the site where <student> is at all times during school hours, during extracurricular activities, and on school sponsored field trips to provide diabetes care in accordance with this Plan and as directed in the DMMP, including performing or overseeing administration of insulin or other diabetes medications (which, for pump users includes programming and troubleshooting student's insulin pump), blood glucose monitoring, ketone checks, and responding to hyperglycemia and hypoglycemia including administering glucagon.

1.2 Any staff member who is not a TDP and who has primary care for <student> at any time during school hours, extracurricular activities, or during field trips shall receive training that will include a general overview of diabetes and typical health care needs of a student with diabetes, recognition of high and low blood glucose levels, and how and when to immediately contact either a school nurse/health tech or a TDP. This should include teachers, coaches, yard aides, librarian, etc. Each custodial staff member will be provided with a copy of <student>'s QREP.

2. TRAINED DIABETES PERSONNEL

2.1 The following school staff members will be trained to become TDPs by _____(date):

3. STUDENT'S LEVEL OF SELF-CARE AND LOCATION OF SUPPLIES AND EQUIPMENT

3.1 As stated in the attached DMMP:

(a) <student> is able to perform the following diabetes care tasks without help or supervision:

Testing blood glucose levels, carbohydrate counting and management

and <student> will be permitted to provide this self-care at any time and in any location at the school including the classroom, at field trips, at sites of extracurricular activities, and on school buses.

(b) <student> needs supervision with the following diabetes health care tasks:

Insulin administration by pump or injection. Confirmation of carb count when insulin is administered.

(c) <student> needs a school nurse/health tech or TDP to perform the following diabetes care tasks:

Administer glucagon in the event of a severe low blood glucose episode that involves loss of consciousness or seizure. Troubleshoot insulin pump or infusion set problems.

3.2 <student> will be permitted to carry the following diabetes supplies and equipment with her in her backpack or a separate bag at all times and in all locations:

Glucose meter kit, including: glucose meter, lancing devices, test strips, lancets, alcohol swabs. Fast-acting glucose source, including, but not limited to: glucose tabs, candy, juice. Other snacks. Insulin pump. Continuous Glucose Monitor. Water bottle. Cell phone.

- 3.3 Diabetes supplies and equipment that are not kept on <student> and additional supplies will be kept at:
Low supplies will be kept in classrooms and clinic/office. Extra test strips, backup meter, syringes, ketone meter and strips, pump supplies, glucagon will be kept in clinic/office.
- 3.4 Parent is responsible for providing diabetes supplies and food to meet <student>'s needs as prescribed in the DMMP. Nurse/health tech will notify parent via phone or e-mail if supplies are running low and need to be replenished.

4. CHECKING BLOOD GLUCOSE LEVELS, INSULIN AND MEDICATION ADMINISTRATION, AND TREATING HIGH OR LOW BLOOD GLUCOSE LEVELS

- 4.1 Blood glucose monitoring will be done at the times designated in <student>'s DMMP, whenever <student> feels her blood glucose level may be high or low, or when symptoms of high or low blood glucose levels are observed. <student> will be allowed to test blood glucose anywhere on campus, including the classroom. <student> will not be required to test blood glucose in the clinic, unless she chooses to do so.
- 4.2 <student> often wears a continuous glucose monitor (CGM) which may sound an alert to notify her of high or low blood glucose, or rapidly rising or dropping blood glucose levels. <student> is allowed to check her CGM on a regular basis and may need to attend to blood sugar levels in case of an alarm or changing blood sugar levels. This may include testing with her meter, eating a snack, texting parent, or going to the clinic for further assistance. Her CGM must be within 20 ft of her to receive glucose readings. This device may be attached to a cell phone that sends readings to the cloud for remote monitoring. **These devices should never be removed from her possession.**
- 4.3 Insulin and/or other diabetes medication will be administered at the times and through the means (e.g., syringe, pen or pump) designated in <student>'s DMMP for both scheduled doses and doses needed to correct for high blood glucose levels. <student> must be under the supervision of the nurse/health tech or TDP for any and all insulin administration.
- 4.4 <student> will be allowed to have insulin administered for carbohydrate coverage at any time. Insulin for correction should not be administered more frequently than every 2 hours, or as allowed by <student>'s insulin pump.
- 4.5 When <student> asks for assistance or any staff member believes <student> is showing signs of high or low blood glucose levels, the staff member will immediately seek assistance from the school nurse/health tech or TDP while making sure an adult stays with <student> at all times. Never send a student with actual -- or suspected -- high or low blood glucose levels anywhere alone.
- 4.6 If <student> requires the assistance of the nurse/health tech she must be escorted to the office by another student or adult. Alternatively, the nurse/health tech may be called to the classroom if <student> is unable or unwilling to go to the clinic.

- 4.7 Any staff member who finds <student> unconscious will immediately contact the school office. The office will immediately do the following in the order listed:
- 1. Contact the school nurse/health tech or a TDP (if the school nurse/health tech is not on site and immediately available) who will confirm the blood glucose level with a monitor and immediately administer glucagon (glucagon should be administered if no monitor is available);**
 - 2. Call 911 (office staff will do this without waiting for the school nurse/health tech or TDP to administer glucagon); and**
 - 3. Contact <student>'s parent and/or physician at the emergency numbers provided below.**

5. WATER AND BATHROOM ACCESS

- 5.1 <student> shall be permitted to have immediate access to water by keeping a water bottle in her possession and at her desk, and by permitting <student> to use the drinking fountain without restriction.
- 5.2 <student> shall be permitted to use the restroom without restriction.

6. TESTS AND CLASSROOM WORK

- 6.1 If <student> needs to take breaks to use the water fountain or bathroom, check blood glucose, or to treat hypoglycemia or hyperglycemia during a test or other activity, <student> will be given extra time to finish the test or other activity, without penalty.
- 6.2 If <student> is experiencing high or low blood sugar at the time a test is to be administered and blood sugar levels cannot be easily remedied she will be given the opportunity to take it at an alternate time or day, without penalty. This includes classroom tests as well as standardized testing, including, but not limited to CAASPP.
- 6.3 Allow <student> to test blood sugar level and eat or take correction insulin before tests (including standardized tests) if needed for high or low blood sugar.
- 6.4 <student> shall not be penalized for absences or tardies required for medical appointments and/or for illness. The parent will provide documentation from the treating health care professional when available, if otherwise required by school policy. Many diabetes related absences or tardies, however, do not require a doctor's appointment and <student> will not be penalized for absences when proper parental notification of absence or tardy is supplied during or immediately following absence or tardy. <student> shall be given instruction to help her make up any classroom instruction missed due to diabetes care, without penalty.
- 6.5 Teacher will prepare/administer modified homework or tests, if appropriate.

- 6.6 A second set of textbooks will be provided for <student> to use at home if T1D related absences are having a negative effect on the <student>'s ability to complete homework or perform at the appropriate level.

7. BEHAVIORAL EXPECTATION AND CLASSROOM MODIFICATIONS

- 7.1 If seats are assigned, <student> should be placed in a location that will help minimize distractions, while also allowing her access to test blood sugar, have a snack, or go to the office with minimal disruption of the class.
- 7.2 <student> may experience episodes of oppositional, defiant or belligerent behavior, more common when blood sugar levels are high or low. All attempts should be made to avoid escalation of this behavior by employing techniques outlined in section 7.3. <student>'s CGM should be consulted to determine if behavior is related to out of range blood sugar levels. If blood sugar levels are high or low <student> should be exempt from typical disciplinary action and protocol as outlined in the DMMP for out of range blood sugar should be followed.
- 7.3 During times of over-stimulation or emotional upset <student> shall be provided with an area where she can compose herself with a structured "time out". This may be a quiet area in the classroom where she will not be disturbed, or if an area is not immediately available allow <student> to walk in the hall with a staff escort. Allow for <student> to utilize relaxation techniques and return to class.

8. EMERGENCY EVACUATION AND LOCKDOWN

- 8.1 In the event of emergency evacuation or lock-down situation, <student>'s 504 Plan and DMMP will remain in full force and effect.
- 8.2 The school nurse/health tech or TDP will provide diabetes care to <student> as outlined by this Plan and <student>'s DMMP, will be responsible for transporting <student>'s diabetes supplies, and equipment, will attempt to establish contact with <student>'s parents/guardians and provide updates, and will receive information from parents/guardians regarding <student>'s diabetes care. <student>'s parent will provide kits with emergency supplies for each classroom in case of a lockdown situation.

9. SNACKS AND MEALS

- 9.1 The school nurse/health tech or TDP, if school nurse/health tech is not available, will work with <student> and her parents/guardians to coordinate a meal schedule in accordance with the attached DMMP that will coincide with the schedule of classmates to the closest extent possible. <student> shall be permitted to eat lunch earlier if experiencing hypoglycemia. <student> shall have enough time to finish lunch. A snack and quick-acting source of glucose must always be immediately available to <student> in the event of hypoglycemia.

- 9.2 The parent will supply snacks needed in addition to, or instead of, any snacks supplied to all students. <student> will be permitted to eat a 15g snack for low blood sugar no matter where she is.
- 9.3 The parent will provide carbohydrate content information for snacks and meals brought from home. If carbohydrate information is missing from foods provided from home, <student> will be allowed to look up carbohydrate information on her cell phone.
- 9.4 Cafeteria to provide carbohydrate counting/nutritional information for all food served to <student> from the cafeteria.
- 9.5 <student> will not be excluded from participation in classroom or school-wide parties or events. If snacks are to be served, please notify parent and health tech/Nurse in advance and parent will provide either an alternate snack, or instructions on how much insulin to administer for the snack that will be provided at school. If advance notice is not possible, <student> may contact parent to discuss snack provided and to determine carbohydrate amount and insulin dosage.

10. FIELD TRIPS AND EXTRACURRICULAR ACTIVITIES

- 10.1 <student> will be permitted to participate in all school-sponsored field trips without restriction and with all of the accommodations and modifications, including necessary supervision by identified school personnel, set out in this Plan. <student>'s parent will not be required to accompany her on field trips or any other school activity, but parents reserve the right to accompany <student> if they choose.
- 10.2 The school nurse/health tech or TDP will be available on site at all school-sponsored field trips or extra curricular activities, will provide all usual aspects of diabetes care (including, but not limited to, blood glucose monitoring, responding to hyperglycemia and hypoglycemia, providing snacks and access to water and the bathroom, and administering insulin and glucagon), and will make sure that <student>'s diabetes supplies travel with her.

11. EXERCISE AND PHYSICAL ACTIVITY

- 11.1 <student> shall be permitted to participate fully in physical education classes and team sports except as set out in <student>'s DMMP. In the event of low blood sugar <student> will be permitted to sit out of physical education without penalty. <student> may not exercise if ketones are present, which may occur with high blood sugar or illness.
- 11.2 Responsible school staff members will make sure that <student>'s blood glucose meter, a quick-acting source of glucose, and water is always available at the site of physical education class and team sports practices and games. Blood sugar should be checked before any PE class.
- 11.3 School staff, including physical education instructors and coaches, will provide a safe location for the storage of <student>'s insulin pump if she chooses not to wear it during physical activity.

- 11.4 <student> may wear a medical ID bracelet. This should not be removed, even during physical education or sports, as it provides emergency medical information should first responders need to be called to attend to <student>.

12. COMMUNICATION

- 12.1 The school nurse/health tech, TDP, and other staff will keep <student>'s diabetes confidential, except to the extent that <student> decides to openly communicate about it with others.
- 12.2 The teacher, school nurse/health tech or TDP will provide reasonable notice to parent when there will be a change in planned activities such as exercise, playground time, field trips, parties, or lunch schedule, so that the lunch, snack plan, and insulin dosage can be adjusted accordingly.
- 12.3 Each substitute teacher and substitute school nurse/health tech will be provided with written instructions regarding <student>'s diabetes care and a list of all school nurses and TDP at the school. It is imperative all substitutes be aware of <student>'s condition and accommodations prior to the beginning of the school day. School administrators are responsible for ensuring any and all substitutes are aware of <student>'s condition and accommodations prior to the start of the school day.
- 12.4 <student> will be provided with direction as to what to do if an adult in the school (e.g. substitute teacher) denies her the accommodations listed in this plan. (e.g. ask the substitute to call the office for permission for the student to go to the nurse's office with an escort, etc.)
- 12.5 <student> has a cell phone for medical purposes in addition to the cell phone that is attached to her Dexcom CGM (Dexcom phone does not have voice or text service) . Her cell phone will be kept in her possession at all times, on silent or turned off. She will be allowed to contact her parent(s) as needed to relay health related information or to seek treatment advice for her medical conditions through text or calls. <student>'s phone is equipped with parental controls and texts or calls cannot be made or received from any number except her parents' during the school day. Any other use is subject to school or classroom rules, except as follows: If use other than calling or texting parent or using phone to look up carbohydrate information is discovered during class time the phone may be temporarily confiscated, but **must be returned before she leaves the classroom for any reason**. If temporary confiscation becomes necessary an e-mail or call should be sent/made to <student>'s parent the same day.
- 12.6 If requested by the parent, the student, or school personnel, <student> will be seen by the school psychologist, counselor, social worker, or other trained personnel for further evaluation of behavioral issues or to deal with T1D emotional issues. (e.g. teasing or bullying by other students because of T1D, adult/teacher issues, academic issues, etc.) It is understood that school personnel such as counselors and social workers are not to provide long term counseling or social work services.

13. PARENTAL NOTIFICATION

13.1 NOTIFY PARENTS IMMEDIATELY IN THE FOLLOWING SITUATIONS:

- Symptoms of severe low blood sugar such as continuous crying, extreme tiredness or weakness, seizure, or loss of consciousness.
- <student>'s blood glucose test results are below 70 or are below 80 15 minutes after consuming fast-acting carbohydrates such as juice, glucose tabs or candy.
- Symptoms of severe high blood sugar such as frequent urination, presence of ketones, vomiting or blood glucose level above 300. Blood sugar over 300, or the presence of ketones may indicate an undetected problem with <student>'s insulin pump or infusion set if correction insulin through pump does not remedy high blood sugar within 2 hours. See “High Blood Glucose Troubleshooting” sheet attached to DMMP.
- <student> refuses to eat or take insulin injection or bolus.
- Any injury.
- Insulin pump malfunctions cannot be remedied.

14. EMERGENCY CONTACT INSTRUCTIONS

Call parent at numbers listed below. If unable to reach parent, call the other emergency contacts or <student>'s health care providers listed below.

EMERGENCY CONTACTS:

Parent's/Guardian's Name	E-Mail	Cell Phone
--------------------------	--------	------------

Parent's/Guardian's Name	E-Mail	Cell Phone
--------------------------	--------	------------

Student's Health Care Provider(s):

Dr. _____
Name Phone Number

Dr. _____
Name Phone Number

This Plan shall be reviewed and amended at the beginning of each school year or more often if necessary, as requested by parent.

Approved and received:

Parent/Guardian Date

Parent/Guardian Date

Approved and received:

School Administrator and Title Date

School nurse/health tech Date

Date

Date

Date