

**RHODE ISLAND CERTIFIED SCHOOL  
NURSE-TEACHERS, INC.  
GUIDELINES  
*FOR MANAGEMENT OF STUDENTS WITH DIABETES  
IN SCHOOL***

**Adopted by the Board of Directors of the  
Rhode Island Certified School Nurse Teachers, Inc.**

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House of Representatives Commission to Study All Aspects of  
Health Care of Students in the School Setting**

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## History and Acknowledgements

This document originated from concerns from some parents that children with diabetes were receiving inconsistent care in the school setting. These concerns were expressed to legislators who responded by implementing the legislative process.

These Guidelines are our response to those concerns. We believe that this assessment tool when utilized by the school nurse-teacher will provide safe, consistent care to all students with diabetes.

Representative Joanne Giannini, Chairperson, House of Representatives Health, Education and Welfare Committee (2003-2004) initiated the *Commission to Study All Aspects of Health Care of Students in the School Setting*. Much testimony was heard regarding diabetes care in schools. We would like to thank Dr. Michael Mello, MD, MPH, FACEP, President, Rhode Island American College of Emergency Physicians and Dr. James Linakis, PhD, MD, Associate Director, Pediatric Emergency Medicine, Hasbro Children's Hospital for providing evidence based research pertinent to the Commission. Thanks are also extended to the many parents, school administrators, legislators, and others who provided testimony.

One outcome of the Commission was the passage of House Resolution Requesting the Department of Health to Develop Rules and Regulations to insure that Rhode Island Children with Diabetes are Medically Safe in the School Setting, H8313. Rhode Island Certified School Nurse-Teachers, Inc. (RICSNT) supported passage of this resolution and provided input into the formulation of the new Section 18, Diabetes Care Management effective August 29, 2005.

In order to share with the Commission what school nurses do as part of professional practice when developing Individualized Health Care Plans (IHCP) and Emergency Care Plans (ECP) for all children with chronic health conditions, Alice Brady, President and Wendy Krupa, Legislative Chair developed this document. These Guidelines were approved by the RICSNT Board of Directors in November 2003 and were presented at the December 10, 2003 Commission meeting.

Special acknowledgement is given to the Maryland Department of Health and Mental Hygiene, Maryland State Department of Education, Maryland State School Health Council for State School Health Services for sharing their document, *Management of Students with Diabetes Mellitus in School*, with us and to the Pediatric Adolescent Diabetes Research Foundation (PADRE) for partnering with the National Association of School Nurses to develop (P.E.D.S.) *Pediatric Education for Diabetes in School National Version A Resource Manual for School Nurses* June 2003.

Sincere appreciation to all the members of Rhode Island Certified School Nurse-Teachers, Inc. On a daily basis school nurses collaborate with children, their families, health care providers and involved agencies to achieve the goal of optimum independence for children with diabetes and all chronic health conditions.

## **Introduction**

These guidelines for the management of students with diabetes builds on what certified school nurse-teachers are already doing as part of professional nursing practice in developing **individual health care plans** and **emergency plans** for students with special health care needs. This is achieved by following the nursing process.

Diabetes is a chronic disorder of carbohydrate, fat and protein metabolism characterized by hyperglycemia and glycosuria resulting from inadequate production or utilization of insulin.

Students with diabetes attending school require a thorough nursing assessment of their health needs and specific plans that take into consideration special accommodations they may require in school. This guideline is comprehensive and is presented in two parts.

**Part I** provides certified school nurse-teachers with guidelines to follow as they conduct the assessment of a student with diabetes.

**Part II** gives guidance as the certified school nurse-teacher develops an **individual health care plan** and **emergency plan** for the student with diabetes in conjunction with the family and the primary care provider.

## **Purpose**

- To provide guidelines to certified school nurse-teachers for the management and coordination of care of the student with diabetes in schools.
- To enable a student with diabetes to attend school regularly and fully participate in educational programs.
- To provide for the immediate safety and long term health needs of students with diabetes.
- To minimize the possibility of diabetes related emergency situations.

## PART 1

# The Nursing Assessment

### Data Collection

It is essential that the certified school nurse-teacher be well informed of all aspects of medical, educational, and social issues regarding students with diabetes. The certified school nurse-teacher will collect information from a review of medical and educational records. Additional information should be obtained from:

- Parent interviews and/or home visits
- Student interview
- Physician/health care provider
- Diabetes educator working with family
- Teaching staff
- Classroom observations

### Assessment

The certified school nurse-teacher should assess the health care needs and educational needs of the student with diabetes using the nursing process. The certified school nurse-teacher should be cognizant of policies regarding record releases, information sharing, and confidentiality.

The following criteria should be considered when the certified school nurse-teacher is assessing a student's candidacy for self-management in the classroom:

- The student must demonstrate independence in the use of the glucometer and deemed responsible to dispose of used lancets and strips properly. A sealed container for lancets and a waste container for other test items including used test strips are necessary.
- The student must have the cognitive ability to interpret and act on the information which monitoring provides. For example a student must be able to treat hypo and hyperglycemia.
- The student must reliably keep a logbook of monitoring results.
- Monitoring results will be assessed by the certified school nurse-teacher as necessary.
- There should be agreement among the child, parent, diabetes care provider, and certified school-nurse teacher regarding whether the child meets the established criteria.

Assessment of the student with diabetes should also include but not be limited to the following:

**I. Student and Family Information**

**A. Personally Identifiable Information**

- Names of parents, address, phone number, emergency contacts, etc.
- Handicapping condition(s)
- Whether student qualifies for free/reduced price meals

**B. Educational Information**

- Educational level, grade placement
- Regular education or special education
- 504 accommodation plan or Individualized Educational Plan (IEP)
- Attendance - determine whether the student's diabetes is affecting attendance

**C. Family Status**

- With whom does the student reside?
- Do parents/guardian work outside of the home?
- Is there before and after school child care provider?
- Family's understanding of disease and support
- Emergency contacts

**D. Psycho-social Considerations**

- Child's perception of self and his/her acceptance of their diabetes
- Level of independence in management of diabetes
- Interaction with family, teachers, siblings, classmates, friends
- Family's ability to understand and cope with diagnosis
- Management strategies at home
- Stressors - divorce, financial level, frequent moves
- Support - immediate family, extended family
- Medical support
- Extracurricular activities
- Social events/holidays
- Behavior issues, i.e., compliance with current medical plan
- Is access to care an issue?

## **II. Current Health Status**

- Health history
- Onset of diabetes/date of diagnosis
- Level of diabetes education
- Pattern of blood glucose levels
- Primary care provider (name and phone number)
- History of diabetic emergencies
- If new onset, whether student passed through “honeymoon” phase
- Symptoms of hypo or hyperglycemia
- Frequency of hypo or hyperglycemia
- Management of both hypo and hyperglycemia
- Frequency of hospitalizations for diabetes
- How the family has been advised to treat reactions
- Other health concerns
- Name and phone number of the endocrinologist or diabetes specialist/educator
- Current health care provider orders for medications, treatments, diet, exercise plan, etc.

## **III. Medication/treatment requirements and other considerations for individual health care plan**

### **A. Insulin Administration** (insulin administration as ordered by health care provider)

- Level of independence
- Dosage
- Requirements at school
- Self administered by the student
- Describe how the amount is determined
- Schedule
- NPH, Regular, Pump, Humalog, other
- Method of administration, e.g., pump, pen, syringe
- Storage considerations (refrigeration, locking syringes, sharps container, running water, replacing expired vials)
- Nature of supervision required

### **B. Glucose Testing**

- Level of independence
- Frequency
- Requirements at school
- Performed in health suite or classroom
- Equipment used
- Target range of levels /sliding scale

### **C. Urine Ketone Testing**

- Level of independence
- Frequency
- Requirements at school
- Performed in health suite or lavatory
- Equipment used

### **D. Nutritional Requirements**

- Nutritional plan
- Carbohydrate counting
- Schedule of meals and snacks:
  - Time of lunch
  - Time of physical education and recess
  - Recess before or after lunch
  - Time snacks are scheduled
- Recommended snacks (as ordered by physician)
- Does student buy or bring lunch?
- How will snacks be provided and by whom?
- Where will food be kept?
- Are snacks eaten in classroom?
- Does student require supervision to remind him/her to eat snacks?
- Is snack required before physical activity?
- Suggest parents/guardian obtain menus from school for review and planning

### **E. Activity**

- Class schedule
- Consideration of physical layout of building
- Physical activity
  - PE participation
  - Sports participation
  - Recess
  - After school activities
  - Field trip considerations (i.e., frequency, distance, overnight)

**F. Transportation**

- Bus rider-- length of ride/special seating
- Walker -- length/time of walk
- Walk unaccompanied
- Emergency snacks carried on student's person
- Drives to school by self
- Emergency snacks in car

**G. Toileting considerations**

- Access to and location of lavatories
- Does student exhibit increased urination?
- Any provisions for testing urine at school?

A copy of the nursing assessment should be placed in the student's health record.

## PART II

# Planning and Interventions for Students with Diabetes in School

Upon completion of the assessment, the certified school nurse-teacher shall develop an **individual health care plan** and an **emergency care plan**. Copies of these plans should be shared with the appropriate school staff. It is recommended that these plans be shared with and signed by parents/guardians/student. The following should be considered when developing individual health care plans and emergency care plans for the student with diabetes:

- Developmental considerations
- Barriers
- Parental concerns
- Student concerns
- Social concerns
- Classroom strategies and accommodations
- Snacks
- Blood glucose testing/ ketone testing
- Medication administration
- Schedule -- PE, lunch, recess
- Emergency care
- Staff education
- Educational planning
- Coordination with other team members including health care provider and/or diabetes specialist
- Safety considerations
- Disaster preparedness: **Lockdown, In-Place Sheltering and Evacuations**
- Equipment:

The school should provide the following:

Sharps container  
Hospital grade disinfectant  
Locked storage for syringes  
Safe storage of insulin  
Access to medication, testing equipment and snacks

The parent is expected to provide:

Insulin and syringes  
Glucometer, test strips, lancets  
Ketone test strips  
Lunch/snacks  
Hypoglycemia emergency kit  
Glucagon/glucose gel

## **I. Components of Individual Health Care Plan**

### **A. Blood Glucose Monitoring**

Frequency of blood glucose monitoring is ordered by the student's health care provider in collaboration with the parent and student, e.g. routinely, before lunch, before exercise, and symptomatically. It is reasonable to request that blood glucose testing be performed in the health suite, but requests by students and parents/guardian for testing in other sites may be made. The certified school nurse-teacher is advised to consider each case individually and evaluate the following:

- Has the health care provider ordered blood glucose monitoring in classroom?
- Is the student able to perform the procedure safely?
- How will the equipment be safely stored and disposed?
- How does the student feel about performing procedure in the classroom?
- Can the procedure be done with minimum distraction to others?
- Has the classroom teacher been informed?
- If the results of the testing indicate the need for further attention from the certified school nurse-teacher, have plans been made for the student to be accompanied to health suite?
- Is there a need for a diabetes awareness presentation in the classroom?

### **B. Administration of Insulin in School**

Should a student require insulin to be administered during school, many things must be considered. Each case should be reviewed individually and in collaboration with parents/guardian, administrators, health care provider, student and certified school nurse-teacher. It is reasonable to require that insulin be administered in the health suite. Requests to administer insulin outside of the health suite should be evaluated individually.

- Medication order including method of administration
- Proper storage of insulin and supplies
- Self administration or administered by certified school nurse-teacher
- Safe disposal of sharps
- Privacy for student
- Responsibility/maturity of the student
- Is it necessary for the student to report results to the certified school nurse-teacher?

### **C. Snacks**

Some students with diabetes require snacks during the school day (i.e., a midmorning snack, mid-afternoon snack or when symptomatic.) Snacks should be kept in strategic places, i.e., back-ups in the classroom and in special areas.

Arrangements for snacks should be made with the least disruption to the student's school day and should be eaten in the classroom if possible. Routine snacks and extra snacks will be provided by the family. Consideration should be given to special school events involving food.

### **D. Activity**

Consideration for sports participation, PE participation, recess, field trips, and physical layout of school campus.

### **E. Transportation**

Consideration for bus ride, auto transit, walking (time/distance parameters), availability of emergency snacks if necessary

### **F. Bathroom**

When a student with diabetes is experiencing a hyperglycemic reaction, frequency of urination is often a symptom. The student must be excused to use the bathroom with as little disruption to his/her education as possible. The certified school nurse-teacher and parent should be alerted to this because it may indicate a need to readjust the student's diet or medication.

## **II. Emergency Protocols/Plans**

When a student is identified as having diabetes, the certified school nurse-teacher will develop an **individualized emergency protocol/plan**. The following will be considered when developing this plan: Developed utilizing health care provider's orders and in collaboration with parent and student. **These orders must be reviewed and renewed at least annually.**

- Should be specific and comprehensive
- Includes emergency contact numbers for parents/guardians and health care providers
- This plan must be reviewed and renewed at least annually
- Hypoglycemia should be handled immediately.
- Plans should include accommodations so that a student is never sent to the office unattended when feeling "low."
- Can the student identify when he or she is "low?"

- What are the student’s individual symptoms for hypo and hyperglycemia?
- Does student wear a medic-alert bracelet?
- Considerations for emergency treatment during **Evacuation, In-Place Sheltering, and Lockdown.**

### **III. Coordination and Case Management**

The certified school nurse-teacher partners with the parent/guardian to coordinate the care of the student with diabetes. The certified school nurse-teacher is the liaison between the health care provider, appropriate school staff, administration, parents/guardian and student and provides appropriate in-service. The certified school nurse-teacher may assist the family with referrals for counseling, support groups, and access to medical care as needed.

### **IV. Educational Planning**

The needs of the student with diabetes are met by a thorough nursing assessment, development of an individual health care plan and an emergency care plan.

Some students with diabetes require additional educational accommodations. If the student requires more specific educational accommodations, a 504 plan may be developed. If a student with diabetes qualifies for special education services, an IEP may include specific accommodations.

The certified school nurse-teacher is an integral part of the educational team and is vital in the planning of educational accommodations for the student with diabetes.

Special issues that may need to be considered:

- Classroom accommodations for testing, including quizzes, exams, performance and assessment tests
- Accommodations because of a vocational assignment
- Schedules that can accommodate glucose testing, snacks and PE classes
- Adaptive PE
- Field trip accommodations

### **V. Evaluation**

Evaluation is an ongoing process and should include the following:

- Orders reviewed with family and health care provider at least annually and as necessary
- Documentation of medications and treatments given
- Communication with the health care provider and family
- Need for staff understanding of accommodations and the **emergency care plan**

- Classroom observation
- Effectiveness of the plan to meet the student's health and educational needs
- Assessment and documentation of student's response to the management plan

Modifications to the **individual health care plan and/or emergency care plan** will be made as needed.

## RESOURCE LIST

***Management of Students with Diabetes Mellitus in School.* Maryland State School Health Services Guidelines, Department of Health and Mental Hygiene, Maryland State Dept. of Education, Maryland State School Health Council 1992; rev. 2000.**

***P.E.D.S. Pediatric Education for Diabetes in Schools,* A Resource Manual for School Nurses, PADRE Foundation in collaboration with NASN, 2003.**

***Rules and Regulations for School Health Programs (R 16-21-SCHO),* State of Rhode Island and Providence Plantations Department of Elementary and Secondary Education, Department of Health, As amended: December 2000.**

**Smaldone, A. & Dychkowski, L. (2002), Blood glucose testing in the classroom. School Nurse News, 19(3), 45-47.**

## APPENDICES

1. **SAMPLE Individualized Health Care Plan.....pages 15-16**
2. **SAMPLE Emergency Care Plan.....page 17**
3. **RI Rules and Regulations for School Health Programs,  
Section 18, Diabetes Care Management.....page 18**
4. **EXAMPLE Policy/Protocol for Diabetes Care Management.....page 19**

# SAMPLE

## INDIVIDUALIZED HEALTH CARE PLAN

Student's Name, Grade, etc.

Date

### BLOOD GLUCOSE MONITORING

1. \_\_\_\_\_ tests his/her own blood sugar in the Health Room with supervision
- 2. Notify School Nurse of All Blood Sugar Results**
3. Testing supplies provided by Parent and stored in drawer below Health Room refrigerator
4. Target Range **80 - 180**
- 6. Testing Schedule:**

10:00	Blood Test	Under 80 give juice = 15 carbs 15 carb snack - no bolus
12:10	Blood Test Lunch Bolus	70 carbs 5.8 units of Humalog via insulin pump (1 unit per 12 carbs) (Variation - Plus 0.5 additional units for every 50 over 200 in blood sugar to bring child to 150)
2:00	Blood Test	Under 80 give juice = 15 carbs No Snack Without Bolus

7. Additional blood sugar testing as needed
- 8. All routine treatment snacks given only after verification by School Nurse/Parent**
9. Testing results recorded in Health Room Log and provided to Parent daily

### INSULIN ADMINISTRATION

1. Parent provides MD orders for routine and correction doses
2. Parent provides insulin, syringes, insulin pump, back-up batteries for pump
3. School provides sharps container, alcohol wipes, 2x2 dressings
4. \_\_\_\_\_ wears an insulin pump  
He/she will notify Teacher and School Nurse of any pump alarms, site discomfort, etc.  
Parent will be notified (See 1-800 # on pump for direction if needed)  
\_\_\_\_\_ may administer bolus of insulin via pump under supervision of School Nurse
- 5. Medication order:**  
(See above)
6. Insulin administration recorded in Medication Record and provided to Parent daily

## NUTRITION

1. Juice and snacks provided by Parent and stored in drawer below Health Room refrigerator
2. Parent will provide lunch daily (\_\_\_\_ Carbs) or child may purchase pre-determined servings from school lunch menu as directed by Parent (Parent will verify serving size, fat and carbohydrate content with cafeteria staff)  
Any substitutions in lunch menu will be discussed with School Nurse/Parent
3. Any other foods, including “Free Snacks” will be given only as directed by School Nurse or Parent
4. Classroom Teacher will notify School Nurse of any classroom parties/snacks/change in lunch schedule

## EXERCISE

1. Additional carbohydrate snack will be provided by Parent on PE days
2. PE Scheduled on \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_
3. Classroom Teacher will notify School Nurse of any change in PE schedule
4. Any additional changes in school activities will be addressed by School Nurse in consultation with Parent

## ADDITIONAL ACCOMMODATIONS

1. \_\_\_\_\_ will display a “Peace Sign” if he/she needs to get someone’s attention for signs of illness
2. \_\_\_\_\_ wears a medic-alert bracelet with Hospital beeper # \_\_\_\_ - \_\_\_\_\_
3. Parent will notify bus driver, after-school activity coordinators for emergency treatment
4. Juice and snack in backpack if needed in classroom or on bus
5. Parent will accompany \_\_\_\_\_ on **Field Trips**
6. “Lockdown Low Bag” containing juice and snacks will be provided by Parent and stored in art, music, library classrooms and in gymnasium in the event of **Lockdown Procedure**
7. School’s Medical Emergency Bag contains glucometer, testing supplies, juice, snacks, glucose gel and glucagon for injection in the event of **Evacuation** or **In-Place Sheltering Procedures**

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**School Nurse –Teacher Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**See Emergency Care Plan**

# SAMPLE

## EMERGENCY CARE PLAN

Student's Name, Grade, etc.

Date

### for treatment of hypoglycemia (low blood sugar)

symptoms may include feeling "shaky", confusion, sweating, hunger, pallor, drowsiness

### SCHOOL NURSE NOT IN THE BUILDING

1. If able, \_\_\_\_\_ will test his/her blood sugar.  
Notify School Nurse or Parent
2. If \_\_\_\_\_ is unable to test, and IS ABLE TO SWALLOW, give small juice  
(additional juice packs in drawer below health room refrigerator)
3. Stay with \_\_\_\_\_, observe behavior and symptoms
4. Follow instructions from School Nurse or Parent

\* **IF UNCONSCIOUS:**

1. Call 911
2. Check for breathing and pulse / begin CPR if needed
3. If breathing, turn \_\_\_\_\_ on his/her side
4. Notify School Nurse and Parent
5. Stay with \_\_\_\_\_, observe carefully until rescue/School Nurse arrives

#### Emergency numbers:

Parents Home \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Mother's Cell \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Mother's Work \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Father's Cell \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Father's Work \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Hospital beeper \_\_\_\_ - \_\_\_\_

MD/Diabetes Nurse Coordinator \_\_\_\_ - \_\_\_\_

### SCHOOL NURSE IN THE BUILDING

1. **Notify School Nurse** who will do the following:
2. Check blood glucose before treating if possible
3. If <80 mg/DL give 4 oz. juice
4. Notify Parent
5. Check blood glucose after 30 min. if still symptomatic
6. If second blood glucose is <80 mg/DL give second dose juice

\* **IF UNCONSCIOUS:**

1. Call 911
2. Administer glucose gel between cheek and gum/glucagon 1 mgm IM  
(glucose gel and glucagon in Emergency Medical Bag)
3. Notify Parent

**RI Rules and Regulations for School Health Programs (2005)**  
**Section 18, Diabetes Care**

**Section 18.0 *Diabetes Care Management***

The provisions of this section shall take effect on August 29, 2005.

18.1 Each school district shall develop a policy or protocol that allows children who are diagnosed with diabetes to self-manage their disease whenever possible. Such policy or protocol shall be developed in collaboration with licensed health care providers, parents, students, school administrators, and certified school nurse teachers.

18.1.1 Such policy or protocol shall require no less than the following:

18.1.1.1 Developing an individualized health care plan (IHCP) and an emergency care plan (ECP);

18.1.1.2 Permitting self-testing in the classroom or other appropriate place(s) on the school campus or at school-sponsored activities, as designated in the IHCP;

18.1.1.3 Permitting snacks in the classroom or other appropriate place(s) on the school campus or at school-sponsored activities, as designated in the IHCP;

18.1.1.4 Permitting bathroom and water fountain privileges in the classroom or other appropriate place(s) on the school campus or at school-sponsored activities as designated in the IHCP,

18.1.1.5 Ensuring the accompaniment of a symptomatic child to a health area by a designated adult, per the IHCP and the ECP.

18.2 Each child diagnosed with diabetes shall have as part of their permanent school health record, an individualized health care plan (IHCP) and an emergency care plan (ECP) to ensure optimum health and safety for the child while at school or at school-sponsored activities.

18.3 All school personnel who may be involved in the care of a student who has been diagnosed with diabetes shall be informed of the IHCP and the ECP, as appropriate.

## **EXAMPLE: Policy/Protocol for Diabetes Care Management**

Protocol to allow children who are diagnosed with diabetes to self-manage their disease whenever possible to ensure optimum health and safety for the child while at school or at school-sponsored activities.

Diabetes is a serious, chronic disease that impairs the body's ability to use food properly due to the inability of the pancreas to make insulin (the hormone which helps the body convert food into energy) or to use insulin properly. Without insulin, glucose (sugar), the body's main energy source, builds up in the blood. Diabetic students may manage their illness by using injectable or infused insulin, oral hypoglycemic agents, and/or dietary modifications. In the school setting blood glucose levels can become too high (hyperglycemia) or too low (hypoglycemia) and require monitoring through blood glucose testing.

- It is important that diabetic care be managed and accommodated in the school setting through collaboration with the student, parent/family, licensed care providers, school administrator, school nurse teacher, classroom teacher, specialists, and any other staff who may have contact with the student.
- Both an Individualized Health Care Plan and an Emergency Care Plan will be developed by the certified school nurse-teacher for each diabetic student in the school setting. These plans will be shared with cafeteria and recess staff and staff involved in school sponsored activities to facilitate appropriate care.
- Students with diabetes should be taught and encouraged to independently care for their disease to the best of their ability, based on age, developmental stage, skills performance and input from the diabetic care team. Students who are able to self test, self administer insulin, and to manage their diabetic care must be allowed to do so in the classroom or other appropriate place(s) if the student and diabetic care team deem that this is appropriate. A physician's order will be on file to address accommodations including, but not limited to, diabetic self care in the school setting.
- All diabetic students will be allowed to consume snacks in the classroom or other appropriate location, such as the bus. Students will also be able to use the bathroom and water fountain as needed.
- All **symptomatic diabetic students** will have access to the school clinic and **shall be accompanied to a health area clinic by an adult.**

All school personnel who may be involved in the care of a student who has been diagnosed with diabetes shall be informed of the individualized health care plan (IHCP) and the emergency care plan (ECP) as appropriate.

Diabetic care performed in the health room/clinic will be documented using the district diabetic care log and data will be communicated to the parent/family/health care provider as per the individualized care plan.

**Please refer to the *Rhode Island Certified School Nurse-Teachers, Inc. Guidelines for Management of Students with Diabetes in School* at [www.RICSNT.org](http://www.RICSNT.org)**