

APPENDIX: **Helping the Student with Diabetes Succeed: A Guide for School Personnel - Minnesota Supplement**

Appendix A: **Sample Plans for Students with Diabetes**

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Type 2 DIABETES PREVENTION: REQUEST FOR DIAGNOSIS & PLAN

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Sample Plans for Students with Diabetes

DIABETES 504 PLAN - INDIVIDUAL ACCOMMODATION PLAN (IAP)

DIABETES INDIVIDUAL HEALTHCARE PLAN (IHP)

SAMPLE ALGORITHM FOR MANAGING BLOOD GLUCOSE RESULTS

DIABETES EMERGENCY CARE PLAN (ECP)

Type 2 DIABETES PREVENTION: REQUEST FOR DIAGNOSIS & PLAN

DIABETES 504 PLAN – INDIVIDUAL ACCOMMODATION PLAN (IAP)
Saint Paul Public Schools

A. Section 504 Student Evaluation Summary

Student's Name: _____ Date of meeting: _____

Student CIF: _____ Date of Birth: _____ Age: _____

School: _____ Grade: _____

Name and school position of participants:

1) What is the student's disability?

Type 1 Diabetes

2) What is the major life activity?

Learning

3) Summary of evaluation data:

(Gather information from a variety of sources such as teacher reports, standardized test scores, reportcards, health records, attendance, and discipline records. How does this affect the student's education?)

Type 1 diabetes is a physiological disorder that involves the endocrine system. Potential fluctuations in blood glucose either hypoglycemic or hyperglycemic episodes can have an impact on cognitive abilities and impact the individual's major life activities in the area of learning, which is one of the specific major life activities described in Section 504.

4) Determination:

The student **does not** have a physical or mental impairment which substantially limits one or more major life activities such as caring for one's self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning and working. No accommodation is needed.

The student has a physical or mental impairment which substantially limits one or more major life activities, such as caring for one's self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, and working.

An Individual Accommodation Plan (IAP) will be developed.

Referral of the student into the Child Study process is recommended.

Building 504 Representative: _____

Date: _____

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PARENT

DISTRICT 504 FILE

DIABETES 504 PLAN – INDIVIDUAL ACCOMMODATION PLAN (IAP)
Saint Paul Public Schools

B) Section 504 Individual Accommodation Plan (IAP)

Student's Name: _____ Date of meeting: _____

Student CIF: _____ Date of Birth: _____ Grade: _____

School: _____

1) Describe the student's strengths and interests:

2) Describe the nature of the concern:

Type 1 diabetes, as diagnosed by a health care provider, is a physiological disorder that affects the endocrine system.

3) Describe how the student's disability affects a major life activity:

Potential fluctuations in blood glucose either hypoglycemic or hyperglycemic episodes can have an impact on cognitive abilities and impact the individual's major life activities in the area of learning, which is one of the specific major life activities described in Section 504.

4) MEDICATION/ TREATMENT:

Name of physician: _____ Phone: _____

Medication(s):	Time(s):
<u>Rapid acting insulin</u>	<u>With meals and snacks</u>
<u>Long acting insulin</u>	<input type="radio"/> <u>School</u> <input type="radio"/> <u>Home</u>
<u>Other:</u>	<input type="radio"/> <u>School</u> <input type="radio"/> <u>Home</u>

Medications monitored by:

School Nurse Student Parent Other

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(Next page: Accommodations checklist to be completed.)

This form is to assist school staff in developing, providing and documenting accommodations for students with diabetes. The interventions are designed to keep the student safe while at school and on school sponsored outings (field trips).

The 504 Team has evaluated the above named student and he/she has been determined to meet eligibility criteria for a qualified individual under Section 504 of the Rehabilitation Act of 1973. In accordance with the Section 504 guidelines, the school will make reasonable accommodations to address the student's individual needs by:

Check the relevant accommodations and document when completed.

General Accommodations	Person Responsible	Date	NA
<input type="checkbox"/> Obtain Diabetes Medical Management Plan from Health Care Provider			
<input type="checkbox"/> Develop Emergency Care Plan (ECP) listing symptoms and treatment of hypoglycemia and hyperglycemia. Keep copies of ECP in school health office and distribute to all relevant school staff.			
<input type="checkbox"/> Train health office back-up personnel in insulin administration, blood glucose testing, treatment of hypo and hyperglycemia, and emergency care of student. (not all back-up personnel are trained in insulin administration).			
<input type="checkbox"/> Insure that back-up personnel have list of contact information for school nurse and SPPS Student Wellness.			
<input type="checkbox"/> Assess student's level of self care and write Individual Health Plan (IHP) for student (Use checklist for guidance).			
<input type="checkbox"/> Blood glucose monitoring will be done according to the level of self care, and may be done at any time and any location at school including but not limited to the school health office, classroom, in the lunchroom, at field trips or sites of extracurricular activities, or on the school bus.			
<input type="checkbox"/> Insulin will be administered in accordance with the level of self-care. Insulin and equipment will be located in _____.			
<input type="checkbox"/> As the student desires, provide student with privacy for blood glucose monitoring and insulin administration.			
<input type="checkbox"/> If unconsciousness occurs, 911 will be called immediately and health staff or trained back-up will administer glucagon/glucagen, if ordered . Emergency numbers including parent will be contacted immediately.			
<input type="checkbox"/> The health office will provide the family with school diabetes record upon request.			
<input type="checkbox"/> Family will provide all supplies for blood glucose monitoring, administering insulin, and ketone monitoring. The health office will notify the family when supplies are getting low.			
<input type="checkbox"/> Other:			
Classroom Accommodations	Person Responsible	Date	NA
<input type="checkbox"/> Review Emergency Care Plan (ECP) with classroom teacher and other relevant school staff, including how to respond to emergencies as outlined on the ECP.			
<input type="checkbox"/> Parent will provide a supply of snacks/glucose source to be kept at school to treat hypoglycemia or for emergency situations.			
<input type="checkbox"/> Ensure that a snack and a quick-acting source of glucose will always be immediately available to the student. The student will be able to eat in the classroom or wherever the child is when needing the source of glucose. Times for regular snacks will be established, if needed.			

Classroom Accommodations – continued	Person Responsible	Date	NA
<input type="checkbox"/> Student will have immediate access to water by keeping a water bottle in his/her possession and/or at the student’s desk, and by permitting the student to use the drinking fountain without restriction.			
<input type="checkbox"/> Student will be permitted to use the bathroom without restriction.			
<input type="checkbox"/> Student will have access to blood glucose monitoring equipment and insulin and will be allowed to test and administer insulin without restriction. (State place where testing will be done and location of blood glucose monitoring equipment).			
<input type="checkbox"/> Student will be referred to health office when showing signs of high or low blood sugar and will be accompanied by another student or adult as developmentally appropriate or per parent/student preference all the way to the health office.			
<input type="checkbox"/> If the student is affected by high or low blood glucose at the time of regular school testing, the student will be permitted to take the test at another time without penalty.			
<input type="checkbox"/> Student will be allowed extra time to finish any test, or classroom work without penalty if breaks are taken for diabetes care, water or bathroom.			
<input type="checkbox"/> Student shall be given instruction to help him/her make up any classroom time missed due to diabetes care and shall not be penalized for absences required for medical appointments.			
<input type="checkbox"/> Each substitute teacher will be provided with written instructions regarding the student’s diabetes care.			
<input type="checkbox"/> Other:			
Accommodations for Gym, Recess, Prep Classes	Person Responsible	Date	NA
<input type="checkbox"/> Student should participate fully in physical education classes and team sports.			
<input type="checkbox"/> Phy Ed. Instructors and coaches will be instructed to recognize and assist with the treatment of hypoglycemia.			
<input type="checkbox"/> Student will eat a snack before exercise if ordered, and have a quick acting source of glucose and water available at the site of physical education class or team sports practices and games.			
<input type="checkbox"/> Phy Ed. Instructors or coaches will provide a safe location for the storage of the student’s insulin pump if the student chooses not to wear it during physical activity.			
<input type="checkbox"/> Other:			
Accommodations in the Cafeteria	Person Responsible	Date	NA
<input type="checkbox"/> Student will be allowed enough time to finish eating lunch.			
<input type="checkbox"/> Student will be able to go through lunch line first to facilitate carbohydrate counting.			
<input type="checkbox"/> School menus with carbohydrate grams listed will be available to families and health office staff .			
<input type="checkbox"/> Food consumption will be monitored by a school authorized adult to insure accurate carbohydrate counting. This person will report to the health office.			
<input type="checkbox"/> Other:			

Accommodations on the School Bus	Person Responsible	Date	NA
<input type="checkbox"/> The bus driver shall be aware of symptoms of hypo and hyperglycemia and be able to treat hypoglycemia and respond to an emergency situation by calling 911.			
<input type="checkbox"/> Other:			
Accommodations for Field Trips	Person Responsible	Date	NA
<input type="checkbox"/> Student will be permitted to participate in all field trips and extracurricular activities without restriction and with all accommodations and modifications as noted in this plan. The student's parent/guardian will not be required to accompany the student on field trips or any other school activity. A parent or designee will be allowed to accompany the student, if desired by the parent.			
<input type="checkbox"/> The School nurse and parent/guardian will establish a plan for diabetes care of student while on field trip.			
<input type="checkbox"/> The parent and school nurse will be notified at least one week in advance of any field trip (at least 2 weeks if overnight) so plans can be made for diabetes care.			
<input type="checkbox"/> Other:			

Participants: (name and title, including parent/guardian)

MUST BE COMPLETED

The Individual Accommodation Plan (IAP) must be reviewed at least annually.

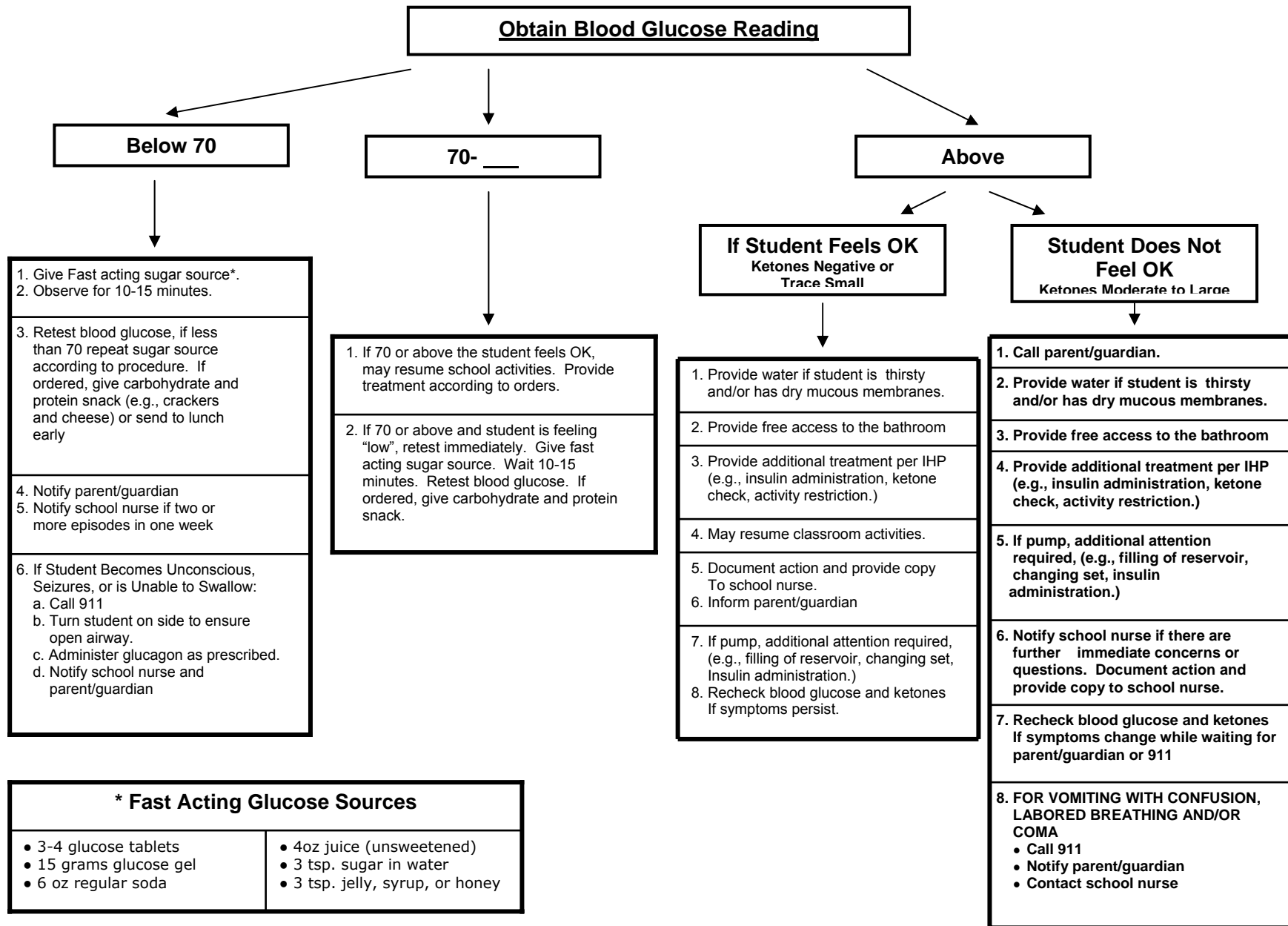
Review Date: _____

Plan Manager's Name: _____ Phone: _____

School 504 Representative: _____ Phone: _____

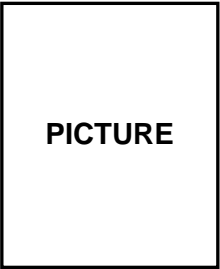
COPIES: ___ **STUDENT 504 FILE** ___ **PARENT** ___ **DISTRICT 504 FILE**

SAMPLE ALGORITHMS FOR MANAGING BLOOD GLUCOSE RESULTS



LOW BLOOD GLUCOSE (HYPOGLYCEMIA) EMERGENCY CARE PLAN

Student Name: _____
 Grade/Teacher: _____
 School Year/Date & School: _____



*Never send a child with Suspected low blood glucose anywhere alone.

CAUSES

- Too much insulin
- Missed food
- Delayed food
- Too much exercise
- Unscheduled exercise

ONSET
Sudden

SYMPTOMS*
Low Blood Glucose
Less than 70 mg/dl

MILD

Hunger	Dizziness
Irritable	Shakiness
Weak	Anxious
Pallor	Headache
Crying	
Sweating	
Unable to concentrate	
Other: _____	

MODERATE

- Sleepiness
- Erratic Behavior
- Confusion
- Slurred speech
- Poor coordination

SEVERE

- Unable to swallow
- Combative
- Unconscious
- Seizures

ACTION

- Treat symptoms as listed below
- Check Blood Glucose
- Notify School Nurse

Name: _____
 Pager: _____

MILD

- Provide Fast-acting sugar source:
 - 3-4 glucose tabs
 - 4 oz juice
 - 6 oz regular soda
 - 3 tsp glucose gel
- Wait 10 to 15 minutes
- Retest blood glucose. If less than 70 mg/dl, repeat sugar source
- If blood glucose within target range, student may return to class if feeling better.
- Communicate with School Nurse and parent/guardian.

MODERATE

- Provide sugar source:
 - 3-4 glucose tabs
 - 4 oz juice
 - 6 oz regular soda
 - 3 tsp glucose gel
- Wait 10 to 15 minutes
- Retest blood glucose. If less than 70 mg/dl, repeat sugar source
- If blood glucose within target range, student may return to class if feeling better.
- Provide snack if no meal for 1 hour
- Notify School Nurse and parent/guardian.

SEVERE

- Call 911
- Give Glucagon, if ordered
- Position on side
- Notify School Nurse and parent/guardian.

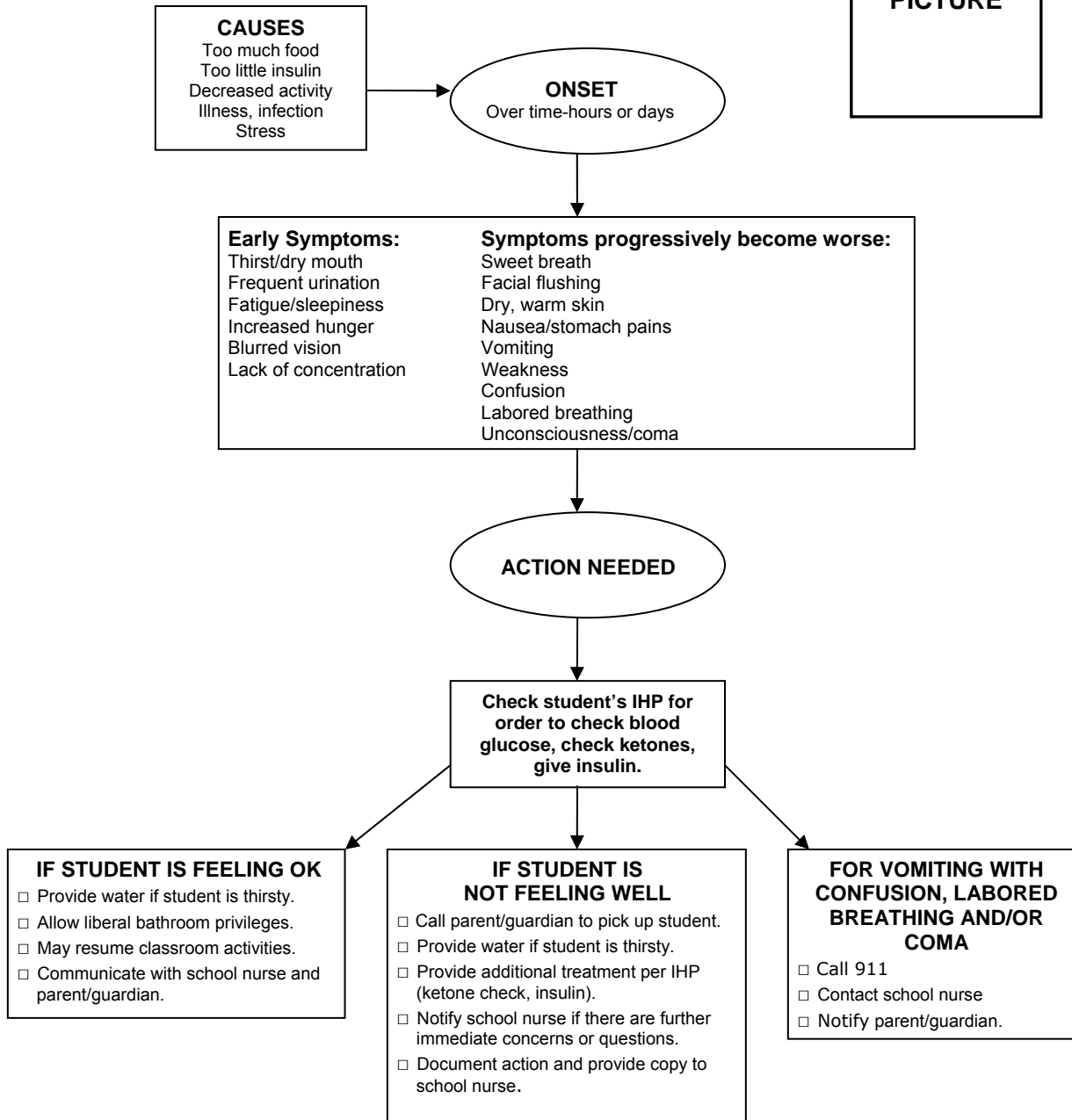
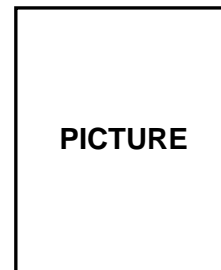
School nurse: _____

Fast-acting Sugar Sources <ul style="list-style-type: none"> • 3-4 glucose tablets • 3tsp glucose gel 	<ul style="list-style-type: none"> • 6oz regular soda • 4oz juice 	<ul style="list-style-type: none"> • 3tsp sugar in water
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Adapted with permission from National Association of School Nurses H.A.N.D.S.SM, 2008

HIGH BLOOD GLUCOSE (HYPERGLYCEMIA) MANAGEMENT ALGORITHM

Student Name: _____
 Grade/Teacher: _____
 School Year/Date & School: _____



School nurse: _____

Date: _____



Parent,
PLEASE TAKE THIS FORM TO YOUR CHILD'S HEALTHCARE PROVIDER.

**TYPE 2 DIABETES PREVENTION:
REQUEST FOR DIAGNOSIS & PLAN**

Student Name: _____ Date: _____
 Gender: _____ Birth date: _____ Student ID No.: _____ Grade/Room: _____
 School: _____ Parent/Guardian: _____ Phone: _____

Dear Health Care Provider: _____

This student was seen in the school health office. Here is a brief summary of Licensed School Nurse/RN observations:

<p>Presenting symptoms: Date _____</p> <p>Ht _____ Wt _____ BMI \geq 95th %ile for age/gender _____ BP _____ BP %ile _____ <input type="checkbox"/> Family hx of HTN</p> <p><input type="checkbox"/> Increased thirst <input type="checkbox"/> Snoring <input type="checkbox"/> Exercise intolerance <input type="checkbox"/> Increased hunger <input type="checkbox"/> Acanthosis nigricans <input type="checkbox"/> Increased urination <input type="checkbox"/> Fatigue <input type="checkbox"/> Blurred vision <input type="checkbox"/> Weight gain <input type="checkbox"/> Other: Specify _____</p>	<p>Diabetes risk factors:</p> <p><input type="checkbox"/> Parent or sibling diagnosed with diabetes <input type="checkbox"/> Grandparent or aunt/uncle diagnosed with diabetes <input type="checkbox"/> Mother diagnosed with gestational diabetes</p> <p>Higher-known risk groups:</p> <p><input type="checkbox"/> African American <input type="checkbox"/> Asian American <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Native American <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> < 60 minutes/day of physical play or activity</p>
<p>Education provided by the LSN/RN:</p> <p><input type="checkbox"/> Participate in 60 minutes of physical activity/day <input type="checkbox"/> Reduce TV/computer/video game use to < 2 hrs/day <input type="checkbox"/> Eat 1½ cups of fruit and 2½ cups of vegetables/day <input type="checkbox"/> Diabetes prevention handout _____ Language _____ <input type="checkbox"/> Community resources given _____ <input type="checkbox"/> Other: Please specify _____</p>	<p>Other data/comments:</p> <p>_____</p>

To support this student's health, please address the following: The American Diabetes Association (2007) Clinical Practice Recommendations and the American Heart Association (2005) Scientific Report recommend:

- 8 or more hours **fasting venous blood glucose and lipoprotein profile**
- If the FBG is $>$ or $=$ 126 mg/dl, confirm by repeat testing on a different day.
- The use of hemoglobin A1C for diagnosis of diabetes is **not** recommended at this time.
- Medical evaluation of child and child/family diabetes education.
- Referral to a nutritionist/dietician and exercise program.

Health Care Provider Response: The following diagnosis has been made (*ICD 9 codes in parentheses*):

Overweight (278.02) Obese (278) Acanthosis nigricans (701.2) Hypertension (401.9)
 Hypercholesterolemia (272.0) Metabolic syndrome (277.7) Pre-diabetes (790.29)
 Impaired fasting glucose (790.29) (FBG = 100-125 mg/dl) Unspecified sleep apnea (780.57)
 Impaired glucose tolerance (790.22) (2-hr post Oral Glucose Tolerance Test [OGTT]=140-199 mg/dl)
 Diabetes mellitus (250.0) (FBG $>$ or $=$ 126 mg/dl or 2-hr post OGTT $>$ or $=$ 200mg/dl)
 Other: Please specify: _____

Treatment plan: _____

Health Care Provider name/signature _____
Clinic Name _____ **Phone** _____ **Date** _____

Please return or fax this form to the Licensed School Nurse. Thank you.

Licensed School Nurse _____ **Date** _____
Phone/pager # _____ **Fax #** _____

**Responsibilities of the Delegating Registered Nurse,
the Person Receiving Delegation
and the Agency or Employer, MNA**

Checklist for Delegation

Responsibilities of the Delegating Registered Nurse, the Person Receiving Delegation and the Agency or Employer

Minnesota Nurses Association Position Paper: Delegation and Supervision of Nursing Activities, 1997

In any delegation situation, the delegating Registered Nurse, the person receiving the delegation, and the agency or employer have specific responsibilities.

The Registered Nurse who is delegating is responsible to:

- Use a thoughtful decision-making process.
- Provide clear and specific directions.
- Individualize the plan of care to meet the student needs.
- Communicate the method of performance, expected results and parameters.
- Supervise performance and documentation of the task.
- Evaluate the patient (student) outcome.

The person receiving delegation is responsible to:

- Demonstrate competence to perform a specific task.
- Ask questions if directions are not understood.
- Follow directions from the registered nurse.
- Follow established protocols and guidelines.
- Communicate concerns promptly to the registered nurse.
- Report observations and activities to the delegating Registered Nurse.
- Document the provision of care.

The agency, employer, manager, supervisor or administrator is responsible to:

- Provide adequate staffing and other resources needed for safe and effective patient (student) care.
- Follow up on every report of concern for safe staffing or concern for nursing practice, and take steps to correct situations which bar safe or effective health care.
- Provide education and orientation to all employees, including information on delegation.

When there are inadequate resources to give safe, effective care, the Registered Nurse will immediately report the situation and will provide the best care possible in the circumstances. Once the Registered Nurse has notified the appropriate parties, he/she is accountable only to give the best care possible with the available resources.

If systems or individuals delegate nursing tasks bypassing Registered Nurse authority over nursing care, that Registered Nurse should not be held accountable for the outcome of the delegated task. These guidelines apply regardless of employer policy. The Registered Nurse is accountable to advocate for patients (students).

In working with non-healthcare professionals the Registered Nurse retains accountability for the health plan and outcome. This includes working with teachers, caseworkers, job coaches, corrections officers, and other professionals involved in care. Delegation of nursing care tasks may be cost effective or cost prohibitive. The cost of inappropriate delegation to clients, nurses, employers, payers and society exceed the cost of adequate professional nursing care.

Checklist of Delegation Steps

Sources: National Association of State School Nurse Consultants, 1995 and
Minnesota Nurses Association Position Paper: Delegation and Supervision of Nursing Activities, 1997

CHECK	For each student with diabetes:
1.	<p>The Licensed School Nurse (LSN) validates the necessary prescriber's orders, parent/guardian authorization, and any other legal documentation necessary for implementing the nursing care.</p> <ul style="list-style-type: none"> • Health care provider has provided specific written orders related to insulin, glucagons, and/or oral diabetic medications. • Health care provider has provided directions for blood glucose monitoring, meals and snacks, and exercise goals/restrictions. • Health care provider has provided specific directions for managing hyperglycemia and hypoglycemia. • Parent has provided signed authorizations for medications and treatments. • Parent has provided emergency contact information. • Parent has provided all necessary equipment and supplies.
2.	<p>The LSN conducts an initial nursing assessment.</p> <ul style="list-style-type: none"> • LSN has reviewed records, student's health history, current health status and management of diabetes care at home. • Student is medically stable. • Student has completed initial diabetes education. • Student has demonstrated skill competence of tasks he/she performs. • Student is cooperative with diabetes medical management plan.
3.	<p>Consistent with the state's nursing practice act and the LSN's assessment of the student, the LSN determines what level of care is required: LSN, RN, LPN, or UAP.*</p> <ul style="list-style-type: none"> • Considerations for delegating nursing tasks include: <ul style="list-style-type: none"> o Low potential for harm o Minimal complexity of the nursing activity o Minimal required problem solving and innovation. o High predictability of outcome.
	<p>For example, with Glucagon administration to a student with diabetes in <i>severe hypoglycemia</i>:</p> <ul style="list-style-type: none"> • Glucagon is a hormone that has low potential for harm. • The mixing of the glucagon solution can be taught and practiced (this is the most complex part of the activity). It is administered by injection. • The decision to administer is spelled out in the plan, is obvious and critical: <ul style="list-style-type: none"> o Known that student has diabetes. o Student is unresponsive. o Plan states to give glucagon (No judgment needs to be made.) • Outcomes highly predicted: a rise in blood sugar and vomiting.

*LSN - Licensed School Nurse, a 4 year degreed or greater RN who is licensed by the Minnesota Board of Teaching.
RN - Registered Nurse (may be a 2 year or 4 year professional nurse; 4 year RN is likely eligible for licensure as an LSN)
LPN – Licensed Practical Nurse – 1 year preparation. Can provide diabetes management care only as delegated by the LSN.
UAP - Unlicensed Assistive Personnel – all other persons, no matter if they have several degrees, are who not licensed to provide nursing care. Can provide diabetes management care only as delegated by the LSN.

4.	Consistent with the nurse practice act, the LSN determines the amount of training required for the Unlicensed Assistive Personnel (UAP). If the individual has not completed standardized diabetes training, the LSN must ensure that the UAP obtains such training in addition to receiving student-specific training.
5.	Prior to delegation, the LSN must have evaluated the competence of the individual to safely perform the task. <ul style="list-style-type: none"> • The UAP has completed all necessary training. • The UAP has demonstrated skill competence.
6.	The LSN provides a written plan of care (Individualized Health Plan, Emergency Care Plan, Specific procedural guidelines) to be followed by the unlicensed staff member (UAP). <ul style="list-style-type: none"> • The plans identify communication links between the LSN and parents, health care provider, and UAP. • The plans provide specific direction for when LSN notification, reassessment, and intervention are warranted related to a change in the student's condition, the performance of the procedure, or other circumstances. • The plans are communicated with the UAP.
7.	The LSN determines the amount and type of LSN supervision necessary. <ul style="list-style-type: none"> • On-site supervision of delegated tasks allows for direct monitoring of delegated tasks for a minimum of 20 % of the UAP's work time. • Off-site supervision during the UAP's work-time allows for the nurse to be available to provide directions through various means of verbal or written communications.
8.	The LSN determines the frequency and type of student health reassessment necessary for ongoing safety and efficacy. <ul style="list-style-type: none"> • The LSN plans time to interact and care for the student to assess and monitor the student's responses and the outcomes for the plan of care.
9.	The LSN trains the UAP to document the delegated care according to the standards and requirements of the Board of Nursing and school district procedures. <ul style="list-style-type: none"> • The UAP documents the delegated tasks completed daily.
10.	The LSN documents activities appropriate to each of the nursing actions listed above.

If one or more of these steps are unable to be accomplished, it is recommended that more in-depth preparation is needed before delegation to unlicensed personnel will be safe.

Delegation of nursing activities to be performed by a LPN or UAP are specific to that student. Delegated tasks do not transfer to another student. The LSN needs to assess a new student with diabetes, knowledge, acceptance, his/her stability, the medical order (insulin-food-activity balance), etc. Teaching the UAP about diabetes, procedures and documentation will need to be reviewed for the second student with unique aspects if the second student's care highlighted.

Sample Mutual Agreements:

Health Services Mutual Agreements
to Improve Student Management of Diabetes

General Health Services Agreement
Insulin Pump Management
Student Independent Performance of Blood Glucose Testing &
Insulin Administration
Student Independent Performance of Blood Glucose Testing
Student Independent Performance of Medication Administration
Student Success in Diabetes Management at School

Health Services Mutual Agreements to Improve Student Management of Diabetes

A mutual agreement is a tool to assist the student who is having difficulty complying with his/her the diabetes regimen. Setting small, achievable goals may assist the student towards better compliance and independent self management. While usually developed for middle and high school students, a version of a mutual agreement may be helpful to younger students, based on their capacity to understand and accept responsibility for self monitoring and independent care.

This agreement serves as a working plan to accomplish mutual goals among the parent/guardian(s), the student, the licensed school nurse, the health care provider and the school district. An agreement is optional but can be used in addition to the 504 Plan, Individualized Healthcare Plan and/or the Diabetes Medical Management Plan to further clarify actions and/or behaviors in regards to healthcare issues. An agreement must be in accordance with state laws and regulations regarding medical orders, delegation of health care, consent for sharing health information or others. The agreement functions to ensure the safety and well-being of the student.

In designing this individual agreement, use the following process:

1. Assessment of student's level of wellness, including identification of needs and problems
2. Goal setting
 - Development of a plan
 - Assignment of specific school/student responsibilities (who, what and where)
 - Determination of the time frame for agreement completion (when)
 - Evaluation outcomes
 - Decision to modify, renegotiate, or terminate the agreement

Attach copy of the agreement attached to the 504 Plan and/or the Individualized Healthcare Plan.

Find sample agreements that address common situations. These agreements are not legally binding but are a means to clearly address specific needs and situations. The licensed school nurse is encouraged to use these templates to develop an individualized and more specific agreement with a student and parents.

The sample health services mutual agreements:

- General
- Insulin Pump Management
- Student Independent Performance of Blood Glucose Testing and Insulin Administration
- Student Independent Performance of Blood Glucose Testing
- Student Independent Performance of Medication Administration
- Student Success in Diabetes Management at School

***General* HEALTH SERVICES MUTUAL AGREEMENT**

Student Name: _____ Date: _____

Gender: _____ Birth date: _____ Student ID No.: _____ Grade/Room: _____

School: _____ Primary teacher/Advisor: _____

Each party indicates agreement with the responsibilities listed by initialing his/her role.

_____ the student will: _____

_____ the parent will: _____

_____ the licensed school nurse will: _____

_____ the health assistant or trained staff will: _____

This agreement remains in place for one school year and will be reviewed for renewal prior to the start of the next school year. If non-compliance is a problem or there is a change in status of the parties, any party may call for an immediate review of the agreement.

The undersigned are in agreement with the responsibilities as stated.

Student

School Administrator

Parent/guardian

Designated Staff

Licensed School Nurse / Registered Nurse

HEALTH SERVICES MUTUAL AGREEMENT: Insulin Pump Management

Student Name: _____ Date: _____
Gender: _____ Birth date: _____ Student ID No.: _____ Grade/Room: _____
School: _____ Primary teacher/Advisor: _____

Each party indicates agreement with the responsibilities listed by initialing his/her role.

_____ **The student will:**

- Be responsible for needle/catheter site preparation and insertion.
- Be responsible for programming the pump functions.
- Immediately report to appropriate school personnel any pump malfunctions (dead batteries, high pressure alarm/no delivery, etc.).
- Deliver the appropriate bolus based on blood glucose values and planned food consumption.
- Use Universal Precautions when discarding pump tubing, needles, and cannulas.
- Notify parents of any pump incidents.
- Ensure pump/tubing safety during physical activities. If the student chooses to use a quick-release set during activities he/she will ensure that euglycemia is maintained as much as possible (checking blood glucose before and after activities, taking extra carbohydrates as needed, re-connecting the pump after completion of activities, etc.).
- Take care of any skin site problems (bleeding, tenderness, itching, oozing, etc.). If the pump tubing becomes dislodged at school the student will report immediately to the health office and insert a new set.

_____ **The parent will:**

- Be responsible for keeping an extra set of pump batteries, tubing, tape (Tegaderm, Op-Site, etc.), insulin, syringe, and solution(s) needed to prep skin sites (alcohol swabs, betadine, etc.) on the school site in case it is needed.

_____ **The licensed school nurse will:**

- Inform, by phone, the physician and/or parent/guardian of any unusual circumstances.

_____ **The health assistant/designated staff will:**

- Notify the licensed school nurse of any unusual circumstances.

This agreement remains in place for one school year and will be reviewed for renewal prior to the start of the next school year. If non-compliance is a problem or there is a change in status of the parties, any party may call for an immediate review of the agreement.

The undersigned are in agreement with the responsibilities as stated.

Student

School Administrator

Parent/guardian

Designated Staff

Licensed School Nurse

A copy of this agreement will be attached to the Diabetes Medical Management Plan and the school Individualized Healthcare Plan or 504 plan.

HEALTH SERVICES MUTUAL AGREEMENT: Student Independent Performance of Blood Glucose Testing & Insulin Administration

Student Name: _____ Date: _____
Gender: ____ Birth date: _____ Student ID No.: _____ Grade/Room: _____
School: _____ Primary teacher/Advisor: _____

Each party indicates agreement with the responsibilities listed by initialing his/her role.

____ **The student will:**

- Independently perform blood glucose testing in accordance with written procedures.
- Daily record the of blood glucose test and insulin dose (as agreed upon by parent and licensed school nurse).
- Seek help from designated school staff if any problems with their diabetes should occur.
- Keep parent informed of diabetes issues.
- Treat hypoglycemia per written procedure.
- Determine insulin dose based on the physician's order.
- Self-administer insulin per written procedures.
- Follow Universal Precautions (change lancet device at home, dispose of needle and syringe in a designated sharps container, place cotton ball over lanced skin until bleeding stops or use a spot bandage to cover area).

____ **The parent will:**

- Provide necessary equipment such as: blood glucose testing kit, juice, snacks, glucose product, syringes and insulin.
- Within 24 hours, inform the school nurse, in writing, of any changes in the student's health status, medication, or treatment regimen.
- Provide signed consents.

____ **The licensed school nurse will:**

- Ensure that the student has the necessary skills, maturity and competence for blood glucose testing and independent administration of insulin.
- Evaluate Blood Glucose Testing records, consult student and parent with any concerns regarding interventions or contract compliance.
- Inform, by phone, the physician and/or parent/guardian of any unusual circumstances.
- Arrange to have the parent contacted, by phone, when supplies or insulin are running low.

____ **The health clerk/designated staff will:**

- Intervene as instructed for low blood glucose in accordance with written procedure.
- Record the date and time of insulin administration on the Medication Log.
- Provide a copy of this log to the physician's office as directed.
- Notify the school nurse of any unusual circumstances.

This agreement remains in place for one school year and will be reviewed for renewal prior to the start of the next school year. If non-compliance is a problem or there is a change in status of the parties, any party may call for an immediate review of the agreement.

The undersigned are in agreement with the responsibilities as stated.

Student

School Administrator

Parent/guardian

Designated Staff

Licensed School Nurse

A copy of this agreement will be attached to the Diabetes Medical Management Plan and the school Individualized Healthcare Plan or 504 plan.

HEALTH SERVICES MUTUAL AGREEMENT: Student Independent Performance of Blood Glucose Testing

Student Name: _____ Date: _____
Gender: _____ Birth date: _____ Student ID No.: _____ Grade/Room: _____
School: _____ Primary teacher/Advisor: _____

Each party indicates agreement with the responsibilities listed by initialing his/her role.

_____ **The student will:**

- Independently perform blood glucose testing in accordance with written procedures.
- Keep daily records of blood glucose test and insulin dose (as agreed upon by parent and school nurse).
- Seek help from designated school staff if any problems with their diabetes should occur.
- Keep parent informed of diabetes issues.
- Treat hypoglycemia per written procedure.
- Follow Standard Precautions (change lancet device at home, place cotton ball over lanced skin until bleeding stops or use a spot bandage to cover area).

_____ **The parent/guardian will:**

- Ensure that necessary skills, maturity and competence are present for independent blood glucose testing.
- Provide necessary equipment such as blood glucose testing meter, testing strips, cotton balls, spot bandages, etc.
- Within 24 hours, inform the school nurse, in writing, of any changes in the student's health status, medication, or treatment regimen.
- Provide necessary signed consents.

_____ **The school nurse will:**

- Ensure that necessary skills, maturity and competence are present for independent blood glucose testing.
- Evaluate blood glucose testing records, consult student and parent regarding any concerns regarding interventions or contract compliance.
- Inform, by phone, the physician and/or the parent/care provider of any unusual circumstances.
- Arrange to have the parent/care provider contacted, by phone, when supplies are low.

_____ **The health assistant/designated staff will:**

- Provide necessary assistance upon request of the student, parent or school nurse.
- Notify the school nurse of any unusual circumstances.
- Ensure that copies of the blood glucose testing log are kept in office.
- Provide a copy of this log to the physician's office as directed.

This agreement remains in place for one school year and will be reviewed for renewal prior to the start of the next school year. If non-compliance is a problem or there is a change in status of the parties, any party may call for an immediate review of the agreement.

The undersigned are in agreement with the responsibilities as stated.

Student

School Administrator

Parent/guardian

Designated Staff

Licensed School Nurse

A copy of this agreement will be attached to the Diabetes Medical Management Plan and the school Individualized Healthcare Plan or 504 plan.

HEALTH SERVICES MUTUAL AGREEMENT: Student Independent Performance of Medication Administration

Student Name: _____ Date: _____
Gender: _____ Birth date: _____ Student ID No.: _____ Grade/Room: _____
School: _____ Primary teacher/Advisor: _____

This Medication Agreement is designed to ensure student safety and well-being. Each party indicates agreement with the responsibilities listed by initialing his/her role.

Self administer _____ at _____
(Name of Medication) (Specify time or conditions as-needed.)

_____ **The student will:**

- Demonstrate and explain to the licensed school nurse the correct use of the medication including frequency.
- Store medication safely along with a copy of this agreement in _____.
- Take medication independently and discreetly - and - Keep parent informed.
- Notify Health Services immediately if medication is lost or stolen.
- Agree to NOT share medication with other students (this is subject to disciplinary action).
- Other: _____

_____ **The parent/guardian will:**

- Provide written parent and physician authorization - and - Monitor/Verify that student takes medication as prescribed knowing that school personnel cannot monitor self-administration.
- Provide back-up medication in Health Office for emergency use.
- Inform School Nurse within 24 hours of any change in medication treatment regime.
- Contact School Nurse in May/June to discuss plan for the next school year.
- Authorize telephone communication between School Nurse and physician as needed.

_____ **The licensed school nurse will:**

- Develop the authorized Medication Agreement and any related Individualized Healthcare Plan (IHP).
- Inform appropriate school personnel (ex., Health Clerk, Office Staff, Teachers, Noon Supervisors, Bus Drivers).
- Monitor agreement implementation on a regular basis.

_____ **The health assistant/designated staff will:**

- Be aware of the student's Medication Agreement.
- Notify both licensed school nurse and parent in event of unusual circumstances or emergency.

_____ **Other "Need To Know Personnel" will:**

- Be aware of the student's Medication Agreement. Classroom teachers: Leave information for substitute teacher.
- Report unusual circumstances to Health Services immediately.

VERIFY MEDICATION AGREEMENT

Review of this Medication Agreement will occur: _____ Prior to Next School Year _____ As specified: _____
"Need to Know" Personnel will be informed of Medication Agreement by Licensed School Nurse as of date) _____
Licensed School Nurse _____ Date _____

VERIFY MEDICATION AGREEMENT

If non-compliance or a change in status occurs, the student, parent or licensed school nurse may call for an immediate review. We have read and agree to the contents of this Medication Agreement:
Student _____ Parent _____ Date _____

A copy of this agreement will be attached to the Diabetes Medical Management Plan and the Individualized Healthcare Plan or 504 plan.

HEALTH SERVICES MUTUAL AGREEMENT: Student Success in Diabetes Management at School

Student Name: _____ Date: _____
 Gender: _____ Birth date: _____ Student ID No.: _____ Grade/Room: _____
 School: _____ Primary teacher/Advisor: _____

This Medication Agreement is designed to ensure student safety and well-being. Each party indicates agreement with the responsibilities listed by initialing his/her role.

	How well did you do?				
	Never			Always	
Choose THREE habits or behaviors you think you can change over the next 1 to 3 months. TO HELP ME CONTROL MY BLOOD GLUCOSE LEVELS, I WILL:					
1. Check my blood glucose _____ times each day. ____ Breakfast ____ Lunch ____ Supper ____ Bedtime ____ Other _____	1	2	3	4	5
2. Record and average my blood glucose each week.	1	2	3	4	5
3. Attend a class on Insulin Dose Adjustment. Date: _____	1	2	3	4	5
4. Adjust insulin doses according to guidelines.	1	2	3	4	5
5. Evaluate the effect of a meal or snack amount or time by checking a blood glucose before and after. Time to check: _____ What to do: _____	1	2	3	4	5
6. I will avoid this site _____, and use these sites _____ for all injections.	1	2	3	4	5
7. I will start an exercise program. Type: _____ How long: _____ When: _____	1	2	3	4	5
8. Carry _____ for low blood glucose treatment at all times.	1	2	3	4	5
9. Follow my meal plan: Not skip _____ (meal/snack).	1	2	3	4	5
10. Follow my meal plan: Avoid extra carbs between _____ (time).	1	2	3	4	5
11. Limit _____ in my meal plan by eating less _____.	1	2	3	4	5
12. Add more _____ to my meal plan by eating more _____.	1	2	3	4	5
TO FEEL BETTER ABOUT HAVING DIABETES, I WILL:					
1. Wear a medical ID at all times.	1	2	3	4	5
2. Submit a camp application.	1	2	3	4	5
3. Tell a friend about my diabetes by _____.	1	2	3	4	5
4. Review my glucose record book with my parents _____ times per week.	1	2	3	4	5
5. Make an appointment with _____.	1	2	3	4	5

APPENDIX D:

Regional Diabetes Resource Agencies

Camps for Children with Diabetes	
The American Diabetes Association is the largest provider of camps for children with diabetes. Diabetes camps provide a great opportunity for children and teenagers who have diabetes to get to know others who face the same challenge, have fun and learn something along the way. For a list of camps for children with diabetes call the American Diabetes Association.	American Diabetes Association Attention: National Call Center 1701 North Beauregard Street Alexandria, VA 22311 Phone: 1-800-342-2383 Web site: http://www.diabetes.org/main/community/outreach/youth/camp2.jsp
Accredited Diabetes Education Programs	
To promote quality education for people with diabetes, the American Diabetes Association endorses the National Standards for Diabetes Self-Management Education Programs. To support this goal, the Education Recognition Program assesses whether applicants meet the National Standards. For a list of Accredited Diabetes Education Programs go to the American Diabetes Association .	American Diabetes Association Attention: National Call Center 1701 North Beauregard Street Alexandria, VA 22311 Phone: 1-800-342-2383 Web site: http://www.diabetes.org/education/edustate2.asp
American Association of Diabetes Educators	
The American Association of Diabetes Educators is a multi-disciplinary professional membership organization dedicated to advancing the practice of: diabetes self-management training and care as integral components of health care for persons with diabetes and lifestyle management for the prevention of diabetes.	American Association of Diabetes Educators 100 W. Monroe Street, Suite 400 Chicago, Illinois 60603 1-800-338-3633 Fax: 312-424-2427 For a certified diabetes educator in Minnesota, go to the American Association of Diabetes Educators' Web-site: http://members.aadenet.org/Scriptcontent/AADE_Educator_Search_Action.cfm?state=MN
Juvenile Diabetes Research Foundation [JDRF] – Minnesota Chapter	
The Minnesota Chapter is committed to JDRF's mission: to find a cure for diabetes and its complications through the support of research. The primary goal of the Juvenile Diabetes Research Foundation is to fund research, which will cure or prevent diabetes and its complications. JDRF gives more money directly to diabetes research than any other private health agency in the world.	Juvenile Diabetes Research Foundation – MNChapter 2626 East 82nd Street, Suite 225 Bloomington, MN 55425 Phone: 952-851-0770 or 1-800-663-1860 Fax: 952-851-0766 E-mail: minnesota@jdrf.org Web-site: http://www.jdrf.org
American Diabetes Association [ADA] – Serving Minnesota	
The American Diabetes Association is the nation's leading nonprofit health organization providing diabetes research, information and advocacy. The mission of the organization is to prevent and cure diabetes and to improve the lives of all people affected by diabetes.	American Diabetes Association – Minnesota Chapter 715 Florida Avenue South Suite 307 Minneapolis, MN, 55426 (763) 593-5333 Fax: (763) 593-1520 or 1/888-DIABETES Web site: http://www.diabetes.org/main/inyourarea.jsp
American Dietetic Association – Minnesota Chapter	
The Minnesota Dietetic Association is a chapter of the American Dietetic Association (ADA). They are an advocate of the dietetics profession serving the public through the promotion of optimal nutrition and well being for all people.	Minnesota Dietetic Association 1910 West County Road B, Room 212 Roseville MN 55113 Phone: 651-628-9250 FAX: 651-628-0023 Email: mda@eatrightmn.org Web-site: http://www.eatrightmn.org/default.asp

Support Groups	
A list of support groups is not available. Contact the student's health care team for information regarding support groups in your area. Or contact the American Diabetes Association for assistance obtaining general guidelines in the manual <i>Starting a Diabetes Support Group</i> .	Web-site: http://www.diabetes.org/main/community/outreach/support.jsp
Resources for Financial Assistance	
Minnesota Children with Special Health Needs [MCSHN] provides information and assistance through a phone interview. Families are screened for public programs such as MA, MinnesotaCare, TEFRA, and SSI. Information is also provided about other resources, as needed, through the Information and Assistance line. For further financial assistance families are encouraged to work with their child's health care team.	Minnesota Children with Special Health Needs Minnesota Department of Health 85 East Seventh Place / PO Box 64882 St. Paul, MN 55164-0882 Phone: 651-215-8956 OR 1-800-728-5420 E-mail: mcsahnweb@health.state.mn.us FAX: 651-215-8953 Web-site: http://www.health.state.mn.us/mcsahn
Minneapolis-St. Paul Diabetes Educators	
Minneapolis-St. Paul Diabetes Educators (MSDE) is the Twin Cities metro area local chapter of the American Diabetes Association (AADE). MSDE is a non-profit professional organization. Vision: Support development and growth of professional practice to promote healthy living through self-management of diabetes and related conditions. Mission: Advocate for successful self-management for all people with diabetes and related conditions.	Web site: www.msde-diabetes.org
Minnesota Department of Health	
(1) School Health Policies and Services The role of the Minnesota Department of Health's [MDH] School Health Policy and Services program is to provide health services and policy consultation and technical assistance. Requests for school health and policy consultation typically come from school nurses, school staff and administrators, parents, families, and students themselves. Consultation can be conducted on an individual basis or with larger groups and organizations.	Cheryl Smoot Minnesota Department of Health Maternal and Child Health Section 85 E. Seventh Place. PO Box 64882 St. Paul, MN 55164-0882 Phone: (651) 281-9961 E-mail: cheryl.smoot@health.state.mn.us Web site: http://www.health.state.mn.us/divs/fh/mch/schoolhealth/index.html
(2) Minnesota Diabetes Program The Minnesota Diabetes Program is dedicated to improving the health of all Minnesotans by reducing the impact of diabetes. To achieve this they: <ul style="list-style-type: none"> • Facilitate effective partnerships with health systems, communities and other stakeholders • Convene forums to identify common interests and foster actions • Translate health research and information into practice • Promote and develop innovative, effective and culturally appropriate health promotion strategies that focus on populations 	Gretchen Taylon, Diabetes Program Leader Minnesota Department of Health 85 E. Seventh Place. PO Box 64882 St. Paul, MN 55164-0882 Phone: (651) 201-5490 E-mail: Gretchen.taylor@health.state.mn.us Web site: http://www.health.state.mn.us/diabetes/aboutus.html

American School Health Association [ASHA]	
The mission of the American School Health Association is to protect and promote the health of children and youth by supporting coordinated school health programs as a foundation for school success.	American School Health Association 7263 State Route 43 P.O. Box 708 Kent, Ohio 44240 Phone 330/678-1601 E-mail asha@ashaweb.org Fax 330/678-4526 Web-site: http://www.ashaweb.org/profile.html
Carbohydrate Countering and Lunch Meal Services MN School Food Service Association	
Contact your local school district's dietitian. MN School Food Service Association Minnesota School Food Service Association (MSFSA) is a cohesive group of school food service employees, managers, directors, nutritionists and industry members in Minnesota who want to see that all students have access to healthy meals.	Minnesota School Food Service Association 22633 Kirk Avenue North Scandia, Minnesota 55073 Phone (651) 433-3791 Fax (651) 433-2926 Email: info@mnsfsa.org Web-site: http://www.mnsfsa.org/index.php
Minnesota Department of Education	
The Safe and Healthy Learners team supports programs and practices to ensure Minnesota K-12 students are safe and secure, have the skills to be healthy and engaged in learning and that the families, schools and communities that support youth have the skills and information to and ensure their healthy development. The team conducts the Minnesota Student Survey with other agency partners and addresses critical youth issues such as obesity, bullying, alcohol and other drug use, dropouts, homelessness and mental health concerns through coordinated school health and out-of-school time youth programs.	Minnesota Department of Education 1500 Highway 36 West Roseville, MN 55113-4266 Information: (651) 582-8403 Web-site: http://education.state.mn.us See Learning Support, then Safe and Healthy Learners.
Parent Advocacy Coalition for Educational Rights [PACER]	
The mission of PACER Center is to expand opportunities and enhance the quality of life of children and young adults with disabilities and their families, based on the concept of parents helping parents. They provide assistance to individual families, workshops, materials for parents and professionals, and leadership in securing a free and appropriate public education for all children. PACER's work affects and encourages families in Minnesota and across the nation.	PACER Center 8161 Normandale Blvd. Minneapolis, Minnesota 55437 Voice: (952) 838-9000 - TTY: (952) 838-0190 Toll-free in Greater Minnesota: (800) 537-2237 Fax: (952) 838-0199 E-mail: pacer@pacer.org Web site: www.pacer.org .
School Nurse Organization of Minnesota [SNOM]	
Goals of the SNOM organization: <ul style="list-style-type: none"> • Advance the standards of school nursing practice in order to improve the quality of care for children and youth in schools • Advance public policy that advocates for the education, health, safety and well-being of children and youth • Advance school, family, and community knowledge and partnerships that promote meeting the needs of children and youth • Advance school nursing knowledge through professional development and research • Advance strategies for securing existing and potential financial resources for staff and services to meet the health needs of students in schools. 	Web site: http://www.minnesotaschoolnurses.org Find critical tools for licensed school nurses to meet the needs of students with chronic health problems and special education needs. <i>Helping the Student with Diabetes Succeed: A Guide for School Personnel - Minnesota Supplement</i> is published at this site.

References

- American Nurses Association. (1998).
Standards of clinical nursing practice (2nd.Ed.).
Derneysville, WV: American Nurses Publishing
- Blum, M. (2002). Are school nurses using the recommendations of the diabetes control and complications trial in the care of students with diabetes?.
The Journal of School Nursing. 18(3), 141-142
- Minnesota Nurses Association. (1997).
Minnesota nurses association position paper: Delegation and supervision of nursing activities. St. Paul, MN: Minnesota Nurses Association.
- Minnesota Statutes.(2002).
Minnesota Nurse Practice Act, Section 148.171-148.284
Medication Administration, Section 121A.22
- National Association of School Nurses, (2008). Helping administer to the needs of students with diabetes at school (H.A.N.D.S.)
Silver Spring, MD
- National Association of School Nurses. (2005). Scope and standards of professional school nursing practice. Washington, D.C.: American Nurses Publishing
- National Association of School Nurses, (2006).
Position statement: Delegation.
Silver Spring, MD
- National Association of School Nurses & National Association of State School Nurse Consultants. (1995).
Position paper: Delegation of school health services to unlicensed assistive personnel.
American Journal of School Nursing. 11 (2), 17-19
- National Association of State School Nurse Consultants. (2000).
Position statement: Delegation of school health services, obtained from website:
www.lserver.aea14.k12.ia.us/swp/tadkins/nassnc?NASSNC_del-unlie.html on 4/6/03
- National Council of State Boards of Nursing. (1995).
Delegation: Concepts and decision-making process.
Chicago: National Council of State Boards of Nursing
- Schwab, N.C. and Gelfman, M.H.B. (editors). (2005).
Legal issues in school health services.
North Branch, MN: Sunrise River Press

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