



# SECTION 504 PLAN

INSERT NAME HERE wears an Insulin Pump for his/her diabetes. INSERT NAME HERE must be dosed for all food and sugary drinks taken in accordance with the dosage programmed in his/her pump provided by the parents.

(Parents may change dosage at any time).

**STUDENTS MUST BE INSTRUCTED NOT TO TOUCH THE PUMP OR IT'S TUBING AT ANY TIME FOR ANY REASON.**

## Section 504 Plan for INSERT NAME HERE School – INSERT NAME HERE School Year: 20YY-YY

INSERT NAME HERE	MM/DD/YY	GG	TYPE 1
DIABETES			
Student's Name	Birth Date	Grade	
Disability			

Homeroom Teacher: TEACHER'S NAME

Bus Number: BUS #

### OBJECTIVES/GOALS OF THIS PLAN

Diabetes can cause blood glucose (sugar) levels to be too high or too low, both of which affect the student's ability to learn as well as seriously endangering the student's health both immediately and in the long term. The goal of this plan is to provide the special education 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 the student's personal health care team.

### DEFINITIONS USED IN THIS PLAN

- 1. Diabetes Medical Management Plan (DMMP):** 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 the student's personal health care team and family. Schools must do outreach to the parents and child's health care provider if a DMMP is not submitted by the family [Note: School districts may have other names for the plan. If so, substitute the appropriate terminology throughout.]

- 2. Quick Reference Emergency Plan:** A plan that provides school personnel with essential

throughout.]

2. **Quick Reference Emergency Plan:** 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.

4. **Medical Provider (MP)** – physician or certified nurse practitioner.

## 1. PROVISION OF DIABETES CARE

1.1 At least two staff members will receive training to be Trained Diabetes Personnel (TDP), and either a school nurse or TDP will be available at the site where the 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 the 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 the 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 or a TDP.

1.3 Any bus driver who transports the student must be informed of symptoms of high or low blood glucose levels and provided with a copy the student's Quick Reference Emergency Plan and be prepared to act in accordance with that Plan.

1.4 Insulin dosage by pump, insulin injections (if ever required), and/or glucagon injections may only be administered by a licensed nurse during the school day, school sponsored activities, and/or on school sponsored trips.

1.5 **INSERT NAME HERE** shall have immediate access to all items necessary for the treatment of high or low blood glucose including blood glucose testing equipment, ketone strips, insulin, syringes, meter/remote, and fast acting sugar/carbs as provided by the parent and ordered by the TDP, MP or school nurse.

1.6 Blood glucose checks should be done as ordered by the MP and with written approval of the parents. The school nurse may have discretion to test above and beyond when she feels it necessary or in **INSERT NAME HERE** best interest.

1.7 The school nurse may contact **INSERT NAME HERE** MP for advice or consultation when necessary. Phone numbers are provided at the conclusion of this document.

1.8 **INSERT NAME HERE** emergency care plan will be made available to ALL staff including substitute teachers, bus drivers, lunch room staff, recess staff, etc. as appropriate per the school nurse.

## 2. TRAINED DIABETES PERSONNEL

The following school staff members will be trained to become TDPs by "SCHOOL NURSE" (date):

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

- 3.1 All diabetic supplies (blood glucose monitoring equipment, insulin, glucagon, ketone strips, etc.) will be kept in the health room.
- 3.2 Parents are responsible for providing diabetes supplies, equipment, snacks, and other food to meet the needs of the student as directed.

## 4. SNACKS AND MEALS

- 3.1 The school nurse or TDP, if school nurse is not available, will work with **INSERT NAME HERE** and his/her parents to coordinate a meal and snack schedule in accordance with the attached DMMP that will coincide with the schedule of classmates to the closest extent possible. **INSERT NAME HERE** shall eat lunch at the same time each day, or earlier if experiencing hypoglycemia. **INSERT NAME HERE** shall have enough time to finish lunch. A snack and quick-acting source of glucose must always be immediately available to her.
- 3.2 **INSERT NAME HERE** will be permitted to eat a snack no matter where s/he is.
- 3.3 The parent will supply snacks needed in addition to or instead of any snacks supplied to all students.
- 3.4 The parent will provide carbohydrate content information for snacks and meals brought from home.
- 3.5 The school nurse or TDP will ensure that **INSERT NAME HERE** takes snacks and meals at the specified time(s) each day. Adjustments to snack and meal times will be permitted in response to schedule changes such as field trips. Parents will be notified of any changes.
- 3.6 Adjustments to snack and meal times will be permitted in response to changes in schedule upon request of parent.
- 3.7 Food service director will provide carbohydrate content on all foods offered on the menu and with ala carte items.

## 5. EXERCISE AND PHYSICAL ACTIVITY

- 4.1 The student shall be permitted to participate fully in physical education classes and team sports except as set out in the student's DMMP.
- 4.2 Physical education instructors and sports coaches must have a copy of the

4.2 Physical education instructors and sports coaches must have a copy of the emergency action plan and be able to recognize and assist with the treatment of low blood glucose levels.

4.3 Responsible school staff members will make sure that the 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.

## **6. WATER AND BATHROOM ACCESS**

5.1 **INSERT NAME HERE** shall be permitted to have immediate access to water by keeping a water bottle in his/her possession and at his/her desk, and by permitting the student to use the drinking fountain without restriction.

5.2 The student shall be permitted to use the bathroom without restriction.

## **7. CHECKING BLOOD GLUCOSE LEVELS, INSULIN AND MEDICATION ADMINISTRATION, AND TREATING HIGH OR LOW BLOOD GLUCOSE LEVELS**

6.1 Blood glucose monitoring will be done at the times designated in **INSERT NAME HERE DMMP**, whenever s/he feels his/her blood glucose level may be high or low, or when symptoms of high or low blood glucose levels are observed.

6.2 Insulin will be administered at the times and through the means (pump) designated in **INSERT NAME HERE DMMP** for both scheduled doses and doses needed to correct for high blood glucose levels.

6.3 **INSERT NAME HERE** shall be provided with privacy for blood glucose monitoring and insulin administration if s/he desires.

6.4 **INSERT NAME HERE** usual symptoms of high and low blood glucose levels and how to respond to these levels are set out in the attached DMMP.

6.5 When **INSERT NAME HERE** asks for assistance or any staff member believes the student is showing signs of high or low blood glucose levels, the staff member will immediately seek assistance from the school nurse or TDP while making sure an adult stays with him/her at all times. Never send a student with actual -- or suspected -- high or low blood glucose levels anywhere alone.

6.6 Any staff member who finds **INSERT NAME HERE** unconscious will immediately contact the school nurse. The staff member is responsible will immediately do the following in the order listed:

- 1. Contact the school nurse or a TDP (if the school nurse is not on site and immediately available) who will confirm the blood glucose level with a monitor and immediately administer glucagon IF THE BLOOD GLUCOSE LEVEL IS LOW (glucagon should be administered if no monitor is available);**

- 2. Call 911 (office staff will do this without waiting for the school nurse or TDP to administer glucagon); and**

- 3. Contact **INSERT NAME HERE** parents and physician at the emergency numbers provided below.**

3. Contact **INSERT NAME HERE** parents and physician at the emergency numbers provided below.

6.7 School staff including physical education instructors and coaches will provide a safe location for the storage of **INSERT NAME HERE** insulin pump if the student chooses not to wear it during physical activity or any other activity.

**8. FIELD TRIPS AND EXTRACURRICULAR ACTIVITIES**

8.1 **INSERT NAME HERE** parent or a licensed nurse must accompany him/her on a field trip. **INSERT NAME HERE** will be under the supervision of the parent or nurse and prepared to respond to symptoms of a high or low blood glucose levels.

8.2 **INSERT NAME HERE** teacher must give the certified school nurse two weeks' notice prior to a planned field trip to allow sufficient time for a parent to rearrange schedule to accompany **INSERT NAME HERE** on the field trip or to schedule licensed nurse to accompany **INSERT NAME HERE** on the field trip.

8.4 The student will be permitted to participate in all school-sponsored field trips and extracurricular activities (such as sports, clubs, and enrichment programs) without restriction and with all of the accommodations and modifications, including necessary supervision by identified school personnel, set out in this Plan.

8.5 The school nurse or TDP or parent will be available on site at all school-sponsored field trips and extracurricular 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 **INSERT NAME HERE** diabetes supplies travel with him/her at all times.

**9. TESTS AND CLASSROOM WORK**

9.1 If **INSERT NAME HERE** is affected by high or low blood glucose levels at the time of regular testing, s/he will be permitted to take the test at another time without penalty.

9.2 If **INSERT NAME HERE** 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, s/he will be given extra time to finish the test or other activity without penalty.

9.3 **INSERT NAME HERE** shall be given instruction to help him/her make up any classroom instruction missed due to diabetes care without penalty.

9.4 **INSERT NAME HERE** shall not be penalized for absences or tardiness required for medical appointments and/or for illness. The parent will provide documentation from the treating health care professional if otherwise required by school policy.

9.5 **INSERT NAME HERE** will not be penalized for visits to the health room in order to maintain blood glucose control.

9.6 If **INSERT NAME HERE** misses two or more consecutive days of school, the teachers will compile his/her work to be sent home with a sibling or picked up by a parent in the main office.

**10. COMMUNICATION**

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- 10.1 All staff with the potential of interacting with **INSERT NAME HERE** during the school day (teachers, classroom aides, cafeteria aides, bus drivers, recess monitors, lunchroom aides, etc.) will be informed of his/her diagnosis of diabetes by the school nurse and be provided with a written emergency care plan to respond to symptoms of low or high blood glucose.
- 10.2 The school nurse and all other staff members will keep the student's diabetes information confidential.
- 10.3 The teacher, school nurse 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.
- 10.4 Each substitute teacher and substitute school nurse will be provided with written instructions regarding the student's diabetes care and a list of all school nurses and TDP at the school.

## 11. EMERGENCY EVACUATION AND SHELTER-IN-PLACE

- 11.1 In the event of emergency evacuation or shelter-in-place situation, **INSERT NAME HERE** 504 Plan and DMMP will remain in full force and effect.
- 11.2 The school nurse or TDP will provide diabetes care to **INSERT NAME HERE** as outlined by this Plan and his/her DMMP, will be responsible for transporting **INSERT NAME HERE** diabetes supplies, and equipment, will attempt to establish contact with **INSERT NAME HERE** parents/guardians and provide updates, and will and receive information from parents regarding his/her diabetes care.
- 11.3 **INSERT NAME HERE** will be assigned to the "nurse's bus" and will be accompanied by a licensed nurse in the event of an evacuation from her assigned school.
- 11.4 Diabetic medical supplies, snacks, and food will accompany **INSERT NAME HERE**.

## 13. PARENTAL NOTIFICATION

- 13.1 ***NOTIFY PARENTS/GUARDIANS IMMEDIATELY IN THE FOLLOWING SITUATIONS:***
- **Symptoms of severe low blood sugar such as continuous crying, extreme tiredness, seizure, or loss of consciousness.**
  - ***INSERT NAME HERE* blood glucose test results are below 65 or are below 70, 15 minutes after consuming juice or glucose tablets, less than 75 on two consecutive readings or higher than 300 on two consecutive readings.**
  - **Symptoms of severe high blood sugar such as frequent urination, presence of ketones, vomiting or blood glucose level above 375.**
  - **The student refuses to eat or take insulin injection or bolus.**
  - **Any injury.**
  - **Insulin pump malfunctions cannot be remedied.**

• Any injury.

• Insulin pump malfunctions cannot be remedied.

• Other: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

13.2 **EMERGENCY CONTACT INSTRUCTIONS**

Call parent/guardian at numbers listed below. If unable to reach parent/guardian, call the other emergency contacts or student’s health care providers listed below.

**Student’s Health Care Provider(s):**

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

**Approved and received:**

\_\_\_\_\_  
\_\_\_\_\_  
Parent/Guardian Date

**Approved and received:**

\_\_\_\_\_  
\_\_\_\_\_  
School Administrator and Title Date

\_\_\_\_\_  
\_\_\_\_\_  
School Nurse Date