

8706: Managing Diabetes among School Children

The National Center for Disease Control reports that Type I and Type II Diabetes are on the rise among all populations. The management of school children with diabetes is an increasing concern to school health departments.

I. Proclamation

To meet the district's mandated health program requirements, the Exeter-West Greenwich School Committee herein directs the superintendent to ensure that the school health department in each school has in-place procedures, plans and protocols to manage diabetes among students in accordance with this policy.

II. Scope

This policy defines juvenile diabetes, its effects on students, and the strict attention given by school administrators and school nurse-teachers in managing the care of diabetic students including planning responses to possible medical emergencies.

II. Definitions

School health department—means the school principal, or designee, working in coordination with the school nurse-teacher.

School setting—means while on school premises attending classroom instruction or other school sponsored activity.

Parent—means the parent(s) of a student and includes natural parent, a guardian or other person acting as a parent in the absence of the natural parent or guardian. Also included is a student's step parent who resides with the student.

Medical Emergency—means the presence of an acute illness or serious injury where in the absence of immediate medical intervention may place the afflicted student's health at significant risk.

III. Diabetes—Effects—Treatment

Type 1 Diabetes (also known as juvenile diabetes) is a serious autoimmune disease that occurs when the insulin producing beta cells in the pancreas are gradually destroyed and fail to produce insulin. Insulin is necessary for the body cells use glucose (sugar). When the blood glucose becomes too high (hyperglycemia) or too low (hypoglycemia), diabetic students can experience serious symptoms that requires immediate medical attention.

Students afflicted with diabetes must monitor their blood sugar by frequent testing of their blood glucose level. Symptoms of hyperglycemia or hypoglycemia may come on rapidly, and may be severe if not promptly recognized and treated. In the school setting, management of diabetes is a delicate balancing of a student's nutrition, activity and medication. Such care is overseen by the school nurse-teacher in collaboration with other school personnel, who have close contact with the student.

IV. School Plans and Protocols for Diabetic Care

The care of each diabetic student in the E-WG school setting shall be the collective responsibility of the parents, family physician or other health provider and appropriate school personnel.

Each district school shall have in place plans and protocols that cover the individual health needs of diabetic students. The goal of diabetic management is for students to self manage their disease when appropriate. Such plans and protocols shall be developed in compliance with Part III, Section 18.0 of RI Department of Health regulation (R 16-21-SCHO) and shall include, but not be limited to the following elements:

IHCP and ECP

The school nurse-teacher shall develop an individual health care plan and an emergency care plan for each diabetic student enrolled in the school. These plans shall be specific to the individual student's disease; shall be developed with input from the student's parent and physician, and shall provide optimum health and safety for the student while in the school setting. The school nurse-teacher shall also review the IHCP and ECPs with the classroom teachers and other appropriate school personnel who may have close contact with the student.

Self-Treatment

The IHCP of a diabetic students may permit self-carry of their medication, blood testing and treatment supplies and to self-medicate in the school-setting. Criteria for self-treatment shall be based on age, developmental level and skill involved in self treatment. Students must also comply with the self-carry/self-administering requirements of school committee policy 8701: Student Medication. The care of students who are not qualified for self-treatment shall be managed by the school nurse teacher.

Facility Accommodations for Diabetic Students

Diabetic students shall have unrestrictive access to the school health office, restrooms and water fountains. Students, who have self-treatment privileges, shall be allowed to self-test and/or self-medicate at appropriate places in the school-setting as may be designated in their IHCPs; and to carry and consume healthy drinks or snacks, except peanuts or peanut products, at any time or place in the school-setting as needed to control onset of hypoglycemia. Such drinks and snacks shall also be available in classrooms.

Managing Diabetic Emergencies

In the event of a diabetic emergency the protocol in the student's IHCP or ECP shall be followed. Such emergency protocol shall require immediate notification of the student's parents.

V. Reporting and Record Keeping

All diabetic care/treatment performed by the school nurse-teacher shall be recorded in the student's diabetic care log, which shall be available to the student's parents. The diabetic care log, and all documents regarding the student's diabetes that are provided by parents or health providers along with the student's IHCP and ECP shall become part of the student's accumulated health records and shall be stored, given access to, transferred and/or destroyed only in accordance with school committee policy 8901: Maintaining Confidentiality of Student Records.

VII. Applicable State Laws and RIDOH Regulations, as Amended

16-21-7 School health

16-21-8 Certified nurse-teacher

16-21-28 Health and wellness subcommittee

(R16-21-SCHO) Rules and Regulations for School Health Programs

VIII. Dissemination

This revised policy shall be disseminated to the school nurse-teachers and all other policy book holders.

IX. Effective Date

This policy shall become effective upon adoption by the school committee.

First Reading: April 14, 2009

Second Reading: April 28, 2009

Adopted: May 12, 2009