

**THE SCHOOL BOARD OF BROWARD COUNTY, FLORIDA**  
**COORDINATED STUDENT HEALTH SERVICES**  
 Phone 754-321-1575 Fax 754-321-1692  
**Diabetes Medication/Treatment Authorization Form**

Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Date: \_\_\_\_\_  
 School Name: \_\_\_\_\_ Grade \_\_\_\_\_ Homeroom \_\_\_\_\_

**CONTACT INFORMATION**

Parent/Guardian #1: \_\_\_\_\_ Phone Number \_\_\_\_\_  
 Parent/Guardian #2: \_\_\_\_\_ Phone Number \_\_\_\_\_  
 Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
 Physician/Healthcare Providers: \_\_\_\_\_ Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

**Date of Diagnosis:** \_\_\_\_\_ **Diabetes**  Type 1  Type 2

**BLOOD GLUCOSE MONITORING:** At school:  Yes  No Type of Meter \_\_\_\_\_

Student has been trained by Healthcare Professional  Yes  No Needs supervision:  Yes  No Independent

Time to be performed:  Before Breakfast  Before PE/Activity Time  
 Mid-morning (before snack)  After PE/Activity Time  
 Before Lunch  Mid-afternoon  
 Dismissal  Dinner  
 As needed for signs/symptoms of low/high blood glucose

Place to be performed:  Clinic/Health Room  Classroom  Other **Bus, Field Trips and Day Trips**

**CONTINUOUS BLOOD GLUCOSE MONITOR (CGM)**  Yes  No Brand/model \_\_\_\_\_

Alarms set for  High \_\_\_\_\_  Low \_\_\_\_\_  Ok to use CGM result for insulin coverage

Recheck CGM result if blood sugar is greater than \_\_\_\_\_ or less than \_\_\_\_\_ *Note: **\*\*Only confirm CGM results with finger stick if ordered by healthcare provider.***

**Target range for blood glucose (if applicable)** \_\_\_\_\_ mg/dL to \_\_\_\_\_ mg/dL  N/A

**INSULIN ADMINISTRATION DURING SCHOOL:**  Yes  No

Student has been trained by Healthcare Professional  Yes  No Needs supervision:  Yes  No Independent  Yes  No

**Insulin Delivery:**  Syringe/Vial  Pen  Pump (If pump worn, use "Student With Insulin Pump" section")

InPen (student may self-carry) Ok to use InPen for insulin coverage  Yes  No

**Standard daily insulin at school:**  Yes  No Type: \_\_\_\_\_ Dose: \_\_\_\_\_ Time to be given: \_\_\_\_\_

**Mealtime: Insulin/Carbohydrate Ratio + Blood Glucose Correction OR Sliding Scale = Total Insulin dose**

**Insulin/Carbohydrate Ratio** Insulin:  Humalog  Novolog  Apidra  Fiasp  Admelog  Other \_\_\_\_\_

Breakfast \_\_\_\_\_ # unit(s) per \_\_\_\_\_ grams of carbohydrates **Ex: 1. I/CR** is 1 unit of Insulin per 15 grams of carbs. Total

Lunch \_\_\_\_\_ #unit(s) per \_\_\_\_\_ grams of carbohydrates meal carbs are 60 grams.  $60 \div 15 = 4$  units of Insulin

Snacks \_\_\_\_\_ #unit(s) per \_\_\_\_\_ grams of carbohydrates 2. **Blood Glucose Correction** Ex:  $200 - 150 = 50$ .  $50 \div 50 = 1$  unit

Dinner \_\_\_\_\_ #unit(s) per \_\_\_\_\_ grams of carbohydrates 3. **\*\* Total Insulin Dose is 5 units for the meal \*\***

**Blood Glucose Correction:** Blood Glucose Minus \_\_\_\_\_ Divided by \_\_\_\_\_ Equals # Unit (s) Of Insulin

**Correction dose of Insulin for High Blood Glucose: (\*\*OUTSIDE OF MEALTIMES\*\*)**

Yes  No

BLOOD GLUCOSE MINUS \_\_\_\_\_ DIVIDED BY \_\_\_\_ EQUALS # UNIT(S) OF INSULIN

**OR**

**Sliding Scale**

Blood sugar: \_\_\_\_\_ to \_\_\_\_\_ Insulin Dose \_\_\_\_\_

Insulin correction dose for blood glucose greater than \_\_\_\_\_ mg/dl and at least \_\_\_\_\_ hours since last insulin dose.

**\*\*If a blood sugar correction is administered \_\_\_\_\_ hour(s) prior to lunch only administer insulin to cover carbohydrates\*\***

If the insulin dose is 0.5 should insulin dose be rounded:  Up **OR**  Down to the nearest whole number?

Example: Insulin calculated dose is 4.5 units, should trained personnel round down to 4 or up to 5?

**STUDENT WITH INSULIN PUMP**

Brand/Model of pump: \_\_\_\_\_

Type of infusion set: \_\_\_\_\_

Type of insulin in pump: \_\_\_\_\_

Basal rates during school: \_\_\_\_\_

Student to receive insulin bolus for carbohydrate intake \_\_\_\_\_ prior to mealtime

<b>Student's self-care pump skills:</b>	<b>Independent?</b>	<b>Student's self-care pump skills:</b>	<b>Independent?</b>
Count carbohydrates	<input type="checkbox"/> Yes <input type="checkbox"/> No	Disconnect pump	<input type="checkbox"/> Yes <input type="checkbox"/> No
Bolus correct amount for carbohydrates consumed	<input type="checkbox"/> Yes <input type="checkbox"/> No	Reconnect pump to infusion set	<input type="checkbox"/> Yes <input type="checkbox"/> No
Calculate and administer correction bolus	<input type="checkbox"/> Yes <input type="checkbox"/> No	Prepare reservoir and tubing	<input type="checkbox"/> Yes <input type="checkbox"/> No
Calculate and set a temporary basal rate	<input type="checkbox"/> Yes <input type="checkbox"/> No	Insert infusion set	<input type="checkbox"/> Yes <input type="checkbox"/> No
Change batteries	<input type="checkbox"/> Yes <input type="checkbox"/> No	Troubleshooting alarms and malfunctions	<input type="checkbox"/> Yes <input type="checkbox"/> No

**\*\*\*For pump failure please refer to insulin administration orders and call parents\*\*\***

**Comments/Special Instructions:**

\_\_\_\_\_

Please fax log to Dr. \_\_\_\_\_ at Fax: \_\_\_\_\_ at the end of each  weekly  monthly.

**Thank You!**

**DIABETES EMERGENCY CARE PLAN**  
**LOW BLOOD SUGAR (HYPOGLYCEMIA)**

IF STUDENT EXHIBITS ANY OF THE FOLLOWING:	DO THESE:
Change in personality, behavior Pallor Weak, shaky or dizzy including staggering walk Tired, drowsy or fatigue Headache Rapid heart rate Nausea, vomiting or loss of appetite Clammy or sweating Blurred vision Inattention or confusion Slurred speech Loss of consciousness/seizures	<b>Check blood glucose level</b> <b>If blood glucose level below 70</b> <ul style="list-style-type: none"> <li>Give 15 grams of carbohydrates such as 3-4 glucose tablets, 4 ounces of juice or glucose gel</li> <li>Recheck blood glucose 15 minutes after treatment</li> <li>Repeat above treatment if blood glucose has not increased by 15 points</li> <li>If blood glucose is not above <b>70 mg</b> after second treatment <b>NOTIFY PARENT AND CALL 911 IF STUDENT IS SYMPTOMATIC</b></li> <li>Follow treatment with snack of 15-20 grams of complex carbohydrates <b>IF</b> more than 1 hour till next meal/snack or if going to an activity (i.e. P.E. or recess)</li> <li>Child should not exercise if blood glucose level is <b>BELOW 70mg/dL</b></li> </ul>
<b>IF CHILD IS UNCONSCIOUS OR HAVING A SEIZURE</b>	<b>CALL 911 IMMEDIATELY AND NOTIFY PARENT/GUARDIAN</b> Glucagon administration by trained personnel only (if ordered and provided by parent):  Route: <input type="checkbox"/> SQ <input type="checkbox"/> IM <input type="checkbox"/> Intranasal      Dose: <input type="checkbox"/> 1/2 mg <input type="checkbox"/> 1mg <input type="checkbox"/> 3mg <b>OR</b> Glucose gel 1 tube may be administered inside cheek and massaged from outside while waiting for help to arrive or during administration of Glucagon <b>Student should be turned on his/her side and maintained in the "recovery" position until fully awake.</b>
<b>HIGH BLOOD SUGAR (HYPERGLYCEMIA)</b>	
IF STUDENT EXHIBITS ANY OF THE FOLLOWING:	DO THESE:
Increased thirst, urination, appetite Tired/drowsy Blurred vision Warm, dry, or flushed skin Nausea/Vomiting	<b>If blood glucose is between <u>250 mg/dL and 300mg/dl</u></b> <ul style="list-style-type: none"> <li>Drink 8-16 ounces of water as tolerated</li> <li>Administer insulin as ordered</li> <li>Check ketones if ordered</li> <li>Blood sugar should be repeated after 30-60 minutes to ensure downward trend</li> <li>If student is asymptomatic, contact parent (as requested) and continue to monitor as per healthcare provider orders.</li> </ul> <b>If blood glucose is above <u>300 mg/dL ALSO:</u></b> <ul style="list-style-type: none"> <li>Check urine ketones (If ketones are present, CALL PARENT IMMEDIATELY)</li> <li>Administer insulin as ordered</li> <li>If student exhibits nausea, vomiting, stomachache, lethargy, or any other abnormal symptoms contact parent/healthcare provider Immediately.</li> <li>If student is asymptomatic and NO ketones are present student may return to class</li> <li>Continue to monitor as per healthcare providers orders</li> </ul>

A copy of this plan will be kept in the school office and copies will be given to the school administrative staff. Teachers will be notified if a student has a plan on file in the office. The following staff members have been trained to deal with an emergency, and initiate the appropriate procedures as described above. See attached sheet for additional names:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

**PHYSICIAN AUTHORIZATION:**

**Student Name :** \_\_\_\_\_

**School Name:** \_\_\_\_\_

\_\_\_\_\_  
**Physician's Name (PLEASE PRINT/STAMP)**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

**Address:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_

**Fax:** \_\_\_\_\_

**PARENT/ GUARDIAN PERMISSION:** I understand that:

- This *Diabetes Medication/Treatment Authorization Form* is valid for one full year from the date signed by the healthcare provider.
- Any changes in the medication, dosage, or frequency of treatment will require a signed *Diabetes Medication/Treatment Revision Form* to be completed by healthcare provider
- Medications/equipment must be in original container and labeled to match healthcare provider order for use in school
- The parent/guardian is responsible for providing medication(s) and supplies as needed
- The parent will utilize the posted lunch menu to guide meal planning and carbohydrate counting with student

I grant the licensed nurse or health support technician permission to assist with or perform the administration of each prescribed medication, including insulin either by injection or pump, and treatments/procedures for my child during their school day. This includes when he/she is away from school property for official school events. I have reviewed, understand and agree with the medications/treatments prescribed by the healthcare provider on this form. It is my responsibility to notify the school if there is a change in the medication/treatment plan prior to its expiration date.

**Parent/Guardian Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

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**Revision Form**

Dose change     Field trip

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Date: \_\_\_\_\_

School Name: \_\_\_\_\_ School Number: \_\_\_\_\_ School Fax: \_\_\_\_\_

Parent(s) Name and Contact Information: \_\_\_\_\_

**INSULIN ADMINISTRATION DURING SCHOOL:**  Yes  No

*Student has been trained by Healthcare Professional*  Yes  No      Needs supervision:  Yes  No    Independent

**Insulin Delivery:**  Syringe/Vial  Pen  Pump (If pump worn, use "Insulin Pump Medication/Treatment Plan")

InPen    Ok to use InPen for insulin coverage  Yes  No

**Standard daily long-acting insulin:**  Yes  No      Type: \_\_\_\_\_      Dose: \_\_\_\_\_      Time to be given: \_\_\_\_\_

**Insulin/Carbohydrate Ratio + Blood Glucose Correction OR sliding scale = Total Insulin dose**

**Insulin/Carbohydrate ratio:**      Insulin:  Humalog     Novolog     Apidra     Other \_\_\_\_\_

Breakfast \_\_\_\_\_ # unit(s) per \_\_\_\_\_ grams of carbohydrates

Lunch \_\_\_\_\_ #unit(s) per \_\_\_\_\_ grams of carbohydrates

Snacks \_\_\_\_\_ #unit(s) per \_\_\_\_\_ grams of carbohydrates

Dinner \_\_\_\_\_ #unit(s) per \_\_\_\_\_ grams of carbohydrates

**Blood Glucose Correction:**

BLOOD GLUCOSE MINUS \_\_\_\_\_ DIVIDED BY \_\_\_\_\_ EQUALS # UNIT(S) OF INSULIN      **OR**

**Sliding Scale**

Blood sugar: \_\_\_\_\_ to \_\_\_\_\_      Insulin Dose \_\_\_\_\_

**Correction dose of Insulin for High Blood Glucose:**  Yes  No    (\*\*OUTSIDE OF MEALTIMES\*\*)

**Blood Glucose Correction**

BLOOD GLUCOSE MINUS \_\_\_\_\_ DIVIDED BY \_\_\_\_\_ EQUALS # UNIT(S) OF INSULIN

Insulin correction dose for blood glucose greater than \_\_\_\_\_ mg/dl and at least \_\_\_\_\_ hours since last insulin dose.

**PHYSICIAN AUTHORIZATION:**

\_\_\_\_\_  
Physician's Name (PLEASE PRINT / STAMP)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_

Parent Name: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

Date \_\_\_\_\_

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Student Name: \_\_\_\_\_ Date: \_\_\_\_\_

**Parent/Guardian Responsibilities:**

**Parents must notify school prior to enrollment, upon student's return to school and upon new diagnosis of diabetes. Parents should:**

- Provide Diabetes Medication/Treatment Authorization Form completed and signed by BOTH healthcare provider and parent/guardian (\_care cannot be administered unless forms are completed and signed)
- Provide a signed copy of the Diabetes Medication/Treatment Revision Form if diabetes management changes
- Understand that NO parent verbal orders will be accepted
- Provide multiple emergency phone numbers where someone can always be reached
- Provide amount of carbohydrates in snack and lunch if provided from home (specify carbohydrates for EACH item)
- Provide all supplies related to care including but not limited to: blood glucose meter with extra batteries, test strips, lancets, insulin syringes, insulin, ketone sticks, glucose tablets, glucose gel for low blood sugars and Glucagon if ordered by a healthcare provider (parent will pick child up from school if blood glucose level is greater than 300mg/dl and no ketone sticks are available)
- Participate in initiation of 504 Plan or Individualized Education Plan (IEP) for appropriate accommodations
- **If student utilizes an insulin pump the parent should also:**
  - Provide supplies including an extra infusion set, reservoir, extra pump batteries and backup insulin vials with syringes
  - Act as the pump resource for troubleshooting
- Sign a Medical release form to authorize school healthcare personnel to communicate with healthcare provider

**School Responsibilities:**

**The school must notify Coordinated Student Health Services with anticipated date student is to attend school and fax Diabetes Medication/Treatment Authorization Form and Health Service Request form to 754-321-1692. The school will be responsible to provide the student with the following:**

- Train for school staff who will be in direct contact with student during the school day
- Provide 504 Plan or Individualized Education Plan (IEP) information to parent/guardian
- Provide private area to test blood glucose levels, administer insulin and store supplies
- Train staff to assist student as needed with blood glucose testing, insulin administration and provide treatment for blood glucose levels outside the target range as determined by healthcare provider
- Train staff to administer Glucagon if provided by parent/guardian as per healthcare provider's orders
- Provide healthcare personnel to accompany student on field trips to provide necessary to assist in diabetes management
- Allow student access to snacks in classroom and on the bus as provided by parent/guardian
- Allow student access to water and bathroom as needed
- Adhere to Federal Educational Rights and Privacy Act (FERPA) and Health Insurance Portability and Accountability Act (HIPPA) guidelines by respecting the students' rights to confidentiality and privacy.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Healthcare Personnel Signature

\_\_\_\_\_  
Date

**This form is in effect for all school related activities including field trips. Field trips that extend outside of normal school hours will require a revision form be completed and signed by the healthcare provider. Please do not edit or remove information from original format per Broward County Public Schools.**

**Revised May 2022**

**The School Board of Broward County, Florida**  
**Coordinated Student Health Services**  
**Phone 754-321-1575 Fax 754-321-1692**

**PARENT/GUARDIAN ACCOUNTABILITY  
DIABETES CHECKLIST**

\_\_\_ Provide current Diabetes Medication/Treatment Authorization Forms signed by healthcare provider and parent/guardian (even if student is independent in diabetes management and doesn't require provision of care by school healthcare personnel)

\_\_\_ Provide school healthcare personnel with Diabetes Medication/Treatment Revision Forms whenever changes are made in the student's management of diabetes

\_\_\_ Request/participate in meetings to initiate and update student's 504 Plan or Individualized Education Health plan (IEP)

\_\_\_ Provide emergency contact information (multiple emergency contact phone numbers are strongly recommended)

\_\_\_ Provide school healthcare personnel with ALL diabetic supplies' student requires to manage their diabetes at the beginning of the school year and throughout the school year as requested by the school healthcare personnel. Supplies may include but are not limited to a glucometer with extra batteries, test strips, lancets, alcohol swabs, ketone strips, insulin vials and syringes or insulin pen and glucose tablets/snacks for management of low blood sugar

\_\_\_ Provide (if applicable) extra insulin pump supplies which may include reservoirs, infusion sets, insulin, and backup batteries

\_\_\_ Act as pump resource for pump troubleshooting and/or pump malfunctions

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Parent/Guardian Signature: \_\_\_\_\_

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**DIABETES MANAGEMENT IN SCHOOLS**

All students with diabetes should fall under one of the following three categories for diabetes management determined by the healthcare provider and documented on the Diabetes Medication/Treatment Authorization form:

**Dependent (D)**

School healthcare personnel is responsible for all the student's management including:

- Blood glucose checks
- Calculation of insulin dose based on sliding scale and grams of carbohydrates consumed
- Insulin administration via syringe or pump
- Glucagon administration
- Ketone testing
- Management of hypoglycemia and hyperglycemia

**Supervised (S)**

School healthcare personnel is supervising self-management and aiding the student with:

- Blood glucose checks
- Calculation of insulin dose based on sliding scale and grams of carbohydrates consumed
- Insulin administration via syringe or pump
- Glucagon administration
- Ketone testing
- Management of hypoglycemia and hyperglycemia

**Independent (I)**

Student self-manages diabetes and school healthcare personnel's main role is to support their independence:

- Orders on file in the clinic
- Student always carries equipment, medication and supplies on their person
- Student is NOT required to report to the school health room for management
- School healthcare personnel is available to manage diabetic emergencies

The school health room staff who is trained in diabetes management will be determined based on:

- Students' ability to self-manage their diabetes
- Healthcare provider orders
- Parental input
- Observation of student's diabetes management

**ALL students with diabetes need assistance from school healthcare personnel when a student is experiencing hypoglycemia, hyperglycemia or any other diabetic emergency.**

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**PROCEDURES FOR STUDENTS WITH DIABETES**

Type 1 diabetes (T1D) typically develops in children, adolescents, and young adults but may also develop in adults. It is an autoimmune disease in which the body's immune system attacks and destroys the insulin-producing cells of the pancreas. In T1D the pancreas does not produce any insulin, the hormone used to convert glucose in the blood into energy. Many factors influence insulin absorption such as stress, illness, hormone changes, growth and exercise.

Without insulin, the glucose levels in the blood build-up resulting in hyperglycemia or high blood sugar. Hyperglycemia can develop over several hours or days and if untreated can lead to a life-threatening condition called diabetic ketoacidosis. High blood glucose levels over several years can cause serious damage to multiple organs in the body including the heart, nerves, kidneys and eyes. Insulin must be administered to the bloodstream via injections or an insulin pump to control high blood glucose levels. If too much insulin is administered, or not enough food is consumed a hypoglycemic or low blood sugar episode may occur. Hypoglycemia can occur suddenly and requires immediate treatment. It is the greatest immediate danger to a student with diabetes and may cause cognitive and motor dysfunction. A student experiencing hypoglycemia should NEVER be left alone, sent anywhere, or escorted by another student.

In Type 2 Diabetes (T2D) also known as insulin-resistant diabetes, the pancreas is producing some insulin, but the insulin amount is insufficient in quantity or ineffective in its ability to stabilize blood glucose levels. A major cause of T2D is obesity making diet and exercise imperative for glycemic control. Most people with T2D may take oral medication to improve insulin effectiveness while some people may require a combination of oral medication and insulin to achieve good glycemic control.

<b>Common Signs and Symptoms of Hyperglycemia</b>	<b>Common Signs and Symptoms of Hypoglycemia</b>
Thirst	Dizziness
Frequent Urination	Blurry vision
Blurry Vision	Shakiness
Abdominal Pain	Nausea
Confusion	Sweating
Sweating	Sluggishness
Breath has a fruity odor	Motor and cognitive dysfunction

Students may use the school health room to monitor blood glucose levels, calculate insulin dosages and administer insulin via syringe, pen or pump to maintain blood glucose control. The healthcare provider orders will indicate whether a student needs total care, supervision or can self-manage their diabetes. No matter which level of care the student requires a Diabetes Medication/Treatment Authorization must be on file in the school health room.

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Although there is no cure for diabetes it can be managed. Careful monitoring and control of blood glucose levels greatly reduce the risk of complications related to diabetes. It is important to remember that students with diabetes can lead active and productive lives, just like anyone else. A collaborative relationship between the school healthcare personnel, healthcare provider, the parents/guardians and the students are imperative for their medical, emotional and academic well-being.

**ROLE & RESPONSIBILITIES**

**School Administration**

It is recommended that school administration ensures a meeting is arranged with all involved school staff including the student's teachers, school healthcare personnel, school social worker and the student's parents/guardians at the beginning of each school year for students with diabetes.

The purpose of this meeting is to gather information to determine the healthcare needs of the student while at school and develop an Individualized Healthcare Plan (IHP). Topics discussed may include (but are not limited to) student's diabetes diagnosis, identifying student-specific signs and symptoms of hypoglycemia and hyperglycemia, student's involvement in diabetes management, dietary restrictions specific accommodations the student with diabetes may require while in school, medication administration, and emergency contact information.

All involved staff, including bus drivers and nutrition staff, should be informed of the student's diagnosis and receive diabetes training focusing on recognition of signs and symptoms of hypoglycemia and hyperglycemia and their role if a diabetic emergency occurs. School administration should develop a plan as to how the health information will be conveyed to substitute teachers or rotating staff. School administration should also work with the parents/guardians to develop a process to cooperatively and amicably address disagreements or issues when they arise.

The student with diabetes may require certain accommodations throughout the school day. The schools' assigned registered nurse can identify a student's need for accommodations in school and can contact the schools 504 liaison to conduct a meeting including the parents/guardians to initiate a 504 Plan. If the student with diabetes is an Exceptional Student Education (ESE) student, a registered nurse must be present for the inclusion of nursing services under "special considerations" (health) on the student's Individualized Education Plan (IEP). A student can have either a 504 Plan or an IEP, not both. Parents/guardians have the right to refuse implementation of a 504 Plan or inclusion of nursing services on the students' IEP. If any questions should arise Coordinated Student Health Services (CSHS) can be contacted at 754- 321-1575.

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**School Healthcare Personnel**

The school nurse should function under the scope of practice defined by the Florida Nurse Practice Act. To ensure quality care and the safety of the students, the school nurse should:

- Maintain a current knowledge base and skill set related to diabetes management in the school-age population
- Review A06 Health Roster to identify ALL students with diabetes to obtain parental information regarding current management of diabetes and document information on Health Roster Tracking Form
- Conduct a meeting with the student's parent/guardian to develop an IHP and Emergency Care Plan (ECP)
- Regularly review and update the IHP and ECP whenever there is a change in medical management or the student's response to current management changes
- Provide a copy of the ECP to all staff who have interactions with students with diabetes
- Collaborate with a 504 Liaison to provide accommodations for the student while at school or ESE specialist for the inclusion of nursing services on a 504 Plan or an IEP
- Ensure a current Authorization for Diabetes Medication/Treatment form is on file in the school health room signed by BOTH the parent/guardian and healthcare provider
- Ensure Authorization for Diabetes Medication/Treatment states whether a student has been trained and what level of care is required
- Perform a focused assessment on the student with diabetes
- Perform blood glucose checks, calculate correct insulin dosages, carbohydrate counting, insulin administration, and ketone testing
- Ensure Glucagon is accessible for rapid lifesaving administration by trained personnel
- Administer Glucagon for emergent hypoglycemia, calling 9-1-1 AFTER administration and remaining with a student until further help arrives
- Ensure 9-1-1 posters are in obvious places throughout the school listing updated names of staff certified in CPR/AED/First Aid
- Understand factors that can adversely affect efforts to tightly control blood glucose levels such as: stress, hormonal changes, periods of growth, physical activity, medications, illness/infection, and fatigue
- Ensure that students who require supervised care are coming to the clinic at times indicated on the Diabetes Medication/Treatment Authorization form to receive treatment
- Collaborate with school administration to select and delegate the most appropriate unlicensed assistive personnel (UAP) for students requiring diabetes management
- Train and supervise the UAP on specific procedures for the student with diabetes. It is strongly recommended that two or more back-up persons be trained in each school to assure adequate coverage in emergent situations
- Practice universal precautions and infection control procedures with all student encounters and ensure UAP's are practicing this as well
- Arrange for student-specific training by a registered nurse to all school staff who will have direct contact with the student, so they know how to respond in emergent situations

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- Maintain appropriate documentation of care delivered to the student with diabetes Including a Daily Diabetes Log, diabetic teaching provided to a student, IHP and ECP, and diabetes training to track staff who received diabetes education
- Monitor the documentation of services provided by the UAP's
- Store all diabetes supplies in a locked cabinet where they are not easily accessible to other students visiting the school health room
- Establish a diabetes resource file including pamphlets, brochures, and other publications for use by school staff
- Maintaining ongoing open lines of communication between parents, healthcare provider (if release for medical information is signed by parent)
- Refer student and family to a social worker if assistance is needed in obtaining affordable health insurance or medications necessary to manage diabetes
- Respect the students' rights to confidentiality and privacy by adhering to FERPA and HIPPA guidelines
- It is a good practice to assign a "buddy" for the student with diabetes. A buddy can serve as a runner in times of an emergency. This can be particularly helpful during lunch, physical education, or outdoor activities. Teachers may wish to rotate buddies. **If a student is experiencing hypoglycemia (low blood glucose), help should come to the student.**
- **Contact 911 immediately based on both subjective and objective signs or symptoms of a diabetic emergency or if Glucagon is administered, then notify office staff, administration and parent/guardian**

If there is a student who is not adhering to the orders on the Diabetes Medication/Treatment Authorization form it is recommended that a meeting is arranged between school administration, the parent/guardian, social worker and school healthcare personnel to identify possible barriers the student is experiencing in receiving care and a plan should be developed to help support the student and encourage them to comply with treatment.

A sharps container should be requested and obtained from the Risk Management Department. This container is needed to properly dispose of used needles after a student with diabetes tests their blood glucose level and after insulin administration. School health room staff should contact the Risk Management Department at 754-321-1900 to schedule a pickup of the sharps container once it is three-quarters full.

**Instructional School Staff**

Instructional school staff should provide a supportive learning environment and treat the student with diabetes the same as any other student while at the same time adhering to the required accommodations listed in either the 504 Plan or an IEP. Not all instructional school staff will have direct contact with the student, but all staff should:

- Be aware of which students have diabetes and adhere to the accommodations listed in the 504 plan or an IEP, especially during standardized testing

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- Attend diabetes training and be able to recognize the signs and symptoms of hypoglycemia and hyperglycemia
- Maintain a copy of the student specific ECP to be aware of their responsibility in emergent situations
- Remain with the student if they are feeling symptomatic and call school healthcare personnel **NEVER LEAVE THEM ALONE**
- Provide the student with a safe location to monitor blood glucose levels or administer insulin in accordance with the students IHP
- Allow the student to check blood glucose levels when necessary and/or before and after strenuous physical activity
- Allow student access to the school health room when requested
- Communicate questions or concerns with school healthcare personnel and parents
- Respect the students' rights to confidentiality and privacy by adhering to FERPA and HIPPA guidelines
- Educate the students class about diabetes and use this as an opportunity to educate students regarding nutrition, exercise and health with the consent of the parent/guardian and student

**School Counselor/Social Worker**

The school counselor and social worker should be aware of the students in their schools who have diabetes and the potential impact of diabetes and its management on the student's behavior and performance. The social worker should be prepared to work with the school healthcare personnel to ensure that the necessary accommodations are made to comply with state and federal laws. The school counselor and social worker may be called upon to assist the student with any expressed concerns regarding diabetes and to identify and respond to ineffective coping mechanisms demonstrated by the student or family as they relate to school performance and attendance. The school counselor and social worker should be familiar with community resources and services available to assist the student and family.

**Food and Nutrition Services**

It is the responsibility of the parents/guardians to supply the student with the necessary snacks to maintain appropriate blood glucose levels. It is recommended that the students with diabetes, their parents/guardians and school healthcare personnel obtain nutritional information from the Food and Nutrition Services website to assist with meal planning. This can be done by visiting [www.browardschools.com](http://www.browardschools.com), choosing departments and clicking on Food and Nutrition Services. Scroll down and click on meal viewer, select school, click on let's add it up located on the left side of the screen, select menu items and carbohydrate total will automatically calculate for you on the right side of the screen. It is recommended that the nutrition services managers attend the diabetes training provided in the school.

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**Bus Drivers**

Bus drivers will have contact with the students at the beginning of and end of the school day. Bus drivers should:

- Be aware of which students have diabetes
- Allow students with diabetes to have a snack and/or drink on the bus, if necessary, with appropriate medical considerations (i.e.: a student with allergies/anaphylaxis)
- Encourage the student to sit near the front of the bus to allow for closer observation
- Communicate to the school designee/healthcare personnel any behavior changes that may require medical follow up
- Attend diabetes training to be able to identify signs and symptoms of hypoglycemia and hyperglycemia
- Respect the students' rights to confidentiality and privacy by adhering to FERPA and HIPPA guidelines
- Call 911 for ALL diabetic emergencies

**Parent/Guardian Responsibilities:**

It is the parents/guardian's responsibility to provide the school healthcare personnel with all properly labeled medications, supplies and equipment (as needed) to manage the student with diabetes. Supplies needed include (but are not limited to): blood glucose monitor with extra batteries, test strips, lancets, insulin, insulin syringes, and ketone strips (strongly recommended), snacks, glucose tablets and Glucagon injector or gel. If the student is on an insulin pump an extra infusion set and reservoir, extra pump batteries and backup insulin and syringes should be provided. If ketone sticks are NOT provided by the parent/guardian and available in the school health room if the student's blood glucose level is greater than 300mg/dL, the parent/guardian will be called to arrange for pick-up and if the parent/guardian is not available 911 will be called.

Parents/guardians are responsible for having the student's healthcare provider complete the Diabetes Medication/Treatment Authorization form. For the medication to be administered and treatment provided the forms must be signed by BOTH the healthcare provider and parent/guardian. AH sections 011 this form must be entirely completed. It is strongly recommended that multiple emergency contacts are listed on the forms. In an emergency, if a parent cannot be reached the emergency contact(s) will be notified.

Parents/guardians should also:

- Inform the school as soon as possible if the student is newly diagnosed with diabetes or the student is enrolling in another school to ease the students' transition
- Participate in the development of a 504 Plan or an IEP with appropriate school staff immediately after diagnosis and at the start of each school year
- Provide the school healthcare personnel with a Diabetes Medication/ Treatment Revision form if medical management during school hours changes
- Understand that the school healthcare personnel cannot take verbal orders from a parent/guardian for any reason regarding a student's diabetes management. All orders must be provided and signed by the healthcare provider.
- Provide properly labeled medications and replace medications as needed
- Assume responsibility for the maintenance and calibration of all medical equipment

**This form is in effect for all school related activities including field trips. Field trips that extend outside of normal school hours will require a revision form be completed and signed by the healthcare provider. Please do not edit or remove information from original format per Broward County Public Schools.**

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- Keep open lines of communication with school staff to show you appreciate the partnership
- Inform school staff and provide details of how diabetes diagnosis has affected their child's mental, emotional and social well-being
- Educate the student in self-management and when to visit the school health room
- Provide the student with a medical identification tag or jewelry and encourage the student to wear it in school
- Provide a formal letter to the school from the healthcare provider to remove their child as having diabetes from the health roster if the child no longer requires diabetes management

**Health Care Provider**

The healthcare provider manages the medical care of the student with diabetes. The healthcare provider should provide information and guidance to the school healthcare personnel to use in developing the IHP and ECP. The healthcare provider should not only be aware of the medical needs of the student but should also take into consideration the resources available in the school

To safeguard student safety, the healthcare provider should:

- Provide the school healthcare personnel with the required diabetes history, daily diabetes management information and emergency management information within the school setting
- Communicate freely regarding the care and management of the student with diabetes if a medical record release is signed
- Provide the school healthcare personnel as soon as possible with an Authorization for Diabetes Medication/Treatment form or Diabetes Medication/Treatment Revision form when daily diabetes management is changed
- Provide teaching to the student with diabetes and indicate on orders whether they can self-manage, require supervision or require total management by school healthcare personnel

**Diabetes Medication/Treatment Packet**

CSHS has created a standardized diabetes management packet to be followed in the school health room of ALL Broward County Public Schools. ALL documents should be placed in the student's diabetic binder in the school health room. The packet includes:

- Diabetes health management in schools' information, which determines the level of nursing care required for the student with diabetes
- Procedures for students with diabetes which gives an overview of how the students with diabetes will be managed in school
- Parent/guardian and school responsibility signature page
- The Diabetes Medication/Treatment Authorization form which should be completed in entirety by the healthcare provider and signed by BOTH the healthcare provider and parent/guardian for treatment to be initiated
- The Broward County Public Schools Diabetes Emergency Care Plan with trained personnel listed at the bottom
- Diabetes Medication/Treatment Revision form required when changes in medical management required at school occur
- Broward County Public Schools Parent Accountability Diabetes checklist
- Nurses Standard File for Students with Diabetes checklist

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In addition to the Broward County Public Schools diabetes management packet, It is also a requirement to complete an IHP and ECP for hypoglycemia and hyperglycemia provided by the Florida Department of Health (DOH).

**Continuous Glucose Monitoring Device (CGM)**

A Continuous Glucose Monitor (CGM) is the size of a beeper and is a small computer device that provides continuous blood glucose readings. The student has a sensor placed on their skin and the device is carried in their pocket or is connected to a watch worn on the student's wrist. The parents/guardians and the student are responsible for all CGM care including site placement and care, monitoring and calibration. If dislodgement occurs in school, school healthcare personnel may turn CGM off and contact the parent/guardian. The Diabetes Medication/Treatment Authorization form needs to state CGM use, brand and specify interventions when alarms sound. If the CGM alarms, the student is expected to notify the closest school staff who will review the monitor display and contact the school healthcare personnel. Parents that receive CGM remote alarm notifications can also contact the school healthcare personnel for assessment and interventions. School healthcare personnel should receive student-specific training related to the CGM and provide appropriate interventions specified on orders from the healthcare provider. CGM information should be included in diabetes training provided to all school staff. School healthcare personnel are:

- Not permitted to install any CGM applications on their smart devices or computers to monitor the student's blood glucose levels (The parents/guardians may provide the health room staff with a smart device to monitor CGM readings if they wish to do so)
- Not responsible for changing CGM site or performing site care (parent or CGM trained student with parental consent, are responsible for site changes and care)
- Expected to follow all physician orders and student symptomology
- Not to use CGM reading for a blood glucose reading for insulin corrections unless stated to do so on physician orders (Students are expected to check their blood glucose level with a finger stick)

**Insulin Pump**

The Insulin Pump is the size of a beeper and is a small computer that administers a continuous basal rate of regular, short-acting insulin and administers Insulin for blood glucose level corrections and carbohydrate consumption. The pump is always worn by the student and should never be disconnected or suspended by school healthcare personnel. The parent/guardian is responsible for acting as the pump resource person. School healthcare personnel staff cannot administer insulin via pump without proper training, preferably by pump company, change the site or manipulate pump settings under any circumstance. Please call the parent or the healthcare provider with any insulin pump questions and document any verbal directives witnessed between parent and student regarding the insulin pump.