

# **Families' Frequently Asked Questions (FAQ's) for 2014**

## **1. What can I do to be sure that my child will be safe at school?**

Contact your child's school and ask to speak with the nurse responsible for that school. A Registered Nurse (RN) will call and work with you and your health care provider to develop an Individualized Health Plan (IHP) covering your child's school day. Plan ahead: It will take several days for the RN to train school personnel. Most school districts in Colorado do not have a RN on site, but they have access to an RN as a consultant. It is also a good idea to meet with school staff at the beginning of the school year to discuss your child's needs. Refer to "Before You Begin a New School Year – First Teacher Meeting" for more information.

## **2. Without a Nurse on site, who will care for my child?**

Colorado has a clause in the Nurse Practice Act called the "delegatory clause". It allows RN's to delegate what would normally be considered a nursing task to unlicensed personnel. The RN is then responsible for supervising the care given by the unlicensed person(s). Strict procedures dictate the process, so you can be assured that the personnel are well trained and supervised. Staff that could be delegated to include office staff, health assistants and classroom aides.

## **3. Will my child's teacher know anything about diabetes?**

Maybe and maybe not. You and the school nurse, and possibly someone from your health care provider's office, can team up to educate the classroom teacher and other school personnel about diabetes prior to each school year. Although your child's teacher will not be responsible for the direct care of your child, he or she should have a clear understanding of diabetes and should be able to make decisions based on that understanding. This should include more than what to do for blood sugar highs or lows, but also what can cause highs and lows, and how diabetes can affect a student's ability to learn. Also, the teacher should be familiar with what accommodations are necessary such as access to drinking water and bathroom privileges as needed.

## **4. Will my child be labeled as "that diabetes kid"?**

The individual self-worth of every student is important in a learning environment. Most teachers are well trained and sensitive enough to avoid this type of "stereotyping." The individual's own self-perception and how she or he manages his or her own illness will most likely be the "measuring stick" that classmates will use with each other when interacting. If your child appears to have difficulty accepting or living with diabetes, seek out resources such as a counselor or a diabetes educator to help address the issues. Decide with the school nurse whether or not classmates should be taught about diabetes. It may be useful for your child to have a friend or classmate monitor symptoms and/or behavioral indications of low blood sugar and assist your child in seeking adequate help.

## **5. My high school-aged child won't tell anyone that she has diabetes. How do you get to share such important information?**

Once a student begins to realize that she or he has different requirements for her or his body, it is not uncommon to want to "hide" the fact as a means to be the same as others. It is important to remember that kids are kids first and they all share similar developmental needs. Family attitudes teach early lessons in the precautions that someone with diabetes needs to take. A

young person can learn that her daily routine is just a part of her personal responsibilities and care. Your child's IHP/Section 504 plan should ensure information is confidential and will be shared with staff only to the extent they need to know in order to monitor your child's health. The age that the diagnosis was made may have an impact on how she accepts or denies the fact that she has diabetes. If the denial is such that important details are being ignored, a referral to a counselor may be necessary. Your HCP, endocrinologist, diabetes educator, and school nurse are all appropriate referral sources.

#### **6. What is my role in working on an IHP for my child?**

Parents should be an integral part in working on the development of an Individualized Health Plan (IHP) with their own health care provider and the school nurse. The Students with Diabetes in Colorado Schools Collaborative (comprised of parents, School Nurses, Colorado Department of Education, Colorado Affiliate of the American Diabetes Association, and the Colorado Diabetes Prevention and Control Program, and other partners) has developed a form that your child's health care provider can use. You and the school nurse can complete this form.

Alternatively, you and your child's health care provider can complete the form and it will then be presented to the school nurse to guide her training with school personnel.

#### **7. How will snacks at school be handled?**

Snacks need to be located where your child can access them easily. Your IHP should include a snack plan. Extra snacks can be kept in your child's backpack, in the main classroom, specials classrooms, as well as the health room. Your child needs to know where the snacks are stored. If your child forgets snack times, the teacher may be able to remind him or her. You could provide the teacher with a timer. Alternatively, your child could wear a watch with an alarm that can alert him or her to snack time or testing time. Teachers may need to follow up that the snack is completely consumed. Be sure to work out acceptable snack foods in advance when developing your IHP to avoid problems, such as allergy considerations for other students. Ask the teacher and/or healthcare worker to notify you when the snack supply is low.

#### **8. What about diabetes supplies?**

Diabetes supplies should be kept in a consistent place ideally with backup supplies as needed. In some cases the supplies would be kept with the student and in other cases, they would be kept in the classroom or front office in the health area (or both). A responsible person should check the supplies from time to time and notify you when there is a need to replenish supplies, including insulin if your child has insulin at school.

#### **9. Will my child be able to test in the classroom?**

When you feel it is time for your child to be able to test in the classroom on his or her own, you should discuss this with your child's teacher and the school nurse. Children in the elementary school require more supervision than children in the secondary schools. If you desire for your child to not miss class time to test but your child needs supervised testing, arrangements can be made to have a person from the office staff go to the classroom and supervise your child's blood sugar testing. Your child's classroom teacher should not be asked to do this as she may not be able to give her full attention and an error could be made.

**10. I am concerned that if my son leaves his insulin pen at school, the insulin will become outdated and have to be wasted. This insulin is expensive. I feel that my son is responsible and should be allowed to carry his insulin pen instead of storing it at school.**

Nurses recommend that students use insulin pens when possible due to the ease of using and supervising the giving of insulin when a pen is used. The school district's policy and your son's level of independence will be important factors in the solution to this question. Most school districts have policies that surround the safety of "sharps." If your child has demonstrated that he is responsible in the usage of his insulin pen, it might be very possible to establish a plan for him to carry his insulin pen in a secured place. This matter should be addressed in your child's IHP.

**11. What about carrying supplies back and forth so I do not have to have double supplies?**

This doesn't always work well because it is difficult for school personnel to supervise, and children are not always responsible. Having supplies in both places is the ideal. As most children use insulin throughout the day currently, insulin pens would be used in a timely manner. Extra supplies such as testers, test strips, lancing devices and sugar supplies are extra insurance that your child will be safe.

**12. How will parties at school be handled?**

Discuss these issues at your child's IHP or teacher meeting. If the party is a surprise (often these occur at the end of the day), you could cover the elevated blood glucose reading with extra insulin at home. Ask to be notified ahead of time of preplanned parties with a known menu. Your child could select one to two favorite treats to eat and take the rest home. Alternately, you could provide a special treat for your child and can also provide diet beverages to be stored in the classroom. There may be an opportunity to volunteer as a classroom parent. Finally, teachers that are informed can assist other parents in choosing food treats.

**13. What about the safety of my child on field trips?**

Field trips are less frequent events. They are almost always preplanned. If it is possible for you to make arrangements in your schedule to be one of the chaperones, this is the best solution. If you are unable to attend a field trip, the school will provide a trained chaperone to accompany your child. A number of variables need to be considered when planning for the trip: the level of independence your child may have with his or her diabetes, the availability of trained personnel joining the trip, the length of time the trip will last, the necessity to test, the need to take insulin, and the potential for low blood sugar during the trip. Any deviation from the normal schedule could affect a person with diabetes' blood sugar. The school nurse should have plenty of notice about the planned field trip so she can work with you and the school to ensure your child's safety. Refer to "Field Trip Consideration" for more information.

**14. What about after-hours activities, such as sports, special interest classes, etc., held at my child's school?**

Supervising personnel at any school-sponsored activity must adhere to your child's IHP. Special efforts should be made to communicate your child's needs to sponsors, coaches and other extracurricular staff.

**15. My child rides the bus to and from school: Will the bus driver know what to do if my child has a problem?**

Speak with the bus driver and make sure he/she knows your child has diabetes. Ideally, your school's nurse should advise your child's bus driver(s) of your child's IHP procedures. It would also be a good idea to provide your child's bus driver with a packet containing juice or other sugar supplies and brief instructions in case of emergencies, including phone numbers. Refer to "Low Blood Sugar Emergency Supplies" for more information.

**16. How will we work with varied schedules at school?**

Secondary schools especially can have very complicated schedules that vary every day. This again will require working with the school, your school nurse, and your child to make sure that snacks are done in a manner to cover this varied schedule. It becomes more difficult as your child advances in school. It can however, be conquered if all work together.

**17. Who will care for my child in case of an emergency, such as a fire drill, fire, tornado, school shutdown, etc?**

The IHP should include a section on care during these unusual circumstances. Staff should be trained to bring emergency supplies for your child with them in case of evacuation and the classroom should have emergency supplies in case of a lockdown. FEMA recommends that schools keep 2-3 days of emergency supplies, including medical supplies, at the school site in case of a national emergency. Find out how prepared your school is for these situations: ask to see your child's school emergency plan. Work with the school nurse and assist in the writing of these plans into your child's IHP. Refer to "Low Blood Sugar Situations during School Lockdown and Other Emergency Situations – a Quick Reference" for more information.

**18. Can school personnel be trained to give Glucagon in case of an extreme emergency?**

Ideally school personnel are trained to monitor your child so that the need for Glucagon will not occur. The chance of your child needing Glucagon at school is very small. However, in spite of the best planning and given the tighter control that health care providers are recommending, it is possible that this could be necessary. The school nurse should delegate personnel training for Glucagon administration. Some parents do not want their child to receive Glucagon at school and would rather have emergency personnel begin intravenous glucose. Your preferences should be stated in the IHP.

**19. Is there a place I can download some pre-made forms that I can give to my child's school?**

Yes, you can view and download all forms and instructions at [www.coloradokidswithdiabetes.org](http://www.coloradokidswithdiabetes.org)

**20. What is my child's school legally required to provide for my child?**

Schools have the legal responsibility to provide diabetic students with a medically safe environment as well as equal access to the same opportunities and activities enjoyed by other students. Trained school staff, access to necessary equipment and supplies, and a Health Care Plan developed by a student's personal health care team are all important to meet the student's specific medical needs. Federal laws that protect children with diabetes include Section 504 of

the Rehabilitation Act of 1973, the Individuals with Disabilities Education Act of 1991, and the Americans with Disabilities Act of 1992.

Under Section 504 of the Rehabilitation Act of 1973 (Section 504) and Americans with Disabilities Act of 1990 (ADA), students with disabilities must be given an equal opportunity to participate in academic, nonacademic, and extracurricular activities. The regulations also require school districts to identify all students with disabilities and to provide them with a free appropriate public education (FAPE). Under Section 504, FAPE is the provision of regular or special education and related aids and services designed to meet the individual educational needs of students with disabilities as adequately as the needs of non-disabled students are met. However, a student does not have to receive special education services in order to receive related aids and services under Section 504. Administering insulin or Glucagon, providing assistance in checking blood glucose levels, and allowing the student to eat snacks in school are a few examples of related aids and services that schools may have to provide for a particular student with diabetes. The most common practice is to include these related aids and services as well as any needed special education services in a written document, sometimes called a “Section 504 Plan.”

### **21. Are private, religious or schools other than public schools legally required to provide for my child?**

Private schools that receive federal funds may not exclude an individual student with a disability if the school can, with minor adjustments; provide an appropriate education to that student. Title III of the ADA covers private, nonreligious schools. Individuals with Disabilities Education Act (IDEA). IDEA provides federal funds to assist state educational agencies and, through them, local educational agencies in making special education and related services available to eligible children with disabilities. The Office of Special Education Programs (OSEP) in the Office of Special Education and Rehabilitative Services (OSERS) in the U.S. Department of Education administer IDEA.

### **22. What is an Individual Health Plan (IHP)?**

An IHP is a form that is completed by you and your school nurse. This plan should outline your child's diabetes treatment -- his target blood glucose range, insulin schedule, eating plan, and usual blood glucose testing times. It should also include instructions on what to do in various situations (treatment for hypoglycemia, for example). You and the school nurse can complete this form. Alternatively, you and your health care provider can complete the form and it will then be presented to the school nurse to guide her training with school personnel. Refer to “Individualized Health Plan: Diabetes” Form #100 or “Individualized Health Plan: Pump” Form #101. Both are accompanied by instructions.

### **23. What are Physician Orders?**

You should provide the school signed and dated orders for your child's HCP at least annually and in sufficient time to initiate and coordinate care particularly if your child is entering a new school. Refer to “Healthcare Provider Order for Students with Diabetes” Form #200 or “Healthcare Provider Order for Students with Diabetes on Pump” form #201. Both are accompanied by instructions.

## **24. What is a 504 Plan?**

A 504 Plan is a legally binding health care plan developed according to Section 504 of the Rehabilitation Act of 1973, a federal law that prohibits recipients of federal funds (such as schools) from discriminating against people on the basis of disability. Section 504 outlines a process for schools to use in determining whether a student has a disability and in determining what services a student with a disability needs. This evaluation process must be tailored individually, since each student is different and his or her needs will vary. Historically, Section 504 has covered students with diabetes.

Under Section 504, students with disabilities must be given an equal opportunity to participate in academic, nonacademic, and extracurricular activities. The regulations also require school districts to identify all students with disabilities and to provide them with a free appropriate public education (FAPE). Under Section 504, FAPE is the provision of regular or special education and related aids and services designed to meet the individual educational needs of students with disabilities as adequately as the needs of non-disabled students are met.

## **25. Should my child have a 504 plan?**

A Section 504 plan is a useful tool that can be used to ensure the student with diabetes has the same access to education as a student without diabetes. The tool helps the student, parents/guardians, and school personnel understand their responsibilities and the accommodations needed for the student. The determination for Section 504 services must be based upon evaluations and conducted by a **team** of individuals knowledgeable about the student, including the parents, who are familiar with the student and his/her disability, as well as the school nurse. Schools often remain unclear in their understanding of 504 & therefore the school nurse should be a member of the 504 team. Learning need not be adversely impacted in order for a child to qualify for services under Section 504. *It is imperative that it is a team decision (part of the law).* More information on how to initiate a 504 plan can be found at [http://www.cde.state.co.us/HealthAndWellness/SNH\\_Home.htm](http://www.cde.state.co.us/HealthAndWellness/SNH_Home.htm)

## **26. What if I am unhappy with some aspect of my child's IHP or Section 504 plan?**

Request an IHP/Section 504 plan meeting with school nurse, school staff, and administration members to discuss the matter. You may find resources in the following:

<http://www.cde.state.co.us/cdeedserv/cdegrievance.htm>

<http://www.cde.state.co.us/spedlaw/rules.htm>

[http://www.cde.state.co.us/HealthAndWellness/SNH\\_Home.htm](http://www.cde.state.co.us/HealthAndWellness/SNH_Home.htm)