

## Students

### Glucose-Self Monitoring and Glycogen Storage Disease in School

The Board of Education shall permit glucose self testing by students with disabilities who have a written order from a physician stating the need and the capacity of such student to conduct self-testing in the school setting along with written authorization of the parent/guardian. Such self-testing is to be conducted pursuant to the guideline promulgated by the Commissioner of Education. The time or place where a student with diabetes may test his/her blood-glucose level on school grounds shall not be restricted provided the student has written parental/guardian permission, a written order from a physician licensed in Connecticut, and a plan in place with the school nurse to ensure safety and competency.

The school nurse or school principal shall select a qualified school employee to, under certain conditions, give a glucagon injection to a student with diabetes who may require prompt treatment to protect him/her from serious harm or death. The nurse or principal must have the written authority from the student's parent/guardian and a written order from the student's Connecticut-licensed physician. The authorization shall be limited to situations when the school nurse is absent or unavailable. No qualified school employee shall administer this medication unless he/she has annually completed any training required by the school nurse and school medical advisor in the administration of medication with injectable equipment used to administer glucagon, the school nurse and school medical advisor must attest that the qualified school employee has completed such training and the qualified school employee voluntarily agrees to serve as a qualified school employee. The injections are to be given through an injector or injectable equipment used to deliver an appropriate dose of glucagon as emergency first aid response to diabetes. The selected employee must be a principal, teacher, licensed athletic trainer or licensed physician, occupational therapist or coach employed by the School Board.

The Board recognizes that diabetic students learn better when their blood glucose levels are within the proper range. Within the capabilities of students to participate in the management of their diabetes, the ultimate goal is independent management.

All decisions pertaining to self-monitoring must be made on a case-by-case basis, involving the family, student, medical providers, and with respect for individual needs and preferences regarding privacy and confidentiality.

All students with diabetes shall have an individualized plan to address the health and/or safety needs in the school setting. The individualized plan may be a Section 504 Accommodation Plan and/or and Individualized Health Care Plan (IHCP) with Emergency Care Plan (ECP).

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In the development of the required individualized self-monitoring of blood glucose levels plan, school personnel, including, but not limited to the school nurse, appropriate teachers, and the student, parent, and the student's health care provider, must address the key components of an individualized plan: communication of needs; determination of location; safety considerations; staff education and training; and evaluation of plans. These issues, fully detailed in the "Guidelines" issued by the Commissioner of Education pertaining to glucose self monitoring include:

1. Determining a process for developing and implementing an individualized plan for the student.
2. Defining expectations for communication between relevant school staff, family and the student's health care provider.
3. Addressing safety concerns in light of OSHA Universal Precaution standards.
4. Establishing procedures ensuring that the appropriate people are familiar with the 504 plan and/or IHCP and ECP and are properly "educated" regarding diabetes and the importance of timely treatment.
5. Ensuring periodic assessments of the effectiveness of the individual plan, location of self-monitoring and student agreement, including review of the student's competency level and changes in the school environment.

District personnel must be cognizant of all federal and state statutes, in addition to district policies, impacting this subject in the formation and implementation of plans permitting student self-testing.

(cf. 4147.1- Bloodborne Pathogens)

(cf. 5125- Student Records, Confidentiality)

(cf. 5141- School health Services)

(cf. 5141.21- Administration of Medication to Students)

(cf. 5141.23- Students with Special Health Care Needs)

(cf. 5141.25- Accommodating Students with Special Dietary Needs)

(cf. 5145- Section 504)

(cf. 5145.4- Americans with Disabilities Act)

(cf. 6171- Special Education)

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Legal references:

- Connecticut General Statutes
- 10-206 Health Assessment
- 10-212 School nurse and nurse practitioners. Administration of medications by parents or guardians on school grounds. criminal history; records check.
- 10-212a Administration of medication in schools (as amended by PA 99-2, and June Special Session and PA 03-211, PA 04-181, PA 07-241, PA 07-252, PA 09-155 and PA 12-198
- 10-220 Blood glucose self testing by children. Guidelines as amended by PA 12-198
- 19a-900 Use of cartridge injector by staff member before or after school program, day camp or daycare facility.
- 20-12d Medical functions performed by physicians assistants. Prescription authority.
- 20-94a Licensure as advanced practice registered nurse
- 21a-240 Definitions
- 29-17a Criminal history checks. Procedures. Fees.
- PA 07-240 An Act Concerning Minor Changes to the Education Statutes.
- 52-557b Immunity from liability for emergency medical assistance first aid or medication by injection. School personnel not required to administer or render (as amended by PA 05-144. An Act Concerning the Emergency Use of Cartridge Injectors)
- Connecticut Regulations of State Agencies 10-212a-1 through 10-212a-10 inclusive
- Code of Federal Regulations: Title I Part 13072 20-12d, Medical functions performed by physician assistant. Prescription authority.