



**BRIGHTER HORIZONS ACADEMY**  
College Preparatory  
3145 Medical Plaza Dr., Garland, Texas 75044  
Tel. (972) 675-2062 Fax (972) 675-2063  
*"Where Knowledge, Faith, Academics and Character Meet."*



# School Guidelines Diabetes

*Brighter Horizons will be a model Islamic educational system, within which learners may develop to their fullest potential and become a generation of leaders and individuals who are highly motivated to be successful in this life and beyond.*



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\_\_\_\_\_ type diabetes  
Student's Name Birth Date Grade

Homeroom Teacher:

## **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.

## **REFERENCES**

- School accommodations, diabetes care, and other services set out by this Plan will be consistent with the information and protocols contained in the National Diabetes Education Program *Helping the Student with Diabetes Succeed: A Guide for School Personnel*, June 2010.

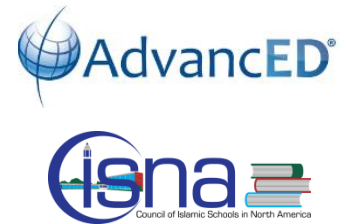
## **DEFINITIONS USED IN THIS PLAN**

1. **Individual Health care plan (IHP):** 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 physician and family. The parent/guardian must submit a completed IHP by the student's treating physician.
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 (IHP):** Non-medical school personnel who have been identified by the school health, school administrator and who are willing to be educated in basic diabetes education.

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## **1. PROVISION OF DIABETES CARE**

- 1.1 At least \_\_\_\_\_ staff members will receive the basic education, which 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 contact school health.
- 1.2 Students IHP will be available at the students campus **at all times during school hours.**

## **2. TRAINED DIABETES PERSONNEL**

The following school staff members will be trained in the blood sugar and symptoms for students IHP.

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

- 3.1 As stated in the attached IHP:
  - (a) The student is able to perform the following diabetes care tasks without help or supervision.
  - (b) The student needs assistance or supervision with the following diabetes health care tasks:
- 3.2 The student will be permitted to carry snacks and diabetic pump (if applies to students) with him/her at all times and in all locations.
- 3.3 Diabetes supplies and equipment that are not kept on the student and additional supplies will be kept in the health office in the student's campus. Emergency supplies (snacks, glucagon) will be kept with students teachers.
- 3.4 Parent is responsible for providing diabetes supplies and food to meet the needs of the student as prescribed in the IHP.

## **4. SNACKS AND MEALS**

- 4.1 School Health and Teacher will work with the student and his/her parents/guardians to coordinate a meal and snack schedule in accordance with the students IHP that will coincide with the schedule of classmates to the closest extent possible. The student shall eat lunch at the same time each day or earlier if experiencing hypoglycemia. The student shall have enough time to finish lunch. A snack and quick-acting source of glucose must always be immediately available to the student.



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- 4.2 The attached IHP sets out the regular time(s) for snacks, what constitutes a snack, and when the student should have additional snacks. The student will be permitted to eat a snack no matter where the student is.
- 4.3 The parent/guardian will supply snacks needed in addition to or instead of any snacks supplied to student.
- 4.4 The parent/guardian will provide carbohydrate content information for snacks and meals brought from home.
- 4.5 The health office and teacher will ensure that the student takes snacks and meals at the specified time(s) each day.
- 4.6 Adjustments to snack and meal times will be permitted in response to changes in schedule upon request of parent/guardian in writing. This will be documented in the student's medical log on sycamore.

## **5. EXERCISE AND PHYSICAL ACTIVITY**

- 5.1 The student shall be permitted to participate fully in physical education classes and team sports except as set out in the student's IHP.
- 5.2 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.
- 5.3 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**

- 6.1 The student shall be permitted to have immediate access to water by keeping a water bottle in the student's possession and at the student's desk, and by permitting the student to use the drinking fountain without restriction.
- 6.2 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**

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- 7.1 The student's level of self care is set out in section 3 above
- 7.2 Blood glucose monitoring will be done at the times designated in the student's IHP whenever the student feels her/his blood glucose level may be high or low, or when symptoms of high or low blood glucose levels are observed.
- 7.3 Insulin and/or other diabetes medication will be administered at the times and through the means (e.g., syringe, pill, pen or pump) designated in the student's IHP for both scheduled doses and doses needed to correct for high blood glucose levels. School will contact parent before administering any diabetes medication to the student.
- 7.4 The student shall be provided with privacy for blood glucose monitoring and insulin administration.
- 7.5 The student's usual symptoms of high and low blood glucose levels and how to respond to these levels are set out in the attached IHP.
- 7.6 When the student 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 health office while making sure an adult stays with the student at all times. Never send a student with actual -- or suspected -- high or low blood glucose levels anywhere alone.
- 7.7 Any staff member who finds the student unconscious will immediately do the following in the order listed:
  1. **Contact 911 and school health where blood glucose level will be monitor and immediately administer glucagon (glucagon should be administered if no monitor is available);**
  2. **Calling 911 (office staff will do this without waiting for the school health or IHP to administer glucagon)**
  3. **Contact the student's parent/guardian at the numbers provided with school and emergency contacts.**

## 8. FIELD TRIPS AND EXTRACURRICULAR ACTIVITIES

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- 8.1 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. The student's parent/guardian will be required to accompany the student on field trips or any other school activity. Updates: \_\_\_\_\_

8.2 The school health or TDP (the designated personal) 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 the student's diabetes supplies travel with the student. **Parent/guardian will be required to take part in field trips and any extracurricular activities where a school health or TDP is not available.**

## 9. TESTS AND CLASSROOM WORK

- 9.1 If the student is affected by high or low blood glucose levels at the time of regular testing, the student will be permitted to take the test at another time without penalty.
- 9.2 If the student 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, the student will be given extra time to finish the test or other activity without penalty.
- 9.3 The student shall be given instruction to help him/her make up any classroom instruction missed due to diabetes care without penalty.
- 9.4 The student shall not be penalized for absences 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.

## 10. COMMUNICATION

- 10.1 All staff members and school health office will keep the student's diabetes confidential, except to the extent that the student decides to openly communicate about it with others.
- 10.2 Encouragement is essential. The student is treated in a way that encourages the student to eat snacks on time, and to progress toward self-care with his/her diabetes management skills.



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10.3 The teachers and health office will provide reasonable notice to parent/guardian 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 health 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, the student's IHP will remain in full force and effect in its best ability.

11.2 The school nurse or TDP (the designated personal) will provide diabetes care to the student as outlined by this Plan and the student's DMMP, (diabetes medical management plan) will be responsible for transporting the student's diabetes supplies, and equipment, will attempt to establish contact with the student's parents/guardians and provide updates, and will and receive information from parents/guardians regarding the student's diabetes care.

## 12. PARENTAL NOTIFICATION

### 12.1 ***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.
- The student's blood glucose test results are below \_\_\_\_\_ or are below \_\_\_\_\_ 15 minutes after consuming juice or glucose tablets.
- Symptoms of severe high blood sugar such as frequent urination, presence of ketones, vomiting or blood glucose level above \_\_\_\_\_.
- The student refuses to eat or take insulin injection or bolus.
- Any injury.



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- Insulin pump malfunctions cannot be remedied.
- Other: \_\_\_\_\_  
 \_\_\_\_\_

**12.2 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.

**EMERGENCY CONTACTS:**

_____	_____	_____	_____
Parent's/Guardian's Name	Home Phone Number	Work Phone Number	Cell Phone Number

_____	_____	_____	_____
Parent's/Guardian's Name	Home Phone Number	Work Phone Number	Cell Phone Number

**Other emergency contacts:**

_____	_____	_____	_____
Name	Home Phone Number	Work Phone Number	Cell Phone Number

_____	_____	_____	_____
Name	Home Phone Number	Work Phone Number	Cell Phone Number

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

_____	_____
Name	Phone Number

_____	_____
Name	Phone Number

This Plan shall be reviewed and amended at the beginning of each school year, when student is diagnose and can be reviewed if necessary.

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**Approved and received:**

\_\_\_\_\_

Parent/Guardian

\_\_\_\_\_

Date

**Approved and received:**

\_\_\_\_\_

School Administrator and Title

\_\_\_\_\_

Date

\_\_\_\_\_

Health Office

\_\_\_\_\_

Date



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SCHOOL AND SCHOOL HEALTH NOTES ONLY:

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