



STUDENTS

5141.21(a)

Blood Glucose Self-Monitoring in School

Introduction

Diabetes mellitus is a chronic disease that interferes with the body's ability to produce or use insulin, impairing the ability to metabolize food. Diabetes management balances careful control of diet, exercise and medication. Frequent monitoring or checking of blood glucose levels is critical to diabetes management. Timely blood sugar monitoring and prompt intervention are necessary to prevent life threatening hypoglycemic episodes. Equally important, close monitoring to maintain blood glucose levels within a specified range is essential to prevent long-term complications such as heart disease, kidney failure, blindness, and serious impairment of circulation that may require amputations.

Students learn better when their blood glucose levels are within the proper range. It is important for schools to address the issue of location(s) of self-monitoring. Students who self-monitor can readily adjust their blood sugar levels, spend less time out of class and thus lose out on fewer learning opportunities provided to children without diabetes. They also gain independence and self-confidence, and experience fewer stigmas when monitoring is treated as a regular occurrence.

The Montville Board of Education does not "prohibit blood glucose self-testing by children with diabetes who have a written order from a physician or an advanced practice registered nurse stating the need and the capability of such child to conduct self-testing". Such self-testing shall be pursuant to guidelines promulgated by the Commissioner of Education (*Connecticut General Statutes Section, 10-220j*).

Decisions about self-monitoring must be made on a case-by-case basis, with the participation of the family, school, and medical providers, and with respect for individual needs and preferences regarding privacy and confidentiality. All students with diabetes need an individualized plan to address their health and safety needs in school settings. This plan may be a Section 504 accommodation plan and/or an Individualized Health Care Plan (IHCP) with an Emergency Care Plan (ECP) and completion of a student agreement (Appendix A).

Legal References: "Education for Children with Disabilities" 20 U.S.C. 1400, et seq. Section 504 of the Rehabilitation Act of 1973, 29 U.S.C. 706 (7)(b)
The Individuals with Disabilities Education Act of 1976 (IDEA), and the Family Education Rights and Privacy Act of 1974 (FERPA)

Connecticut General Statutes:

- 10-154a Professional communications between teacher or nurse and student
- 10-203 Sanitation
- 10-204c Immunity from liability
- 10-210 Notice of disease given by parents
- 10-212a Administration of medications in schools (as amended by PA 99-2, and June Special Session and PA 03-211, PA 04-181 and PA 07-241)
- 10-220j Guidelines for Blood Glucose Monitoring in the School

Appendix A: Agreement

**Montville Public Schools
Oakdale, CT 06370**

Agreement Concerning Blood Glucose Self-Monitoring

Determination of location(s) for blood glucose self-monitoring is made in accordance with an Individualized Health Care Plan (“IHCP”) and/or section 504 accommodation plan, and *Montville Public School’s* procedures. Once location(s) for self-monitoring are determined, the following guidelines apply:

1. Self-monitoring shall be performed in the designated location(s).
2. The student shall be responsible for disposing of lancets, strips, and any other material exposed to blood either in the health office or designated container for sharp instruments. These materials must never be disposed of in school trash bins.
3. The parent or guardian and student have knowledge of and agree to comply with OSHA’s *Universal Precautions*.
4. If, after monitoring the student is not within his/her target range, the student should notify the appropriate school personnel in accordance with the student’s IHCP.
5. The parent or guardian shall be responsible for maintaining the equipment and supplies needed for self-monitoring in the school.

The above information has been reviewed by the IHCP Team, the parent or guardian, and the student. The above procedures have been agreed upon by:

_____ Parent/Guardian’s Signature	_____ Date
_____ Student’s Signature	_____ Date
_____ School Nurse’s Signature	_____ Date
_____ School Administrator’s Signature	_____ Date