

PRIMARY CHILDREN'S AND
DIABETES MANAGEMENT IN THE
SCHOOL SETTING

UTAH
2024

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INTRODUCTION

Diabetes is one of the most common chronic diseases of childhood. Management of diabetes is necessary all throughout the day, including while children are at school. New technologies have both increased the convenience as well as the complexities of management. The goal of diabetes management in school is to keep students medically safe and foster their well-being for optimal academic performance.

The sole purpose of this document is to provide information and best practices for the most commonly raised questions regarding diabetes management during school and school-sponsored activities. These guidelines apply to common clinical circumstances and may not be appropriate for certain students and situations. This document does not provide legal advice. Individuals with questions should consult their individual school district policies and legal counsel.

DMMP / 504 PLAN

1. The Diabetes Medical Management Plan is an all-inclusive document created by the Utah Department of Health and Human Services to replace the previous Individualized Health Plan, Emergency Action Plan, and Previous Addendums. This is completed by the school nurse in consultation with the student's parent or guardian stating specific plans for monitoring, treatments, and location of supplies.⁸
2. The Diabetes Medical Management Order (DMMO) is a section of the DMMP and is an order signed by the student's Diabetes Provider that states the student has diabetes and provides orders for their care plan while at school.
 - a. The Utah Department of Health and Human Services /Utah State Board of Education writes the Diabetes Medical Management Plan (DMMP) form used in the state of Utah "in accordance with UCA 53G 9 504 and 53G 9 506."⁸
 - b. Section 12 of the DMMP is the provider orders or DMMO which includes:
 - i. Glucagon orders.
 - ii. Current carbohydrate ratio, correction doses and glucose target range.
 - iii. The route and type of insulin administration is also defined (pump, smart pen, pen, or syringe).
 - iv. Rounding injection dose calculations.

- v. Hypoglycemia treatment is defined.
3. A 504 Plan is a plan developed to ensure that a child who has a disability identified under the law receives accommodations to ensure their academic success and access to the learning environment. A 504 Plan specifies the actions the school will take to keep the student with diabetes medically safe and ensure the student has the same access to education as other children and is treated fairly.⁹
4. The DMMP or 504 plan should not include requests or accommodations that are contradictory to the provider orders or federal and state laws.
5. Ability and independence level is to be determined by the parent, legal guardian and provider on the DMMP. Ability is then applied to the school setting as specified in the DMMP. All students regardless of age or expertise require a plan and may need assistance with hypoglycemia, emergency glucagon or illness.
6. If unable to obtain complete provider orders or DMMO that includes all necessary insulin doses from the provider, school nurses can contact your district provider.
7. These forms written by the Utah Department of Health and Human Services (DMMP) are found here:
<https://heal.utah.gov/SN-documents/>

MONITORING GLUCOSE

1. Glucose (aka blood sugar) may be checked with either a glucometer (meter) or a Continuous Glucose Monitor (CGM) from the child's device or FDA approved remote monitoring app.
2. Target ranges for each student noted in the DMMP.
3. Blood glucose monitoring, at minimum, should be performed prior to breakfast and/or lunch, anytime the student is symptomatic of hypoglycemia or hyperglycemia. Frequency of glucose monitoring should be collaborated and agreed upon by the school nurse and parents/guardians and stated in the DMMP.
4. Examples of additional times other than those stated above may be upon arrival at school, prior to recess/PE or other physical activities, prior to walking home or riding the bus home from school. These may be done remotely or in person.
5. The student's schedule and participation in regular learning should be considered when determining the timing and frequency of glucose monitoring.
6. Those students who require more support at school to manage their diabetes may need to have their CGM reviewed at the beginning of the school day and at lunch to verify data is present (number and arrow). If there is no number or no arrow

on the CGM, a glucometer should be used to test a finger poke glucose and parents should be notified.

CONTINUOUS GLUCOSE MONITORS

CGM systems use a tiny sensor inserted under the skin to measure glucose levels in the interstitial fluid. Parents/Guardians/independent children are responsible for changing the sensor/site. The ADA has published a position statement on the use of CGM in schools (last updated September 2023):¹⁰

<https://diabetes.org/sites/default/files/2024-04/CGM-guidance-4-24.pdf>

1. Not all CGM's are FDA approved to dose from. It is the school nurse's responsibility to verify this information.
2. CGM's that are FDA approved to dose from do not require a finger poke meter reading to treat hypoglycemia or insulin administration, other than noted in the hypoglycemia section below.
3. Students should have a glucometer or meter at school in case of CGM failure, lack of communication, or site failure/loss.
4. If there is no number AND arrow on the CGM, use the meter. If the student does not have a meter at school when unable to use the CGM, contact a parent/guardian.
5. CGM devices have multiple alarms available. Alarms can be informative, actionable, or both. Ideally, alarms are set to identify the need for an immediate response to high or low glucose levels and minimize the frequency of unnecessary educational disruptions.¹⁰
 - a. Alarms most important are those for safety, require timely intervention and are actionable. The goal is to provide the safest diabetes management and to avoid unnecessary disruption to the student's activities/education.
 - b. Low alarm: glucose is at or below set alarm.
 - c. Urgent low soon: glucose will be less than 55 mg/dl in the next 30 minutes. There is no way to silence this alarm.
 - d. High alarm: glucose is at or above set alarm.
 - e. Fall or Rise Rate alarms: these alarms are to warn of rapidly increasing or decreasing glucose levels. These alarms can be both informative and actionable.
 - f. Trend arrows. These tell the user the direction and speed of change in the glucose. They can predict hypoglycemia so action can be taken to prevent hypoglycemia. Priority is to establish a goal to minimize interruptions during the school day while managing diabetes needs safely and promoting the student's well-being.

- g. CGMs are only helpful if they are providing data. “Touchdowns” or “Check-ins” may be instituted if agreed upon by the school nurse and the parent. A touchdown is a predetermined time when a CGM may be reviewed by school nurse or UAP, either remotely or in person, to verify that there is a number and an arrow present. These times could be documented in the DMMP and should take the students’ schedule into account. Common times could be upon arrival to school, prior to physical activity such as recess or PE, lunch, and before going home.
- h. Dexcom Follow or Libre Linkup (Remote Monitoring):
 - i. The ADA has recommended “the school nurse and 504 team, including the parent/guardian discuss the student’s needs and determine if remote monitoring is necessary based on the provider’s orders. “There are multiple factors that may influence the school’s capacity to provide remote monitoring.”¹⁰
 - ii. After assessment, section 504, IEP team and/or school nurse will determine accommodations based on the student’s individual needs and the provider’s orders. When determined appropriate, the school nurse and 504 team will indicate these accommodations on a Section 504 plan or the DMMP.
- i. Communication: ADA guidance on CGMs in School states, “Additionally, parents should work with the school to set up a communication system with the school nurse to provide actionable updates on trends throughout the school day if needed and to establish expectations regarding the frequency of such communication.”¹⁰
 - i. Examples such as actionable updates that may include hyperglycemia requiring a correction bolus or impending hypoglycemia with downward trend arrows.
 - ii. Communication plan is collaborated and agreed upon by the school, school nurse and parents/guardians and documented in the DMMP.

HYPOGLYCEMIA

1. Hypoglycemia is any glucose that is below their target range. For example, if their target is 80-150, any number below 80 would be considered hypoglycemia.
2. The parent/guardian is responsible for providing snacks to treat hypoglycemia. These are on the general list of supplies provided by parent/guardian.¹
3. Hypoglycemia must be treated immediately.
4. According to ADA position statement schools should provide, “immediate accessibility to the treatment of hypoglycemia by a knowledgeable adult. The

student should remain supervised until appropriate treatment has been administered, and the treatment should be available as close to where the student is as possible.”¹

5. The *standard* of care for hypoglycemia is the 15-15 rule: Treat with 15 grams of fast-acting, simple carbohydrates and retest glucose in 15 minutes. If glucose is still low, treat with an additional 15 grams of carbohydrates and retest glucose in 15 minutes. Continue this until hypoglycemia has resolved (student’s glucose is above their low target). If unable to resolve within one hour, the parent/guardian should be contacted.
6. CGM’s may have a delay after an event of hypoglycemia and may take time to “catch up” to real time. If hypoglycemia is noted on a CGM, treat with 15 grams of carbohydrates. In 15 minutes, if hypoglycemia is still noted on the CGM, a meter/finger poke is recommended to assess glucose, and the treatment plan should be determined based on the meter reading. A meter should be used for the full hour after the initial episode of hypoglycemia.
7. Many students now have “hybrid closed loop insulin pump systems” or “automated insulin delivery” (AID) systems. These devices adjust insulin delivery based on CGM data and trend arrows.
 - a. These students may not need 15 grams of carbohydrates for the treatment of hypoglycemia. It could be too many carbohydrates and could cause hyperglycemia because the pump is already “treating” the predicted hypoglycemia by decreasing or turning off the insulin administered by the insulin pump.
 - b. School nurses in consultation with parents/guardians should collaborate and work together to devise a plan for hypoglycemia treatment that is reasonable and simple to follow.
8. Severe HYPOglycemia- The provider orders state Emergency Glucagon should be administered “immediately for severe hypoglycemia: unconscious, semi-conscious (unable to control airway), or seizing.”⁷
 - a. Glucagon/Glucagen IM 1.0 mg/1.0 mL, or Baqsimi nasal 3 mg, or Gvoke SQ 0.5 mg, or Zegalogue SQ 0.6 mg
 - b. Once glucagon has been administered, the school must call 911.
 - c. Possible side effects: Nausea and Vomiting.
 - d. Utah State Code 53G-9-504 states:
 - i. “A public school shall, within a reasonable time after receiving a glucagon authorization, train two or more school personnel who volunteer to be trained in the administration of glucagon, with training provided by the school nurse or another qualified, licensed medical professional.”³
 - ii. A public school shall allow all willing school personnel to receive training in the administration of glucagon, and the school shall

assist and may not obstruct the identification or training of volunteers under this Subsection (2).”³

9. Options for hypoglycemia prior to a meal (not required):

- a. Verbiage: “low-target” means the bottom number in their target range. For example, if their target is 80-150, their low target is 80. If their target is 100-200 then their low target is 100.
- b. Many students want to get to lunch without having to wait for hypoglycemia to correct. School nurses develop a plan with parents/guardians using what all feel is the safest option for the student.

Example plan:

Glucose	Symptoms	Action
≤ ___ mg/dl prior to a meal	Yes or No	<ul style="list-style-type: none">• Treat with ___ grams of rapid acting carbohydrates• Keep them with an adult• Once above their low-target, dose for all carbohydrates for the meal and send them to eat
≥ ___ mg/dl but below their low-target mg/dl but below their low-target	No	<ul style="list-style-type: none">• Dose for all but ___ grams of carbohydrates for the meal and send them to eat
≥ ___ mg/dl but below their low-target mg/dl but below their low-target	Yes	<ul style="list-style-type: none">• Treat with ___ grams of carbohydrates• Keep them with an adult• Once symptoms resolve and/or glucose is above their low target, dose for all carbohydrates in meal and send them to eat

HYPERGLYCEMIA

1. Hyperglycemia is any glucose that is above their target range. For example, if their target is 80-150, any number over 150 would be considered hyperglycemia.
2. However after eating, glucose may occasionally rise above 200 mg/dl, but it should return to their target range within 3 hours.

3. The Utah Nurse Practice Act Rules allow school nurses to “delegate” “scheduled” insulin administration to UAP because they cannot be at every school, every day.⁵
4. A correction dose of insulin for hyperglycemia is recommended only at breakfast and/or lunch for students using multiple daily dose (MDI) diabetes management.
 - a. The recommended timing between rapid acting insulin doses is 3 hours.
 - b. Corrections are recommended at mealtimes only to avoid stacking insulin.
 - c. Correction doses given too close together may result in insulin stacking and subsequent hypoglycemia.
5. If the student is using an insulin pump or a smart pen, correction doses and carbohydrate doses can be given at any time, if the dosing is determined by the device and the insulin is delivered via the device. If the student uses an insulin pump or a smart pen, correction doses between meals are safe because the device determines insulin doses by tracking insulin action time and insulin on board.
6. The recommended dose of insulin by the smart device (insulin pump or smart pen) should be administered as recommended by the device. Any adjustment to the insulin dose the smart device or adjusting the dose the pump recommends and delegation should be determined by the school nurse.
7. Students utilizing multiple daily injections (MDI) and hyperglycemia.
 - a. Rapid acting insulin administration is recommended to be spaced out by 3 hours to prevent insulin stacking and hypoglycemia.
 - b. IF corrections doses or dosing for carbohydrates are given outside of mealtime, a specific plan should be in place to cover corrections and carbohydrates for the rest of the day. The plan should be developed by the school nurse and parent/guardian and documented in the DMMP.
8. A student does not need to be sent home from school for hyperglycemia unless other symptoms of illness are noted (vomiting, abdominal pain, fever). If the student has these symptoms, parents/guardians should be contacted. The student should be given access to water and the restroom, and an insulin dose should be administered as prescribed in the provider orders, DMMP, and 504.
9. Increasing no-carb fluid intake (sugar-free fluids) and moderate exercise can be helpful to reduce glucose, but if the glucose is over 300 the student should be given water and allowed to return to class. Exercise should not be used frequently to reduce glucose readings and should not require the student to miss class.
10. If the student is experiencing consistent hyperglycemia while at school, the nurse/school staff should encourage the parent/guardian to contact their diabetes provider for review of their glucose data.

INSULIN MANAGEMENT

The type of insulin a student is taking is noted on their provider orders. Rapid-acting insulins are interchangeable [Humalog (insulin lispro), Novolog (insulin aspart), Apidra (insulin glulisine), Admelog (insulin lispro)]. Ultra-rapid acting insulins [Fiasp (insulin aspart) and Lyumjev (insulin lispro-aabc)] are not interchangeable with the others and require a new order.

1. All insulin doses to be administered during school hours and school activities require new orders or dose change letter from the provider.
 - a. Utah Code 53G-9-502: “medication may only be administered to a student if: the student’s licensed health care provider has prescribed the medication and provides documentation as to the methods, amount, and time schedule for administration, and a statement that administration of medication by school employees during periods when the student is under the control of the school is medically necessary.”¹¹
2. Ideally insulin is given 10-15 minutes prior to carbohydrate consumption, dependent upon glucose level. Dosing insulin after eating is only for specific situations and should be stated on the provider orders.
3. All insulins should be discarded 28 days after opening or by its expiration date, whichever is sooner.
4. Long-acting insulin may be administered at school if noted in the DMMO.

INSULIN PUMPS AND SMART PENS

Insulin pumps and smart pens have computerized calculators to determine insulin doses. The calculator uses an algorithm (equation) to track insulin on board (insulin active in a student’s body) and insulin action time (how long insulin works).

The InPen is a reusable injector pen (Smart Pen) that tracks dosing and assists with diabetes management by calculating bolus insulin doses using a mobile app (like a bolus calculator in an insulin pump). It considers insulin on board and subtracts insulin when the student is below their target range. In the school setting, the insulin dosing may be calculated per the smart pen (InPen) app calculator. All blood glucose levels should be entered into the app calculator for administration of app-calculated doses.

Parents/Guardians are responsible for maintaining the insulin dose settings within the InPen app, just like the dose settings within a pump.

1. All glucose values and carbohydrate grams for meals/snacks must be entered into the pump for delivery of pump-recommended boluses.
2. Pump site changes are based on individual school district policies.

3. In case of pump failure, follow the DMMP. Utilize the doses listed in the provider orders for carbohydrate ratio and correction dosing. Pump or site failure is categorized by infection at the insertion site, leaking of insulin, or a glucose that's over 300 mg/dL for 3 hours despite a correction dose having been given. Contact parents/guardians for concerns of pump failure or CGM failure.

SNACKS AND CLASS PARTIES

1. Snacks, class parties and food brought to school to share with classmates can be challenging and requires planning and communication for children with diabetes due to the need for insulin administration with all carbohydrate intake.
2. If the student is using an insulin pump or smart pen, they should receive insulin for the carbohydrates and their glucose based on the recommendation from the insulin pump or smart pen.
3. If the student is receiving insulin via injection, an alternative plan may be needed if insulin dosing is needed between meals. These should be determined by the school nurse in consultation with the parents/guardians.
4. The DMMP created by the Utah Department of Health and Human Services⁸ contains a *Special Considerations* section (5) that includes information on school parties and snacks. The parents/guardians are to determine which option they prefer.
5. Alternative ideas:
 - a. Move the snack/treat for the *entire class* to lunch time so the student with diabetes using MDI can receive insulin for the snack/treat with their lunch injection and at the same time as their classmates.
 - b. Move the snack/treat for the entire class to the end of the school day. If the snack/treat is given to the entire class as they leave the classroom, the student with diabetes may also be given the snack and asked to take it home with them.
6. Based on the school nurses' individual determination of their scope of practice and school district policies other options may be considered. Insulin given as a carbohydrate only dose or a correction only dose, or both outside of "scheduled doses" for a student using MDI:
 - a. Is at the discretion of the school nurse.
 - b. Insulin action time must be taken into consideration anytime a correction dose for hyperglycemia is given.
 - c. Subsequent insulin doses and the regular schedule for the day must be considered, and a determination should be made on what can be delegated to a UAP by the school nurse.

- d. Parents/Guardians must provide approval for these options to take place. Work with your school nurse to devise a plan that is safe and note this plan on the student's DMMP prior to the start of each school year.
- e. An increased risk for errors is evident in giving insulin via MDI outside of "scheduled" doses. There is also a risk of errors and insulin stacking with frequent insulin administration.
- f. These options should be used infrequently for events such as school parties and special events. If a student needs a correction dose for hyperglycemia outside of "scheduled doses" on a regular basis, the parent/guardian should be advised to contact their provider for a review of glucose levels.

EXERCISE AND PHYSICAL ACTIVITY

Per the DMMP, glucose may be checked prior to physical activity which may include P.E., recess, or any other physical activity that may cause hypoglycemia.

A student should not exercise:

1. If their glucose is below their low target or they have symptoms of hypoglycemia.
2. If their glucose is above their high target AND they have symptoms of moderate to severe hyperglycemia, including but not limited to stomachache, headache, nausea, vomiting, fatigue, labored breathing, slurred speech, change in mental status, dehydration.

ILLNESS

If a child with diabetes shows any symptoms of being ill, follow your school/district protocol.

In the state of Utah, there are no guidelines or recommendations to test for ketones at school. If a student's glucose is over 300 mg/dl for 3-4 hours and symptomatic of illness (e.g. vomiting, abdominal pain, fever), ketones need to be tested. Contact parents/guardians.

BUS AND WALKING HOME

Prior to walking home or riding a bus, the student's glucose level should be above their low target. Treatment should be provided according to glucose and symptoms based on the DMMP.

DIY ARTIFICIAL PANCREAS SYSTEMS

DIY AP systems are not FDA approved, and there are concerns regarding tampering with a medical device outside the bounds of rigorous scientific research, potential coding errors, and/or potential malfunctions.

HOWEVER, the school nurse and school staff may support the student with a DIY AP system if the student has a current DMMP. Support may include inputting or supervising the input of glucose and carbohydrate numbers into the pump for insulin dosing and hypoglycemia or hyperglycemia management per the DMMP.

I-PORT

An iPort is a patch that sticks to the student's skin with a subcutaneous cannula. It allows for direct insulin delivery from a syringe or pen. It looks much like a pump site, without the tubing. If the site fails, the parent or guardian will need to replace the device. <https://www.medtronicdiabetes.com/products/i-port-advance>

RESOURCES

American Diabetes Association

1. <https://diabetes.org/sites/default/files/2024-04/CGM-guidance-4-24.pdf>
2. <https://diabetes.org/tools-support/know-your-rights/safe-at-school-state-laws>
3. <https://diabetes.org/tools-support/know-your-rights/safe-at-school-state-laws/help-for-schools>

Utah State Legislature and Utah Nurse Practice Act Rules

1. Section 504 Administration of glucagon³
 - a. <https://le.utah.gov/xcode/Title53G/Chapter9/53G-9-S504.html>
2. Section 506 Diabetes Medication⁴

- a. <https://le.utah.gov/xcode/Title53G/Chapter9/53G-9-S506.html>
3. Utah Nurse Practice Act and Rules⁵
 - a. <https://rules.utah.gov/wp-content/uploads/r156-31b.pdf>

Utah Department of Health and Human Services

1. <https://heal.health.utah.gov/SN-documents/>
2. <https://heal.utah.gov/wp-content/uploads/2024/02/SOC-diabetes-January-2024.pdf>

DEFINITIONS

Term	Definition	Responsible Party
BG	Blood Glucose	
Meter or Glucometer	Blood Glucose Meter	Prescribed by provider
CGM	Continuous Glucose Monitor	Prescribed by provider
DMMO	Diabetes Medical Management Orders	Completed and signed by provider. Compliance with Utah Codes UCA 53G-9-504 and 53G-9-506
DMMP	Diabetes Medical Management Plan	All-inclusive document created by the UDHHS including provider orders, health care plan and emergency action plans.
IHP	Individualized Healthcare Plan	Created by school nurse in consultation with parent/guardian, now the DMMP.
HIPAA	Health Insurance Portability and Accountability Act and Privacy Rule	The Health Insurance Portability and Accountability Act of 1996 (HIPAA) is a federal law that required the creation of national standards to protect sensitive patient health information from being disclosed without the patient's consent or knowledge. A major goal of the Privacy Rule is to make sure that individuals' health information is properly protected while allowing the flow of health information needed to provide and promote high-quality healthcare, and to

		protect the public's health and well-being. The Privacy Rule permits important uses of information while protecting the privacy of people who seek care and healing.
MDI	Multiple Daily Injections	
Supervision	The action of supervising someone or something, observing	
Laws	"The system of rules which a particular country or community recognizes as regulating the actions of its members and which it may enforce by the imposition of penalties."	These can be found here: https://heal.health.utah.gov/SN-laws/
Guidelines	"General rule, principle, or piece of advice"	
RN	Registered Nurse	
Provider	MD, DO, APRN/NP, PA	
School	Any private or public institution of primary or secondary education, including a charter school, preschool, kindergarten, or special education program.	
Unlicensed Assistive Personnel (UAP)	An unlicensed individual who performs health care tasks in a complementary or assistive role to a nurse in carrying out acts included within the definition of the practice of nursing.	School personnel helping with diabetes management, not licensed as healthcare personnel. This might include front office staff, a principal, cafeteria workers, teachers, administrative aids, etc.
Delegate	Entrust a task or responsibility to another person	School nurses delegate diabetes management tasks per Utah state law to UAP
Pump/CSII	Continuous Subcutaneous Insulin Infusion Pump	
Section 504 Plan	Protects the rights of individuals with disabilities in schools to provide a "free appropriate public education" regardless of the nature or severity of their disability.	Developed by school personnel, parent/guardian, and other appropriate staff such as the school nurse.
EAP	Emergency Action Plan	School nurses complete these upon receipt of the providers orders and can be done with input from parents. These include the treatment plans for

		hyperglycemia, hypoglycemia, and hyperglycemia prior to meals.
School staff	Any adult who works for the school in any capacity	
Touchdown	Time when CGM will be reviewed to verify there is a number and an arrow	Times are determined by nurse and parent but should not interfere with their education. Reasonable times would be upon arrival at school, prior to physical activity such as recess and PE and before going home.

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- <https://diabetes.org/tools-support/know-your-rights/safe-at-school-state-laws/help-for-schools>