



Diabetes Section 504 Accommodation Plan

School Year: _____ Date of 504 Team Meeting: _____

School DBN and Name: _____

Student & Family Information

Student Name: _____ Disability/Diagnosis: _____

Type _____ Diabetes

OSIS #: _____ DOB: _____

Classroom Teacher: _____ Grade: _____

Paraprofessional Name (if applicable): _____

Parent/Guardian Preferred Spoken and Written Language(s): _____

504 Team Members

List name of 504 Coordinator, all 504 Team members, and their titles.

Name	Role
1.	504 Coordinator
2.	Parent/Guardian
3.	Office of School Health Nurse (if applicable)
4.	
5.	
6.	

Objectives/Goals of this Plan

Diabetes can cause blood glucose (sugar) levels to be too high or too low, both of which may affect the student’s ability to learn as well as seriously endanger the student’s health both immediately and in the long term. The goal of this Plan is to provide the related aids and services and accommodations needed to maintain blood glucose within a safe range, and as close as possible to the student’s target range set by the student’s licensed health care provider, and to respond appropriately to levels outside of this range in accordance with the instructions provided by the student’s provider.

The 504 Coordinator will coordinate with the other 504 Team members to arrange the student’s diabetes care in New York City Department of Education (DOE) programs and activities.

This Plan shall be reviewed before the end of each school year or more often if necessary, and amended at the time of the review, if necessary.

Definitions Used In This Plan

DOE Program or Activity: Any program or activity sponsored by the DOE, including PA/PTA sponsored after-school programs or extracurricular activities in a DOE building.

Diabetes Medication Administration Form and Addendum (DMAF): The Office of School Health medication order form and any addendums pertaining to the diabetes care regimen, including the medication needs of a student with diabetes. The DMAF and any addendums are completed by the student's health care provider, signed by the parent/guardian, and reviewed by the Office of School Health. Once the student's DMAF for the school year (including any revisions) is ready to be implemented, the 504 Team will review this Plan and make any necessary revisions to comply with the new/revised DMAF.

Trained Non-Licensed Personnel (TNP): Non-medical school personnel who are trained in basic diabetes knowledge and have received training coordinated by the school nurse in diabetes care, including the recognition and treatment of hypoglycemia, recognition of hyperglycemia, the performance of blood glucose monitoring, glucagon administration and the performance of ketone checks, will perform these diabetes care tasks in accordance with applicable laws, rules, and regulations. Trainings include appropriate subsequent referrals to the school nurse as indicated on the DMAF. All TNP will be provided a copy of this Plan with details regarding signs and symptoms of hypo- and hyperglycemia highlighted, and their roles, and will receive training on the specifics of the student's DMAF.

1. Provision of Diabetes Care

- 1.1. At least _____ staff members will receive Level 2 training to be a TNP and are listed in Section 2.1. At least _____ staff members will receive Level 1 + Glucagon training and are listed in Section 2.4. A school nurse, substitute school nurse or Contract Nurse, or one of these trained staff members will be available at the site where the student is **at all times** during school hours, during DOE extracurricular activities, and on DOE field trips to provide diabetes care in accordance with this Plan and as directed in the DMAF.
- 1.2. The nurse shall perform the following diabetes care tasks in accordance with student's DMAF, and shall receive training on performing any of the following, if needed
 - determine dose and administer insulin
 - administer glucagon if needed
 - check ketones if needed, in accordance with DMAF
 - keep appropriate records of insulin administration and other blood glucose treatment
 - communicate with parent/guardian regarding diabetes treatment
 - communicate with the student's healthcare provider regarding diabetes treatment
 - communicate with Office of School Health physician if needed
 - coordinate with Principal to initiate training for school staff
 - _____
 - _____
- 1.3. If the student has been assigned a paraprofessional, the paraprofessional is to be trained as a TNP and will perform the following diabetes care tasks in the classroom, or wherever the child is [**Check those appropriate**], to the maximum extent possible:
 - Adhere to Standard Precautions for Infection Control principles regarding hand hygiene, Personal Protective Equipment (PPE), safe device handling, safe needle/sharps disposal planning
 - Check blood glucose levels with finger-stick device
 - Monitor readings on Continuous Blood Glucose Monitor (CGM)
 - Check ketones if needed, in accordance with DMAF, and refer to school nurse **if**:
 - Ketones are moderate or large
 - Student feels unwell
 - Other: _____
 - Administer glucagon and call 911 in the event of an emergency and keep appropriate record of such; notify nurse and school administration
 - Give fast-acting glucose or snack in the event of hypoglycemia [**Insert from DMAF**: blood glucose _____ mg/dL]; notify nurse

- Give water and monitor in the event of hyperglycemia [**Insert from DMAF:** blood glucose _____ mg/dL]; notify nurse
- Communicate with parent/guardian regarding the above
- _____
- _____
- _____
- _____

If student’s blood/sensor glucose via the blood glucose monitoring or CGM is _____ mg/dL or higher, paraprofessional will give water and monitor student, check for ketones, as outlined in the student’s DMAF, and inform the school nurse. Student generally should not be kept in the medical room for high blood glucose readings unless student does not feel well or is receiving insulin treatment.

As per the DMAF addendum, if the CGM is ____ or below, or the symptoms do not match the number and/or arrows, the paraprofessional may perform a finger-stick blood glucose test.

When the student’s assigned paraprofessional is not available, a paraprofessional with the appropriate training will provide this diabetes care.

2. Trained Non-Licensed Personnel

2.1 The following school staff members (see Section 1.1 above) will receive Level 2 training to carry out their responsibilities as a TNP (list full names, titles, and dates of training):

2.2 The Office of Pupil Transportation ensures that any bus driver or bus attendant who transports the student has undergone safety training and glucagon training in accordance with applicable New York State Education Department and DOE requirements.

2.3 **Any staff member who is not a TNP and who is responsible for the student at any time during school hours, DOE extracurricular activities, or during DOE field trips will be provided Level 1 training** that will 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 immediately contact either a school nurse or a TNP.

The staff members who have received this training are (list full names, titles, and dates of training):

[Include Physical Education teachers and coaches in this list. See Section 5.]

2.4 The following individuals who have volunteered to be trained will receive training on how to administer glucagon, in addition to the training outlined in 2.3:

3. Student's Level of Self-Care and Location of Supplies and Equipment

3.1 (a) As stated in the DMAF:

The student skill level to test their blood glucose is:

- Nurse/adult must check blood glucose
- Student to check blood glucose with adult supervision
- Student may check blood glucose without supervision

The student's skill level to self-administer insulin is:

- Nurse-Dependent Student: nurse must administer medication
- Supervised student: student self-administers, under adult supervision
- Independent Student: Self-carry/Self-administer licensed provider attested

Skill level designated for school hours as set forth above should be maintained at any time and in any location at the school, at field trips, at sites of DOE extracurricular activities, and on school buses.

(b) The student needs a TNP to perform or needs supervision with the following other diabetes care tasks (e.g., provide verbal cues while the student monitors their blood glucose and self-administers insulin, verify correctness of math for carb counting). Specify level of independence with the task:

3.2 The student and/or TNP (including assigned paraprofessional) will be permitted to carry the following diabetes supplies and equipment at all times and in all locations (please include phone and/or smart watch here, if applicable): **[Consult the DMAF and school nurse to complete this section]**

3.3 Diabetes supplies and equipment that are not kept on the student and additional supplies and will be kept at: **[Typically, the classroom and nurse's section/medical room, or with TNP (excluding CGM monitoring device and Personal Diabetes Manager equipment)]**

3.4 Parent/guardian is responsible for providing diabetes supplies and food to meet the needs of the student as ordered in the DMAF.

4. Snacks and Meals

4.1 (a) Meals and snacks will occur consistent with the DMAF.

(b) DMAF includes breakfast orders: Yes No

- 4.2 Carbohydrate content information for snacks and meals provided by the DOE Office of Food and Nutrition Services (OFNS) is available on the OFNS website, or upon request to the school's on-site School Food Service Manager.
- 4.3 A snack or fast-acting source of glucose must always be immediately available to the student.
- 4.4 The teacher will notify parent/guardian of any changes in the snack or meal schedule at least 48 hours in advance, or as soon as possible if 48-hour notice cannot be provided.
- 4.5 The student will be permitted to eat a snack no matter where the student is at the times indicated on the Nurse-Dependent or Supervised student's snack plan, when the Independent student determines appropriate, or for any student as needed for treatment. [Insert additional language, as applicable to the individual student consistent with the parent's/guardian's instructions, such as: *The student should always be permitted to eat any foods that they prefer, including special celebratory snacks such as cupcakes. At snack time, they should be permitted to choose from the school-provided snack or home-provided snack.*]
- 4.6 The parent/guardian will supply snacks needed in addition to or instead of any snacks supplied to all students.
- 4.7 The parent/guardian will provide carbohydrate content information for snacks and meals brought from home. If the parent/guardian does not provide this information, the school nurse or TNP will utilize a publicly available carbohydrate calculation website.
- 4.8 Adjustments to snack and meal times will be permitted in response to changes in schedule upon request of parent/guardian consistent with the DMAF.

5. Exercise and Physical Activity

- 5.1 The student shall be permitted to participate fully in physical education classes and team sports consistent with the student's DMAF.
- 5.2 Physical education instructors and sports coaches will receive training in accordance with Section 2.3 and will receive a copy of this Plan.
- 5.3 Responsible school staff members will make sure that the student's blood glucose meter, a fast-acting source of glucose, and water are always available at the site of physical education class and DOE team sports practices and games.

6. Water, Bathroom, and Elevator 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/or by permitting the student to use the drinking fountain without restriction.
- 6.2 The student shall be permitted to use the bathroom without restriction.
- 6.3 Elevator pass: As applicable, school staff should ensure the student has access to an elevator if needed and should accompany the student on the elevator wherever possible (students are not issued elevator keys/key cards).

7. Checking Blood Glucose Levels, Insulin and Medication Administration, and Treating High or Low Blood Glucose Levels

- 7.1 The student’s level of self-care is set out in section 3 above including which tasks the student can do by themselves and which must be done with the assistance of, or wholly by, either a school nurse or a TNP.
- 7.2 Blood glucose monitoring will be done at the times designated in the student’s DMAF, whenever the student feels their blood glucose level may be high or low, or when symptoms of high or low blood glucose levels are observed. Nurse(s) or TNP should always minimize the amount of time the student may miss classroom instruction when deciding how to perform or assist a student with their blood glucose testing, with the most appropriate care of the student being priority.
- 7.3 Insulin and/or other diabetes medication will be administered at the times and by the route (e.g., syringe, pen, or pump) prescribed on the student’s DMAF and/or addendum for both scheduled doses and doses needed to correct for high blood glucose levels. Nurses should always minimize the amount of time the student may miss classroom instruction when deciding how to administer insulin, or, for nurses and TNP, to assist a student with administration of insulin, with the most appropriate care of the student being priority.
- 7.4 The 504 Team must discuss and determine the least restrictive environment for diabetes care based on the individual needs of the student and not available resources. Diabetes care may be provided in the classroom or wherever the student is, medical room, or other location, with a goal of minimizing missed instruction time and maximizing time with peers.

Specify the **location** for each diabetes care task:

Lunchtime insulin will be administered _____.

Correction insulin will be administered _____.

Snack time insulin will be administered _____.

Blood glucose will be monitored _____.

Ketones will be monitored _____.

- 7.5 The student shall be provided with privacy for blood glucose monitoring and insulin administration if the student desires.
- 7.6 The student’s usual symptoms of high blood glucose are:

The student’s usual symptoms of low blood glucose are:

Instructions for how to respond to these levels are set out in the DMAF.

- 7.7 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 nurse or TNP 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; ensure the TNP or other adult accompanies the student.

- 7.8 If student becomes unconscious:
1. Glucagon will be administered immediately by paraprofessional or other TNP without checking the blood glucose and 911 must be called.
 2. Contact the school nurse or TNP (if nurse is not available).
 3. Paraprofessional, nurse, or other school personnel should call 911 and remain with the student.
 4. A finger-stick blood glucose shall be done when the student regains consciousness, if 911 has not arrived.
 5. Contact the main office.
 6. Contact student's parent/guardian and physician at the emergency numbers provided below.
- 7.9 If consistent with DMAF orders and does not interfere with treatment, the student may request that school staff, including physical education instructors and coaches, store the student's insulin pump if the student chooses not to wear it during physical activity or any other activity.

8. Transportation, Field Trips, and Extracurricular Activities

- 8.1 [504 Coordinator: check one of the following as applicable after confirming with school's Transportation Coordinator] The DOE shall provide the following for the student's bus ride to and from school each day:
- not applicable (bus transportation ("busing") not provided);
 - transportation nurse;
 - transportation paraprofessional;
 - 504 Team agrees student may ride bus **without** paraprofessional present IF: para's **only** duties are diabetes-related; **AND** bus driver/attendant present are trained in glucagon administration.
 - curb-to-school busing with attendant only;
 - stop-to-school busing with no attendant.
- AND, required for students with busing:**
- completed Bus Driver & Attendant: Quick Action Guide.

- 8.2 The student will be permitted to participate in all DOE field trips and DOE extracurricular activities (such as all DOE after-school activities, sports, clubs, and enrichment programs) without restriction and with all of the accommodations and modifications, including necessary diabetes care by identified school personnel, set out in this Plan. The student's parent/guardian will not be required to, but may choose to, accompany the student on field trips or any other school activity.
- 8.3 The DOE will provide a nurse to administer insulin as needed, or other trained staff to administer all other diabetes care required by a student with diabetes (including, but not limited to, blood glucose monitoring, recognizing and treating hypoglycemia, providing snacks and access to water and the bathroom), as required by their DMAF, for all DOE field trips and DOE extracurricular activities, and will make sure that the student's diabetes supplies travel with the student when accompanying the student on such trips or at such activities. If this staff is not the school nurse, the school nurse shall instruct the assigned staff on the student's 504 Plan and DMAF. In the event the assigned nurse or staff member informs DOE that they are unavailable, DOE will immediately use best efforts to obtain a replacement nurse or staff member. If a nurse or trained staff are not available, the principal must postpone the trip whenever possible, or as a last resort cancel the trip, until care can be arranged.

8.4 To the maximum extent possible, the student’s teacher shall notify parent/guardian, principal, and school nurse of any upcoming field trips with at least 2 weeks’ advance notice so that a trip nurse request can be submitted, and at least 30 days in advance for all extended day or overnight trips so that any additional medical orders can be obtained and reviewed, and a trip nurse can be requested.

8.5 List all DOE activities and programs the student plans to participate in and specify who will provide diabetes care during the activity/program, what type of diabetes care that individual will provide, and the date they will be/have been trained (e.g., school breakfast, chess club, choir):

Program: _____ Care Needed: _____

Individual to Provide Care: _____ Date of Training: _____

Program: _____ Care Needed: _____

Individual to Provide Care: _____ Date of Training: _____

Program: _____ Care Needed: _____

Individual to Provide Care: _____ Date of Training: _____

Program: _____ Care Needed: _____

Individual to Provide Care: _____ Date of Training: _____

8.6 If the student is participating in a non-DOE after-school program, the parent may contact the 504 Coordinator with any concerns about the program’s ability to accommodate the student’s diabetes under their independent non-discrimination obligations.

9. Classroom and Test Accommodations

9.1 If the student is affected by high or low blood glucose levels at the time of regular or standardized testing, the student will be permitted to take the test at another time without penalty.

9.2 For students who use a CGM, the following accommodations will be used during testing [**Check those appropriate, if any**]:

Student will be permitted to access phone/smart watch, as needed, for diabetes care consistent with most recent DMAF and addendum. Classroom teacher or proctor will monitor student’s phone/smart watch use to preserve test integrity.

- Alternate testing room (for academic exams)
- Placing phone in a secure location and using only a receiver/smart watch to monitor blood glucose
- Disconnecting phone/smart watch from internet (such as using Airplane mode but enabling Bluetooth) to allow student to continue using phone/smart watch to monitor glucose
- _____
- _____
- _____
- _____

- 9.3 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 as needed to finish the test or other activity without penalty.
- 9.4 The student shall be given instruction to help them make up any classroom instruction missed due to diabetes care without penalty.
- 9.5 Absences required for medical appointments and/or for illness shall be excused. The parent/guardian will provide documentation from the treating healthcare professional if otherwise required by school policy.

10. Communication

- 10.1 The school nurse, TNP, and other staff will keep information related to the student's diabetes confidential in accordance with applicable laws, rules, and regulations.
- 10.2 Encouragement is essential. The student should be treated in a way that encourages the student to eat on time, and to progress toward self-care with their diabetes management skills, in collaboration with the student's endocrinologist and family.
- 10.3 The teacher or TNP will provide reasonable notice to parent/guardian and nurse 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 school nurse or Contract Nurse working with the student will be provided with written instructions regarding the student's diabetes care and a copy of the student's DMAF and this Plan. Each substitute teacher working with the student will be provided with information regarding the student's diabetes care and how and when to immediately contact either a school nurse or a TNP.
- 10.5 When a new DMAF is submitted, the parent/guardian will notify the school nurse of new diabetes management treatment, equipment, and/or supplies.
- 10.6 The TNP will notify the nurse of all glucose monitoring and treatments during the school day and will provide the nurse with documentation of all diabetes management responses by the end of the school day for inclusion in the student's medical record.

11. Emergency Evacuation and Shelter-In-Place

- 11.1 In the event of emergency evacuation or shelter-in-place situation, the student's 504 Plan and DMAF will remain in full force and effect.
- 11.2 The school nurse or TNP will provide diabetes care to the student as outlined by this Plan and the student's DMAF, will be responsible for transporting the student's diabetes supplies and equipment, will attempt to establish contact with the student's parent/guardian and provide updates, and will receive information from parent/guardian regarding the student's diabetes care. The school nurse will also receive and convey information to the student's medical provider as indicated.

12. Parent/Guardian Notification

12.1 Notify Parent/Guardian of the Following Situations:

- Symptoms of severe low blood glucose levels [**Insert specific symptoms of severe hypoglycemia for this student**]:

- The student's blood glucose test results are below _____ or are below _____ 15 minutes after consuming juice or glucose tablets.
- Signs and symptoms of severe high blood glucose levels [**Insert specific symptoms of severe hyperglycemia for this student**]: _____]
- Parent/guardian wishes to be contacted for (bg/sensor glucose) above _____ and ketone test results. (DMAF must be followed for treatment).
- The student refuses to eat or take insulin injection or bolus.
- Any injury.
- Insulin pump malfunction whether or not remedied
- Use of the backup insulin route following the pump malfunction
- Other:

13. 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)

Contact 1

Name: _____ Cell Phone: _____

Home Phone: _____ Work Phone: _____

Contact 2

Name: _____ Cell Phone: _____

Home Phone: _____ Work Phone: _____

Other Emergency Contacts

Contact 1

Name: _____ Cell Phone: _____

Home Phone: _____ Work Phone: _____

Contact 2

Name: _____ Cell Phone: _____

Home Phone: _____ Work Phone: _____

Student's Healthcare Provider(s)

Name: _____ Cell Phone: _____

Home Phone: _____ Work Phone: _____

Signatures

I have received the [DOE Notice of Non-Discrimination under Section 504](#) and Notice of Eligibility. By signing, I consent to the provision of accommodations to my child as written above.

Approved and Received

Parent/Guardian Signature: _____ Date: _____

Approved and Received

School Administrator Signature: _____

Title: _____ Date: _____

Office of School Health Nurse Signature (if applicable): _____

Date: _____