

Section 504 Accommodations



Name: [student's full name]

School: [school name]

Grade: 4

School Year: XXXX – XXXX

The following statements relate to the [student's full name]. He/She has Type 1 Diabetes.

1. Each staff member having involvement with [Name] will be informed about his/her condition by the school nurse and/or parent. The training of the staff will be conducted before or during the first week of school by the parents of [student name].
2. Each of the above staff members will be given a "Diabetes Folder" detailing [Name]'s condition. This folder will include pertinent charts, lists, explanations about diabetes, **information on the Dexcom G4 PLATINUM (Pediatric) CGM System** and the diabetes treatment plan. Parent will provide the folder.
3. All school support staff, including: secretaries, cafeteria staff, custodians and bus drivers will be made aware that he/she has Type 1 Diabetes and be able to identify him. Each individual will be give basic instructions on emergency procedures.
4. If necessary, a Diabetes Educator may be able to visit the school and conduct a meeting with all staff to further train them in diabetes care and emergency instructions.
5. All staff and personnel will be educated in meeting the needs of a diabetic student and recognize the signs of **hypoglycemia** (low blood sugar) and **hyperglycemia** (high blood sugar) and the use of diabetes medical device, the Dexcom G4 PLATINUM (Pediatric) Continuous Glucose Monitoring (CGM) System. Extensive education on the Dexcom G4 PLATINUM (Pediatric) CGM System and use in daily life of pediatrics have been developed by Dexcom, Inc. and can be found on line:
 - a. **Understanding Diabetes in the Pediatrics**
 - i. <http://www.dexcom.com/kids/activities>
 1. **Dexton Gets Diagnosed with Diabetes**
 2. **Dexton Learns about Diabetes**
 3. **Dexton Loves Soccer and Spaghetti**
 4. **Dexton Learns about CGM**
 - b. **Product Training**
 - i. <http://www.dexcom.com/faq/dexcom-share/g4-platinum-pediatric-tutorial>
 - c. **Using CGM in Practice and Daily Life** (all available at <http://www.dexcom.com/>)
 - i. **School Nurse Education Program**
 - ii. **Caregiver Education Program**
 - iii. **Using CGM in Your Clinical Practice**
6. [Name] will be given a free pass to leave any class, at anytime, if he/she needs to use the bathroom or needs a drink of water.

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7. If [Name] states he/she is not feeling well, check their Dexcom CGM receiver to see his/her glucose trend and if his/her glucose is falling or rising. [Name] will be accompanied by a companion if he/she needs to go to the nurse's office when not feeling well or (if necessary) check their blood glucose with a blood glucose meter. Staff will notify Nurse/Office that he/she is not feeling well and is on his/her way to the Health Office.
8. A Blood Glucose Monitor and recording charts will be kept in the classroom. He/she is permitted to test at any time anywhere on school grounds. If his/her result is outside of the predetermined individualized "target" range (insert target range mg/dL), he/she must notify his/her teacher. It is the teacher's responsibility to alert the Nurse of any necessary treatment for hyperglycemia or hypoglycemia.

9. [Name's] Dexcom receiver should be kept with him/her at all times or be within 20 feet so their Dexcom receiver will be able to display his/her sensor glucose readings/trends.

10. The Dexcom G4 PLATINUM (Pediatric) CGM System is to be worn continuously in the classroom and throughout the school day. The Dexcom CGM system will have audible alerts to notify [student's name], the teacher and school staff if his/her glucose is above or below their glucose targets. [Student's name] glucose alerts are set at:

- a. High glucose alert: _____ mg/dL
- b. Low glucose alert: _____ mg/dL
- c. Severe low glucose alarm: 55 mg/dL

Note the severe low glucose alarm is non-adjustable and cannot be turned off. It will be a repeating alert every 30 minutes if [student's name] glucose does not rise above the 55mg/dL threshold.

When a low or high glucose alert or alarm is activated, [student's name] should show the CGM Receiver to the teacher or school staff and then confirm the alert by pressing the SELECT button. [Student's name] will then need to confirm his/her glucose value with a blood glucose meter and will therefore need to check their blood glucose with their blood glucose meter immediate after getting a glucose alert. The blood glucose meter value then needs to be documented in the logbook.

[Student's name] will then need to take their Dexcom CGM Receiver and blood glucose meter to the School Nurse's office or Administrative Office to give the appropriate treatment based on their individualized treatment plan for the low or high glucose value. In some cases, if [student's name] checks his/her blood glucose with a blood glucose meter and their glucose is low, [student's name] may need to have a snack or have their planned low glucose treatment in the classroom.

11. [Name] must check their Dexcom CGM and test with their blood glucose meter in the classroom before lunch. All results must be recorded. He/she will be permitted to test at any other time, without incidence.
12. If [Name] is experiencing HIGH Blood Sugar, he/she may need a shot of **Humalog, Novolog or Apidra** (Short-Acting Insulin). Doctor's orders will be kept in the Health Office with specific information about insulin dosage. A Parent must be notified if insulin is necessary.
13. The first attempt with respect to administering insulin should be to the mother. If the mother is not available, the nurse will administer insulin. The father must be contacted if the mother cannot be reached in order to notify him that insulin is being administered. [Name] is permitted to begin his/her lunch while the appropriate individuals are being contacted. The School Staff will need to let the parent know the blood glucose meter reading as well as the sensor glucose reading and trend arrow status on the Dexcom receiver.
14. It is the parents' responsibility to alert the Nurse/School if [Name] has been experiencing Blood Glucose Results at home that are atypical.

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15. It is the parents' responsibility to notify the Nurse/School if Medical Treatment changes. The parents must educate the Nurse on any new treatment, supplies or situations.
16. Medical supplies will be kept in the Health Office and the classroom. It is the parents' responsibility to make sure that these supplies are plentiful and not expired. This may include: Alcohol wipes, Blood Glucose Monitor, Test Strips, Lancing Device, Lancets, Ketone Strips, Insulin, Syringes, Inject-ease, Glucose Tablets, adhesive materials, Dexcom Sensors, Dexcom receiver charging cable and adapter and any other equipment/food/drinks deemed necessary.
17. All school personnel will permit [Name] to eat a snack in the classroom or wherever he/she is (including but not limited to classrooms, gym, auditorium, playground, fieldtrips and bus.)
18. [Name]'s blood glucose monitor, Dexcom receiver, rapid-acting insulin and means for administration and fast acting sugar sources and snack must accompany the teacher on all fieldtrips.
19. [Name] must be provided with privacy for testing, sensor insertion and insulin administration if he/she so desires.
20. [Name]'s diabetes should be kept confidential, except to the extent that he/she decides to openly communicate about it to others. He should not be asked to make a class presentation about his/her diabetes unless he/she is asked to prior to any such presentation in a private setting.
21. The school will notify the parent immediately if [Name] is to remain after school. A snack may need to be given.
22. [Name] will be permitted to carry and access freely a fast acting sugar source in the event that he/she feels low. He/she is not required to test himself/herself prior to accessing this sugar source.
23. For Physical Education Class, [Name] will be given adequate time to test blood sugar, review their Dexcom receiver and have a snack before class, without consequence. [Name] will need to check their Dexcom receiver frequently during physical activity and/or the school staff should review the Dexcom receiver after exercise or physical activity to assess impending hypoglycemia. A snack may need to be given if [Name]'s Dexcom receiver is trending low or have a low alert AND the blood glucose meter confirms the low glucose event.
24. In the event (other than rain which we anticipate will affect his/her exercise and the morning insulin is adjusted) that [Name] will not be participating in a scheduled recess, his/her blood sugars may rise (particularly after lunch). Since his eating schedule factors in the exercise that he/she is anticipated to participate in, all attempts will be made to ensure that there are no disruptions to this schedule. If there are, a parent must be notified so that they can be made aware of the potential need for additional insulin.
25. [Name] will be permitted, if necessary, to check glucose levels by reviewing the Dexcom receiver and/or their blood glucose meter before or during ANY Class or Standardized Tests, to ensure appropriate BS levels (blood sugar levels above 220 mg/dl and below 80 mg/dl may affect cognitive abilities and attention levels). If his/her sugar levels are not within "Target Levels" he/she will be able to take his/her test at a later time or date without consequence.
26. If [Name] is unconscious and unable to eat, drink or swallow, he/she will need an injection of **Glucagon**. Specific instructions about the administration of Glucagon, an emergency treatment for severely low blood sugar, can be found in the Nurse's Office as well as in each Staff Folder. If Glucagon is administered,

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immediately dial 911 and contact the parents. It is suggested that in addition to the school nurse, at least 2 additional fulltime staff members be trained in the administration of glucagon.

27. An attempt will be made to have a parent attend all field trips which are within the lunch period (in the event insulin is necessary). If a parent cannot attend, the school nurse or a substitute nurse must attend.
28. Information on [Name]'s Diabetes will be included in all Substitute Teacher Plans. These teachers must be made aware that he/she has diabetes. The substitute must be made aware of his/her rights (bathroom - drinking -testing-snacking in class - going to the nurse).
29. There will be no penalty by the district for any diabetes related absences. These days will be marked as excused absences due to diabetes, as long as a doctor's note is provided.
30. Teachers will inform student of any assignments missed while in the nurse's office. He/she will be given a reasonable amount of time to complete any such assignment.
31. Each staff member involved with this student will receive a copy of this 504 Plan.
32. This plan will be reviewed and changed as necessary. The parents and the school committee can change it. Each must agree to the conditions and sign and date the copy.

Additional Comments:

Parent

Date

Nurse

Date

Teacher

Date

Principal

Date