

NOTE: It is anticipated this rule will be finalized in May 2014

Title 5--DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION
Division 20—Division of Learning Services
Chapter 200 – Office of College and Career Readiness

ORDER OF RULEMAKING

By the authority vested in the State Board of Education (board) under sections 167.800 to 167.824, RSMo Supp. 2013, the board adopts a rule as follows:

5 CSR 20-200.300 is adopted.

A notice of proposed rulemaking containing the text of the proposed rule was published in the *Missouri Register* on November 1, 2013 (38 MoReg 1762-1764). Those sections with changes are reprinted here. This proposed rule becomes effective thirty (3) days after publication in the *Code of State Regulations*.

PURPOSE: The purpose for this rule is to enable schools to ensure a safe learning environment for students with diabetes. [These materials] This rule is based on the belief that children with diabetes can participate in all academic and non-academic school-related activities. In order for children with diabetes to be successful in school, a comprehensive health plan must be collaboratively developed by families, students, school personnel, and licensed health care providers. The individualized health plan (IHP) implements the Diabetes Medical Management Plan (DMMP) provided by the healthcare provider, physician orders and provisions appropriate to each student's needs during the school day and for other school-related activities. The IHP must be based upon and consistent with the DMMP.

(1) For purposes of this rule, the following terms shall mean:

- (A) Department of Elementary and Secondary Education (department);
- (B) Diabetes medical management plan (DMMP)--a document developed by the student's personal health care team that sets out the health services needed by the student at school and is signed by the student's personal health care team and parent/guardian. **For a student determined eligible under Section 504 of the Rehabilitation Act of the Individuals with Disabilities Education Act (IDEA), the DMMP may be incorporated or referenced, as appropriate, into the health services provisions of the student's 504 plan or individualized education program (IEP);**
- (C) Diabetes--a chronic disease in which blood glucose (sugar) levels are above normal;
- (D) **Personal Health Care Team**—a team that includes the student's health care provider, parent/guardian, and as appropriate, school nurse and/or the student. **For a student determined eligible under Section 504 of the Rehabilitation Act or the Individuals with Disabilities Education Act (IDEA) the team of individuals required to develop the Section 504 Plan or the individualized education program (IEP) may constitute the personal health care team inclusive of the student's health care provider or input from that provider.**
- (E) School--shall include any public school located within the state of Missouri;

NOTE: It is anticipated this rule will be finalized in May 2014

(F) School employee--shall include any person employed by a Local Education Agency (LEA), any person employed by a local health department who is assigned to an LEA, or any subcontractor designated for this function; and

(G) Trained diabetes personnel--a school employee who volunteers to be trained in accordance with this rule. Such employee need not be a health care professional.

(2) *[The parent or guardian of each student with diabetes who seeks diabetes care while at school should submit to the school a Diabetes Medical Management Plan (DMMP), which upon receipt shall be reviewed by the school. The DMMP is developed by the student's personal health care team that sets out the health services needed by the student at school and is signed by the student's personal health care team and parent/guardian. The plan covers how, when, and under what circumstances the student should receive blood glucose monitoring and injections of insulin as well as steps to take in case of an emergency.]* **The school board of each school district and the governing body of each charter school may provide all students with diabetes in the school or district appropriate and needed diabetes care as specified in their diabetes medical management plan.**

(A)The parent or guardian of each student with diabetes who seeks diabetes care while at school should submit to the school a Diabetes Medical Management Plan (DMMP), which upon receipt shall be reviewed by the school.

(B) The DMMP is developed by the student's personal health care team and sets out the health services needed by the student at school and is signed by the student's personal health care team and parent/guardian. The plan covers how, when, and under what circumstances the student should receive blood glucose monitoring and injections of insulin as well as steps to take in case of an emergency.

(C) Schools must *[obtain]* receive written permission from the student's parent/guardian to allow monitoring of the student's blood glucose and to administer insulin by injection or the delivery system used by the student. This written permission should be included in the DMMP.

(3) Section 167.803, RSMo, requires schools choosing to adopt these **training** guidelines **of this section** to train at least three (3) school employees at each school attended by a student with diabetes. A school employee shall not be subject to any penalty or disciplinary action for refusing to serve as trained diabetes personnel.

(A) Training shall be coordinated by a school nurse, if the school district or charter school has a school nurse, and provided by a school nurse or another health care professional with expertise in diabetes. Such training shall take place prior to the commencement of each school year, or as needed when a student with diabetes is newly enrolled at a school or a student is newly diagnosed with diabetes, but in no event more than thirty (30) days following such enrollment or diagnosis. Local boards of education or charter school governing boards shall ensure that the school

NOTE: It is anticipated this rule will be finalized in May 2014

nurse or other health care professional provides follow-up training and supervision as necessary. Coordination, delegation, and supervision of care shall be performed by a school nurse or other qualified health care professional.

(B) Training shall include, but not be limited to:

1. Understanding the appropriate actions to take when blood glucose levels are outside of the target ranges indicated by a student's DMMP.
2. Understanding physician instructions concerning diabetes medication drug dosage, frequency, and the manner of administration;
3. Performance of finger-stick blood glucose checking, ketone checking, and recording the results;
4. The administration of glucagon and insulin and the recording of results;
5. Understanding how to perform basic insulin pump functions;
6. Recognizing complications that require emergency assistance; and
7. Understanding recommended schedules and food intake for meals and snacks, the effect of physical activity upon blood glucose levels, and actions to be implemented in the case of schedule disruption.

(C) Schools shall document training provided under section 167.803, RSMo.

Specifically, schools shall record the name, title, and credentials of the health care professional providing the training, and the names and titles of the school personnel receiving training as trained diabetes personnel.

(D) Schools will assure that trained personnel have mastered training competencies.

Suggested resources for developing a diabetes skills checklist can be found on the department's website.

(E) The department recommends that all trained diabetes personnel and other school personnel be familiar with recommended resources available on the department's website.

(F) If at any time fewer than three school employees are available to be trained at a school, the principal or other school administrator shall distribute to all staff members a written notice seeking volunteers to serve as diabetes care personnel. The notice shall inform staff of the following:

- 1. The school shall provide diabetes care to one or more students with diabetes and is seeking personnel willing to be trained to provide that care;**

NOTE: It is anticipated this rule will be finalized in May 2014

- 2. The tasks to be performed;**
 - 3. Participation is voluntary and the school district or school shall take no action against any staff member who does not volunteer to be designated;**
 - 4. Training shall be provided to employees who volunteer to provide care;**
 - 5. Trained personnel are protected from liability under section 167.831; and**
 - 6. The identity and contact information of the individual who should be contacted to volunteer.**
- (4) Each school shall review and **may** implement the DMMP provided by the parent/guardian of a student with diabetes who seeks diabetes care while at school. Generally, the school nurse is the most appropriate person in the school setting to provide care management for a student with diabetes. Other trained diabetes personnel shall be available as necessary.
- (A) The school nurse or at least one (1) trained diabetes personnel [*shall*] **may** be on site at each school and available during regular school hours and during all school sponsored activities, including school-sponsored before school and after school care programs, field trips, extended off-site excursions, extracurricular activities, and on buses when the bus driver has not completed the necessary training, to provide care to each student with a DMMP being implemented by the school.
 - (B) Each LEA may provide training in the recognition of hypoglycemia and hyperglycemia and actions to take in response to emergency situations to all school personnel who have primary responsibility for supervising a child with diabetes during some portion of the school day and to bus drivers responsible for the transportation of a student with diabetes.
 - (C) In accordance with the request of a parent/guardian of a student with diabetes and the student's DMMP, the school nurse or, in the absence of the school nurse, trained diabetes personnel [*shall*] **may** perform functions including, but not limited to, responding to blood glucose levels that are outside of the student's target range; administering glucagon; administering insulin, or assisting a student in administering insulin through the insulin delivery system the student uses; providing oral diabetes medications; checking and recording blood glucose levels and ketone levels, or assisting a student with such checking and recording; and following instructions regarding meals, snacks, and physical activity.
 - (D) Upon written request of a student's parent/guardian and if authorized by the student's DMMP, a student with diabetes shall be permitted to perform blood glucose checks, administer insulin through the insulin delivery system the student uses, treat hypoglycemia and hyperglycemia, and otherwise attend to the monitoring and treatment of his/her diabetes in the classroom, in any area of the school or school grounds, and at any school-related activity, and he/she shall be permitted to possess

NOTE: It is anticipated this rule will be finalized in May 2014

on his/her person at all times all necessary supplies and equipment to perform such monitoring and treatment functions. **If the parent/guardian or student so requests, the student shall have access to a private area for performing diabetes care tasks.** Schools should encourage parents to provide backup supplies for each child to the school nurse in the event the student does not have them in possession when needed.

(5) Sample forms of Diabetes Medical Management Plans (DMMPs) are available on the department website.

(A) A DMMP shall be signed by a health care professional.

(B) A DMMP [*shall*] **should**:

1. Outline the dosage, delivery system, and schedule for blood glucose monitoring, insulin/medication administration, glucagon administration, ketone monitoring, meals and snacks, physical activity and include the student's usual symptoms of hypoglycemia and hyperglycemia, and their recognition and treatment;
2. Include emergency contact information;
3. Address the student's level of self-care and management.

(C) A **proposed** DMMP should be completed and submitted to the school at least annually.

(D) Emergency contact information and any medical history contained in the DMMP may be updated at any time without signature or assistance of a health care professional.

(6) No physician, nurse, school employee, charter school, or school district shall be liable for civil damages or subject to disciplinary action under professional licensing regulations or school disciplinary policies as a result of the activities authorized by sections 167.800 to 167.824, RSMo, when such acts are committed as an ordinarily reasonably prudent person would have acted under the same or similar circumstances.

[(7)]

AUTHORITY: section 161.092 and 167.800 to 167.824, RSMo Supp. 2013. Original rule filed Sept. 27, 2013.

PUBLIC COST: This proposed rule will not cost state agencies or political subdivisions more than five hundred dollars (\$500) in the aggregate.

PRIVATE COST: This proposed rule will not cost private entities more than five hundred dollars

NOTE: It is anticipated this rule will be finalized in May 2014

(\$500) in the aggregate.

*NOTICE TO SUBMIT COMMENTS: Anyone may file a statement in support of or in opposition to this proposed rule with Department of Elementary and Secondary Education, Attention: Sharon Helwig, Assistant Commissioner, Office of College and Career Readiness, PO Box 480, Jefferson City, MO 65102-0480. To be considered, comments must be received within thirty (30) days after publication of this notice in the **Missouri Register**. No public hearing is scheduled.*