

Exhibit 3: Sample 504 Plan.

RECOMMENDATIONS FOR MANAGEMENT OF DIABETES FOR CHILDREN IN SCHOOL

Sample--504 Plan for the School Year 97/98

Student Name: Mary Jones Date of Birth: 11/15/ 89 Grade: 4Date of Disability Determination: 8 / 15 / 98 Case Manager: Susan Doe, RN

Area of disability that "substantially limits a major life activity"/Description of how this disability limits a major life activity:

- Mary has Type I diabetes mellitus. This is a condition in which the pancreas is unable to make insulin. Without insulin, the body cannot change glucose (sugar) into the energy a person needs. To compensate for the lack of natural insulin, she must take daily insulin injections, usually at home but sometimes in school.
- Mary's daily insulin injections must be balanced with her meals, snacks and regular physical activity. To consistently achieve this balance, she must eat daily snacks and meals on a regular schedule. During the school day she must check her blood sugar before lunch, and physical education class, as well as when her body tells her blood sugar is low or too high.
- While Mary is achieving independence in self-management of her diabetes, the adults who work with her will need to be supportive and understanding about the daily regimen. Her self-care needs will be integrated into the school day so there are minimal interruptions in the learning environment.
- Mary is generally responsible and independent about her blood sugar tests, diet, and necessary equipment. The adults in the school community will help by reminding Mary to bring her pack on all out-of-school trips and to keep it with her when she is away from the classroom for extended periods of time. Mary will need this reminder especially before special events.
- Mary's blood sugar levels affect the way he/she learns.
 - Mary's behavior is related to blood sugar levels. She can feel "racey" and excited when her blood sugar is high, tired and "spacey" when it is low.
 - When Mary is excited and/or stressed as in a testing situation, her blood sugar can potentially go up. When her blood sugar is high (over 200) her body responds by trying to decrease this sugar level. She may become thirstier as her body is acting to dilute or flush out the extra sugar. She needs to drink more water and then urinate more frequently.
 - The learning environment is altered when Mary must stop an activity to test her blood sugar, go to the bathroom, eat a snack or get a drink of water.
 - Mary must continuously remind herself to monitor her blood sugar at appropriate times, to eat/exercise regularly and to bring supplies with her. This self-monitoring is a big task and is a distraction in itself.

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Home/School Communication: To develop parent/student school communications:

1. There will be on going communication between parents and case manager.
2. Parent-teacher meetings will be scheduled at regular times especially at the beginning of the school year and other transition times. Parents want to be contacted immediately if any academic or social concerns arise.
3. Health concerns will be addressed as the need indicates.
4. Consistency is important in Mary's academic plan. Transition meetings including last and current teaching staff, nursing and parents will be scheduled.

II Organization/Management: To modify the instructional day:

1. Mary will need modification of non-academic time (long lunch, extra snack period on occasion).

III Alternative Teaching Strategies/Accommodations: To modify teaching methods:

1. Adjust testing procedures:
 - Mary may need to have open bathroom privileges during standardized tests. She should be seated so she can come and go from the room easily. Please remind her that she can go at anytime despite testing rules.
 - Mary must keep her low pack with equipment and snacks next to her in the testing area.
 - If Mary goes to the bathroom before or during the testing, special accommodations may need to be made to repeat instructions or to lengthen her testing time.
 - Mary may need to have snack at different times and intervals than the other students.
2. Individualize classroom/homework assignments:
 - There will be a need to explain assignments or adjust them if Mary's blood glucose is unusually high or low on certain days. Her level of concentration is affected and she will need accommodations.
3. Repeat or structure instructions for in-class or homework assignments.
 - Mary may miss part of an assignment or a class while testing, in the bathroom or eating his/her snack. Repeating verbal/written instructions will be needed.
 - If Mary's blood sugar is unusually high or low (>300 or < 80), she may feel shaky, slightly disoriented or very distracted. The classroom teacher will need to revisit instructions or concepts she may have missed in class.

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IV **Student Precautions:** Please see attached Diabetic Day Plan
Evaluation data used to make this decision:

- Diagnosis of Diabetes Mellitus Type I
- Parents Report and past concerns
- Teachers observation in class
- Academic performance
- Articles and data provided by parents

The following related aids and services are recommended:

1. Health services: The school nurse will be available on a daily basis to provide support and guidance to Mary and the school staff. A trained substitute nurse will be available if Susan Doe is not in school.
 - Mary's classroom teacher and one other adult staff member will be trained in the administration of Glucagon.
 - Susan Doe, RN, will inform all appropriate teaching staff and cafeteria staff about condition and what to do in an emergency.
2. Equipment and Food Items
 - Mary will carry her own glucometer, finger lancets and glucose strips. She will also carry a "low pack" with juice, and a snack.
 - There will be extra juice, and snacks kept in the classroom area, the library and in exploratory classes as needed.
 - The nurse's office will have extra juice, crackers, peanut butter and other snacks for Mary and will keep a vial of insulin, extra glucose strips, syringes and ketone strips for urgent use. A Glucagon kit will be kept in the locked medicine cabinet in the nurse's office.
 - Mary's parents will provide all food and equipment to the school. Susan Doe, RN, will be responsible for distributing the food and maintaining the supply.

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Sample Student Accommodation Plan

Student Name: Mary Jones Date of Birth: 11/15/ 89 Grade: 4

Case Manager: Susan Doe, RN School: Central

Date of Meeting: 8 / 15 / 98

1. Describe the nature of the concern:

Type 1 diabetes

2. Describe the basis for the determination of disability:

Type 1 diabetes is a physiological disorder that affects the endocrine system.

3. Describe how the disability affects a major life activity:

The student is at risk for hype and hyperglycemic episodes related to her/his metabolic dysfunction.

4. Describe the reasonable accommodations that are necessary:

- Perform or receive assistance with blood glucose monitoring
- Treat or receive assistance with treatment of hypoglycemic episodes (glucose and or Glucagon as prescribed)
- Treat or receive assistance with treatment of hyperglycemic episodes (inject insulin if ordered and drink water)
- Eat whenever and wherever necessary
- Have free and unrestricted access to water and the bathroom
- Participate fully in physical education (gym class) and other extracurricular activities, including field trips.

Review/ Reassessment Date: / /

Participants (name and title):

CC: Student's Cumulative File
Attachment: Information regarding Section 504

Universal Precautions and Infection Control

Schools should have established procedures for responding to universal precautions and infection control. The following is provided as general guidance.

In response to the increase in hepatitis B and human immunodeficiency virus (HIV) infections, the Centers for Disease Control have recommended "universal blood and body-fluid precautions." These measures are intended to prevent transmission of these and other infections, as well as to decrease the risk of exposure for care-providers and students. As it is currently not possible to identify all infected individuals, these precautions must be used with every student, regardless of their medical diagnosis.

Universal precautions pertain to blood and body fluids containing blood, cerebrospinal fluid, synovial fluid, vaginal secretions, semen, and pericardial fluid. These precautions do not apply to other body products such as saliva, sputum, feces, tears, nasal secretions, vomitus and urine unless blood is visible in the materials. However, these other fluids and body wastes can be sources of other infections and should be handled as if they are infectious.

The single most important step in preventing exposure to and transmission of any infection is anticipating potential contact with infectious materials in routine as well as emergency situations. Based on the type of possible contact, the caregiver should be prepared to use the appropriate precautions and techniques prior to providing care. Diligent and proper hand washing, the use of barriers, appropriate disposal of waste products and needles, and proper decontamination of spills are essential techniques of infection control. Using common sense in the application of these measures will enhance protection of both the caregiver and the student.

Hand Washing

Proper hand washing is crucial to preventing the spread of infection. Textured jewelry on the hands or wrists (such as rings with stones) should be removed prior to washing and kept off until completion of the care procedure and hands are rehashed. Use of running water, lathering with soap and using friction to clean all surfaces of remaining jewelry and hands is key. Rinse well with running water and dry hands with paper towels. If soap and water are unavailable, wet towelettes or "Handi-wipes" may be used.

- Hands should be washed before physical contact with student and after the contact is completed.
- Hands should be washed after contact with any used equipment.

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- If hands (or other skin) become soiled with blood or body fluids, they should be washed immediately before touching anything else.
- Hands should be washed whether gloves are worn or not and after gloves are removed.

Barriers

Barriers include disposable gloves, protective eyewear, masks and gowns. The use of barrier is intended to reduce the risk of contact with blood and body fluids for the caregiver as well as to control the spread of infectious agents from student to student. It is essential that appropriate barriers be used when contact with potentially infectious materials is possible.

Gloves should be worn when direct care of the student may involve contact with blood or body fluids. For infection control, it is recommended that gloves be worn as well for contact with urine, feces and respiratory secretions. Gloves should be disposed of after each use and not reused.

Disposal of Waste

Needles, syringes and other sharp objects should be placed in a metal or other punctured-proof container immediately after use. To reduce the risk of an accidental needle stick or cut, needles should not be recapped, bent or removed from the syringe before disposal. Once it is full, the container should be sealed, double bagged and then disposed of in the garbage away from the reach of children.