FREQUENTLY ASKED QUESTIONS
House Bill 984 – Unlicensed Diabetes Care Assistants (UDCA) and other Management Issues in the School Setting

1. If I do not have any students with diabetes on my campus, do I still have to train personnel?

No, but it is strongly recommended that all staff have diabetes awareness training, so that the campus is initially ready when a student with diabetes enrolls or is newly diagnosed. The law would become effective when the parents of the student with diabetes seek care from the school.

2. What if every person that the principal asks to be a UDCA on the campus refuses?

Efforts made to find personnel should be documented and kept on file in principal’s office. The campus administrator should explain that the need for such personnel is for the safety and the opportunity for the child with diabetes to more fully participate in all academic and athletic programs. Alternate arrangements may include transfer or hiring personnel for that campus, who are willing to take the responsibility. The child with diabetes may be considered to have a disability, and be eligible for I.D.E.A. or Sec.504, if the needs to manage his/her chronic condition require accommodations in the classroom or during normal school activities. THE SCHOOL DISTRICT MAY NOT RESTRICT THE ASSIGNMENT OF A STUDENT WITH DIABETES TO A PARTICULAR CAMPUS ON THE BASIS THAT THE CAMPUS DOES NOT HAVE A U.D.C.A. – HB 984 Sec 168.007 (d)

3. How often does the UDCA need to receive a periodic skills check?

The law does not specify a minimum or maximum period between trainings or address the issue of review. However, the law does imply an expectation that the U.D.C.A. will be proficient in the skills and knowledge required to provide care for the student. TSNO and state guidelines, established by the Texas Diabetes Council, recommend an annual review. More frequent reviews may depend on the UDCA’s confidence in performing the procedures required, the number of students for whom the UDCA is responsible, and the variation of equipment the UDCA needs to be familiar with, to meet the needs of the students with diabetes, on that campus, i.e. different glucometers, insulin pumps, etc. All training records should be kept on file at the campus.
4. **Where do we find a Certified Diabetes Educator or Registered Nurse to provide the training, if we do not know one?**

The first source of expertise should be the student’s diabetes care physician. The school can also check with the regional Educational Service Center, local health department, a regional public health service office or a community-based organization, that offers diabetes education. If no one is available, contact the Diabetes Prevention and Control Program at DSHS to "assist with identifying qualified trainers." The number is 458-7490 or toll free 888-963-7111, ext. 6122.

5. **Where do we get the money to pay for trainers, materials and subs for the UDCA training?**

The guidelines from the Texas Diabetes Council include a list of resources, which suggest possible sources the school can solicit for donations – pharmacies, manufacturers of diabetes products, local health departments, parent donations, hospitals and clinics. School districts and campuses are responsible for other costs, such as, trainers and substitutes. Schools may have to provide training after hours, or seek community resources to assist with materials and personnel.

6. **If we have an LVN working in our district, can that person coordinate the training of the UDCA?**

According to HB 984, the campus principal is ultimately responsible, but may designate the LVN to contact the student’s diabetes care physician to identify a health care professional that has expertise in diabetes. **The LVN cannot do the training. For clarification, one U.D.C.A is required to receive training, if there is a full-time nurse on the campus. Three people need to be trained for the responsibility of U.D.C.A, if there not a full-time nurse.**

7. **What does the UDCA do if they cannot contact the physician during a potential emergency?**

Alternate contacts should be identified and listed in the Emergency Care Section of the Diabetes Management and Treatment Plan, developed by the parent and physician, before the student enrolls on campus, and updated when changes occur. "Sect. 168.007(b)(1) states that an [UDCA] must have access to an individual with expertise in the care of persons
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with diabetes, such as a physician, an RN, a CDE or a licensed dietician." If no one is available, call 911.

8. What is the liability of the school, if the diabetic child’s supplies are stolen and abused by another student and put people at risk for BBP exposure?

To limit potential for liability and injury to another individual, the supplies for the child with diabetes should be secure, even when the child carries them. The student’s Individualized Healthcare Plan should include provisions for the safe storage and use of all supplies and equipment, and training provided to relevant staff, as well as the student. The school’s plan for Bloodborne Pathogen exposure should be followed, if there is an exposure incident. The District/Campus Discipline Management Plan would be applicable for the student or individual, who abused the supplies.

9. Is the ability of a child to carry their own SHARPS container a factor? What about compliance with BBP precautions?

Training and discussion of Blood Borne Pathogens and disposal of sharps should be included when developing the Individualized healthcare Plan. If the student is determined to be capable of self-care, then he/she should be included in the Diabetes Treatment and Management Plan and the Individualized Healthcare Plan discussion. Safer products are available to minimize exposure to others. Use of such products should be encouraged when available.

10. What if the parents or guardians of a diabetic child do not bring an Individual Diabetes Management Plan to the school?

If the parents are seeking care for the child’s diabetic condition during school hours and activities, then a copy of the law and the Individual Diabetes Management Plan can be sent to the parent for completion with the diabetes care physician and returned to school. It should be documented that the Individualized Diabetes Management and Treatment Plan was requested. In the interim, basic diabetes awareness training can be conducted so that school personnel would be ready to handle a diabetic emergency, i.e. sign and symptoms of hypoglycemia and hyperglycemia.
11. Do we have to have a signed HIPAA release form to share the required fact sheet with each bus driver and person who will be supervising the event that the child with diabetes attends?

As parents give signed permission for the Individualized Diabetes Management and Treatment Plan, and other provisions of the law, to be implemented for their child, they are giving permission for the information to be shared with the bus driver and anyone with a “need to know.” This complies with HIPAA or FERPA regulations.

12. Is the Individual Diabetes Management Plan or Annual Health Service Prescription, signed by the physician and the parent valid for year from the beginning of each school year or one full year from date signed?

The recommendation in the Guidelines from the Texas Diabetes Council is that the Plan and Prescriptions be given at the time of diagnosis and/or whenever there is a change. Most school districts also require that the medication orders and Individualized Diabetes Management and Treatment Plan be reviewed annually and renewed at the beginning of each school year.

13. Are there bi-lingual materials available?

Texas School Nurses Organization is developing a resource list, which will include sources for such materials. The forms that are providing information that the parents need to read are in English and Spanish. Other bilingual sources may be available locally through the community diabetes education centers.

14. What if the parent refuses to sign the Authorization for the UDCA and the nurse is absent?

The Individualized Healthcare Plan should include directions for such an occurrence. A likely alternative would be to call the parent, if the school has received the diabetes awareness training and recognizes possible emergent symptoms Another option could be to call 911.
15. **What if the parent/student has not brought the equipment needed as stated in the Diabetes Management Plan; the equipment is not working or they are out of testing strips?**

Call the parents as soon as the problem is discovered. The Individualized Healthcare Plan should include provisions for such incidents, such as having a backup glucometer, strips and a fast acting sugar source available. If symptoms are urgent or emergent, the physician or 911 should be called.

16. **Should the other students know that there is a diabetic student in their classroom?**

The parents must make an explicit request, preferably in writing, that other students be made aware of their child’s diabetes. It can be included on the authorization sheet for UDCA to render care, or in the Individualized Healthcare Plan. The instruction should be age appropriate and specific to the child’s needs. Some advantages to this disclosure can be that a “buddy” can be assigned for the student. If the child is testing in the classroom, it would be prudent to explain what the equipment is and why it is needed. On the other hand, the parents and child may be fearful that they will be treated differently. The school nurse and campus staff must respect the parent’s decision and request for confidentiality. After a relationship of trust has developed and/or the child has matured, emotionally, cognitively and physically, the parents may choose to disclose the student’s condition to his/her classmates.

17. **Does the school district have to provide UDCA at all school-sponsored activities and field trips, even after school hours?**

Sec 168.007 (a) of HB 964 states “A school district shall provide to each district employee who is responsible for providing transportation for a student with diabetes or supervising a student with diabetes during an off-campus activity a one-page information sheet.” It does not indicate that a UDCA has to be present. Sec 168.007 (c) states “Each school shall adopt a procedure to ensure that a school nurse or at least one unlicensed diabetes care assistant is present and available to provide the required care to a student with diabetes during the regular school day.” The statute does not
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specifically address the presence of the RN or UDCA, other than the regular school day.