

**GENERAL ASSEMBLY OF NORTH CAROLINA
SESSION 2001**

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SENATE BILL 1200*

Short Title: Care for School Children With Diabetes Act. (Public)

Sponsors: Senators Ballantine; Allran, Cunningham, Garwood, Hagan, and Hartsell.

Referred to: Children & Human Resources.

June 5, 2002

A BILL TO BE ENTITLED

1
2 AN ACT TO REQUIRE ALL LOCAL SCHOOL ADMINISTRATIVE AGENCIES
3 TO ENSURE THAT EVERY SCHOOL DEVELOP AND MAINTAIN AN
4 INDIVIDUALIZED DIABETES CARE PLAN FOR A CHILD WITH DIABETES
5 AT THE REQUEST OF THE CHILD'S PARENT OR GUARDIAN AND TO
6 ASSIST THE CHILD WITH THE MANAGEMENT OF THE CHILD'S
7 DIABETES IN ACCORDANCE WITH THE CHILD'S DIABETES CARE PLAN,
8 TO PROVIDE IMMUNITY FROM LIABILITY, TO DIRECT THE STATE
9 BOARD OF EDUCATION TO DISSEMINATE GUIDELINES, AND TO
10 APPROPRIATE FUNDS.

11 The General Assembly of North Carolina enacts:

12 **SECTION 1.** Chapter 115C is amended by adding the following new Article
13 to read:

"Article 9C.

"Children With Diabetes.

16 **"§ 115C-150.9. Individual diabetes care plan.**

17 (a) All local school administrative agencies and charter schools shall develop and
18 maintain or cause to be developed and maintained, at the written request of a parent or
19 guardian of a child with diabetes, an individualized diabetes care plan for the child at or
20 before the time of the child's enrollment in school. In the event a child is diagnosed with
21 diabetes after the school year begins, the individualized diabetes care plan shall be
22 developed at the time the request is made by the child's parent or guardian. The diabetes
23 care plan shall be developed by the child's parent or guardian, the child's health care
24 provider, the school nurse where available, and appropriate school personnel where the
25 child is enrolled. The diabetes care plan shall be developed in accordance with
26 guidelines disseminated by the State Board of Education pursuant to G.S. 115C-150.12.
27 The diabetes care plan shall be reviewed and, if appropriate, revised at least annually

1 and at other times as needed at the written request of the child's parent or guardian. The
2 diabetes care plan shall address the specific needs of the child and provide specific
3 instructions for each of the following:

- 4 (1) Blood glucose monitoring, including frequency and circumstances
5 requiring testing.
- 6 (2) Insulin administration if necessary, including dosage, injection times
7 prescribed for specific blood glucose values, and the storage of insulin.
- 8 (3) Meals and snacks, including food content, amounts and timing.
- 9 (4) Symptoms and treatment of hypoglycemia, including administration of
10 glucagon, if appropriate.
- 11 (5) Symptoms and treatment of hyperglycemia.
- 12 (6) Testing for ketones and appropriate action to take for the presence of
13 ketones.
- 14 (7) Emergency care plan, including the child's target blood glucose range,
15 and the appropriate actions to take in the event that the child's blood
16 glucose levels fall outside of this target range.
- 17 (8) The extent of the child's ability to participate in the child's diabetes
18 care and management.
- 19 (9) The roles and expectations of the child, the child's parent or guardian,
20 and school personnel in providing assistance to the child during
21 extracurricular activities, including any special arrangements that may
22 be necessary.

23 **"§ 115C-150.10. Care of a child with a diabetes care plan in the school setting.**

24 (a) All local school administrative agencies and charter schools shall ensure that
25 each school in which a child with a diabetes care plan developed in accordance to
26 G.S. 115C-150.9 is enrolled, provides or causes to be provided the following to that
27 child:

- 28 (1) An adult and backup adult trained to be able to:
 - 29 a. Administer insulin if needed, in accordance with the child's
30 diabetes care plan;
 - 31 b. Administer glucagon if needed, in accordance with the child's
32 diabetes care plan;
 - 33 c. Perform finger stick blood glucose monitoring and record
34 results;
 - 35 d. Take appropriate actions for blood glucose levels outside of the
36 target ranges as indicated in the child's emergency care plan;
37 and
 - 38 e. Test the urine for ketones, when necessary, and respond to the
39 results of the test.
- 40 (2) An adult and backup adult responsible for knowing the schedule of the
41 child's meals and snacks and who will notify the parent or guardian in
42 advance of any expected changes in the school schedule that affect the
43 child's mealtime or exercise routine.

- 1 (3) At least one adult trained to perform the necessary diabetes care
2 procedures in subdivision (a)(1) available for field trips and
3 extracurricular activities to enable the child's full participation.
- 4 (4) Permission for the child to test their blood glucose levels in the
5 classroom or anywhere else as necessary and to administer corrective
6 measures immediately if the child is able to demonstrate the following:
7 a. Accurate finger-stick technique;
8 b. Appropriate infection control practices consistently;
9 c. Disposal of sharps appropriately;
10 d. Ability to interpret blood sugar results; and
11 e. Ability to administer appropriate corrective measures if
12 necessary.
- 13 (5) If requested, a location in the school to provide privacy during glucose
14 and urine testing and insulin administration.
- 15 (6) Permission for the child to eat a snack anywhere, including the
16 classroom or bus, if necessary to prevent hypoglycemia.
- 17 (7) Permission to miss school without consequences for required medical
18 appointments to monitor the student's diabetes management.
- 19 (8) Permission for the child to use the restroom and have access to fluids
20 as necessary.
- 21 (9) An appropriate location for insulin or glucagon storage if necessary.
- 22 (10) Immediate access to the child's diabetes supplies at all times, with
23 supervision as needed. Immediate access includes permission for the
24 child to carry the child's diabetes supplies.
- 25 (11) Training to all school personnel who provide education for the child on
26 the symptoms and treatment of hypoglycemia and hyperglycemia and
27 where the child's emergency care plan is located.
- 28 (b) Children with a diabetes care plan developed in accordance with
29 G.S. 115C-150.9 shall be permitted to participate with written parental consent in their
30 diabetes care at school to the extent that is appropriate for the child's development and
31 the child's experience with diabetes. The extent of the child's ability to participate in
32 diabetes care shall be specifically described in the child's diabetes care plan.
- 33 **§ 115C-150.11. Immunity from liability.**
- 34 (a) Any person authorized to render assistance or services to a child in
35 accordance to the child's diabetes care plan under subdivision (a)(1) of
36 G.S. 115C-150.10 shall not be liable for civil damages for any act rendered in
37 accordance to the child's diabetes care plan or for any omission relating to such act,
38 unless the acts or omissions amount to gross negligence, wanton conduct, or intentional
39 wrongdoing on the part of the person rendering the services or assistance.
- 40 (b) Any person authorized to render assistance or services to a child in
41 accordance to the child's diabetes care plan under subdivision (a)(1) of
42 G.S. 115C-150.10 shall not be liable for civil damages for failure to render the services
43 or assistance, unless the failure to render the assistance or services amounts to gross

1 negligence, wanton conduct or intentional wrongdoing on the part of the person failing
2 to render the assistance or services.

3 (c) No person shall be liable for civil damages for any act or omission resulting
4 from the rendering of assistance to a child with diabetes if the person has a reason to
5 believe that the child is suffering or is about to suffer life-threatening hypoglycemia,
6 unless the acts or omissions amount to gross negligence, wanton conduct, or intentional
7 wrongdoing on the part of the person rendering the assistance.

8 (d) Whenever any person is found to be not liable for civil damages under this
9 section, the local school administrative agency that authorized that person to render
10 services or assistance shall also not be liable for any civil damages.

11 (e) Nothing in this section shall be deemed or construed to relieve any health
12 care professional from liability for civil damages for injury or death caused by an act or
13 omission on the part of that person while rendering health care services in accordance
14 with this Article that are in the normal and ordinary course of that person's profession.

15 **"§ 115C-150.12. State Board of Education responsibilities.**

16 In order to implement this Article, the State Board of Education shall disseminate
17 guidelines for developing diabetes care plans and training as required under this Article,
18 and shall ensure that all parents or guardians of children that are served by the North
19 Carolina public school system are informed of the requirements of this Article through
20 routine information dissemination procedures and schedules currently established at
21 each school. The guidelines disseminated under this section shall be in accordance with
22 standards adopted by The North Carolina Diabetes Advisory Council established by the
23 Department of Health and Human Services, and shall include information necessary for
24 teachers, administrators, coaches, food service personnel, and other school personnel to
25 gain an understanding of basic information about diabetes, to participate in diabetes care
26 management, and to offer assistance and support to students with diabetes.

27 **"§ 115C-150.13. Applicability of Article.**

28 This Article applies to any public school or charter school in the State authorized
29 under Chapter 115C of the General Statutes. This Article does not apply to nonpublic
30 schools or to home schools."

31 **SECTION 2.** There is appropriated from the General Fund to State Aid to
32 Local School Administrative Units the sum of fifty-eight thousand dollars (\$58,000) for
33 the 2002-2003 fiscal year to implement this act.

34 **SECTION 3.** Section 2 of this act becomes effective July 1, 2002, and the
35 remainder of this act is effective when it becomes law.