*[Date]*

*[Name and Title of Principal/504 Coordinator]*

 *[Name and Address of School]*

Dear [\_\_\_\_\_\_\_\_\_\_\_]:

My patient, [patient’s name], has been diagnosed with type 1 diabetes mellitus, a lifelong disease that substantially limits endocrine function. Specifically, [his/her] body does not produce insulin. Insulin is necessary to convert glucose, which comes from food, into energy that the body can use. Management of diabetes requires the ongoing continuous balance of insulin, physical activity, and food intake at home and school. Without the constant balancing of these factors, [he/she] would be placed at increased risk for serious short-term complications such as life-threatening hypoglycemia and diabetic ketoacidosis and/or long-term medical complications such as blindness, kidney and heart disease, amputation and more.

COVID-19 is a new disease. Currently there are limited data and information about the impact of underlying medical conditions and whether they increase the risk for severe illness from COVID-19. Based on what we know at this time, people with type 1 diabetes might be at risk for severe illness from COVID-19. In addition, children and adolescents with uncontrolled type 1 diabetes (HbA1c>10) may face a higher chance of experiencing serious complications from COVID-19. With many schools soon re-opening, we want to make sure the risk of COVID-19 is minimized for my patient.

In general, people with diabetes are more likely to experience severe symptoms and complications when infected with a virus. For example, viral infections can increase inflammation, or internal swelling, in people with diabetes. This is also caused by above-target blood sugars, and both could contribute to more severe complications. When sick with a viral infection, people with diabetes also face an increased risk of DKA (diabetic ketoacidosis). DKA can make it challenging to manage fluid intake and electrolyte levels—which is important in

managing sepsis. Sepsis and septic shock are some of the more serious complications that people with COVID-19 have experienced.

In the case of my patient, it is my professional opinion that the risk of serious illness related to COVID-19 can be reduced by including following COVID-19 related provisions in my patient’s Section 504 or other written accommodations plan. Some of these provisions include, but are not limited to:

(1) small in-person class sizes;

(2) same group of students rather than mixing between groups;

(3) staggered, rotating and/or alternate day scheduling;

(4) maintain at least 6 feet social distancing between desk and students and on the school bus;

(5) stagger arrival and dismissal times;

(6) prohibitions against sharing objects such as musical instruments and keyboards;

(7) clean and disinfect desk, counters, doorknobs, handles, light switches, electronics, metal/plastic playground equipment, drinking fountains, toilets, sinks, faucets, and other surfaces;

(8) post signs throughout the school and make frequent announcements to promote handwashing and appropriate social distancing;

(9) soap, water, and hand sanitizer should always be readily available;

(10) encourage the wearing of cloth face coverings/masks—especially when social distancing is difficult;

(11) stagger playground usage by classes;

(12) provide an area of isolation or separate health clinic for students experiencing COVID-19, flu or other symptoms of illness;

(13) provide a separate well-health clinic for medication and first aid;

(14) limit activities where large groups of students are in close proximity and revise to a small group gathering;

(15) minimize mixing of students in the hallways and other common areas;

(16) permit additional sick days as needed;

(17) separate clinics to keep ill students and staff from students who travel to the clinic for medication or first-aid; and

(18) full participation in all school-sponsored activities.

With these added provisions, [patient’s name] can minimize [his/her] risk of infection while safely accessing the school environment and fully participating in school-sponsored activities. Please contact me if you have any questions.

*Sincerely,*

*[Dr. Signature]*

*[Printed Name]*