

Guidance for the **Use of Continuous Glucose Monitoring in the School Setting**

The information provided in this guidance does not constitute medical or legal advice. For medical advice, contact the child's diabetes care provider ("provider"). For legal advice, contact an attorney. Find additional Safe at School® training resources and tools at diabetes.org/safeatschool.

The purpose of this guidance document is to provide general information to parents/guardians (referred to in this guide collectively as "parents"), school nurses, school administrators, school staff, diabetes health care professionals, and others about the use of continuous glucose monitors (CGMs) in the school setting to monitor a student's blood glucose (blood sugar). The student's individualized Diabetes Medical Management Plan (DMMP), or a health care professional's orders, developed and approved by the student's diabetes care provider, contains directives for managing the student's CGM at school and should be followed and implemented by the school.

The student's individualized Section 504 Plan, Individualized Education Program (IEP), or other written accommodations plan, should be consistent with the DMMP/provider's orders. Specific questions unique to individual students should be directed to the student's diabetes care provider. This document will be updated as new evidence-based research emerges and devices are approved by the U.S. Food and Drug Administration (FDA) so we encourage you to check back periodically (last updated September 2026).

Why is this guidance needed?

The use of CGMs has increased dramatically over the past decade. The first system was approved for pediatric use in 2011. By 2016, about 30% of youth with type 1 diabetes used a CGM for their management, with that number rising to approximately 80% in present day.^{1,2} Youth with type 2 diabetes are also encouraged to use CGM depending on their management needs. Individuals who use a CGM, particularly when paired with an automated insulin delivery (AID) system, can attain better glycemic outcomes and improved quality of life.³ The Standards of Care in Diabetes from the American Diabetes Association® (ADA) recommends that children with type 1 or type 2 diabetes on insulin be offered a CGM soon after diagnosis, and the recommendations further emphasize that students should be supported in the use of their diabetes technology at school.⁴ Trained school staff need to be familiar with the basic concepts of a CGM to use it properly at school, including the added features compared with traditional blood glucose monitoring.

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How does a CGM work?

A CGM consists of a thin, flexible sensor that sits beneath the skin, a transmitter that works with the sensor, and a receiver or smart device that displays the glucose reading. The sensor measures glucose concentrations in the interstitial fluid (the fluid found just below the skin between cells) and converts that information to an estimated blood glucose.



Why use a CGM?

CGMs collect and communicate valuable information about current glucose levels and trends. CGMs update glucose data every one to five minutes, depending on the system, which adds significantly more information than a static blood glucose meter (BGM) reading. CGMs have trend arrows that, in combination with the current glucose level, allow the user to know how glucose levels are changing. Studies have demonstrated the safety of insulin dosing using CGM data without confirmatory fingersticks.⁵ CGMs can provide summary reports documenting the time spent with glucose levels in specified ranges, as well as patterns in glucose trends throughout the day. This data informs providers and parents so they may make changes to insulin doses. CGM alarms allow parents, school nurses, or trained staff to institute preventative measures to ensure the safety of a student with diabetes.

CGM or BGM?

A BGM should be available for use if the CGM sensor becomes detached, fails, or may not be working properly. For example, testing with a BGM is indicated if the child has symptoms that do not match the CGM reading, the sensor data shows inconsistent or intermittent gaps in readings, or the sensor readings are unavailable. Otherwise, children using a CGM will rarely need fingersticks using a BGM with most currently approved systems, unless instructed to do so in their DMMP/provider's orders.

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A Summary of Benefits⁶

1. Immediate access to glucose levels. CGMs continuously provide updated glucose data or sensor readings.
2. Personalized alarms are displayed on the device (e.g., receiver, pump, smart phone, or other device) to identify the need for an immediate response to high or low sensor readings and minimize the frequency of unnecessary educational disruptions.
3. Trend arrows that indicated the direction and speed of the change in student's glucose, and in some cases, predict hypoglycemia (low blood glucose) so actions can be taken to avert it.
4. Event tracking, whereby users can log insulin doses, carbohydrate entries, and activities with their sensor readings to understand the impact on glucose levels. Some sensors now integrate feedback on glucose trends based on a photo of the planned meal.
5. Ability to retrospectively review glucose trends, which can inform changes to the student's insulin regimen or behaviors.
6. Remote monitoring, allowing parents and/or other caregivers to view the sensor readings in real time and receive customizable alarms.
7. Pairing between certain CGMs and insulin pumps in an AID system which adjusts delivery based on sensor readings to help keep the blood glucose in range.

General Guidelines

A school **cannot** prohibit the use of a CGM if it is the student's prescribed form of glucose monitoring. The DMMP/provider's orders should specify whether and how a student uses a CGM for glucose monitoring. As all currently available prescription CGMs are Food and Drug Administration (FDA)-approved for insulin dosing in children, the DMMP/ provider's orders should indicate if there are special circumstances when a sensor would not be used for dosing. Current CGMs on the market are highly accurate and readings generally do not need to be confirmed by or directly compared to a BGM reading.^{7,8} BGM and sensor readings may differ slightly as they measure glucose in different ways, and CGM readings may lag behind BGM readings by 5-10 minutes depending upon the device and whether the glucose level is changing rapidly due to different factors, such as the timing relative to a meal/snack, activity, or insulin administration. As further described below, a BGM should be available for students using CGM in the event that a sensor reading is unavailable or unexpected.

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	Dexcom G7	Abbott Freestyle Libre 2+	Abbott Freestyle Libre 3+	MiniMed Guardian 4	MiniMed Simplerla Sync	MiniMed Instinct
Age Indications	2+	4+	4+	7+	7+	7+
Integrated	Yes	Yes	Yes	No	Yes	Yes
Warm-up	30 minutes	1 hour	1 hour	2 hours	2 hours	1 hour
Wear time	10 days (12 hour grace period)	15 days	15 days	7 days	6 days (24 hour grace period)	15 days
Calibrations required	No	No	No	No	No	No
Interfering medications	Tylenol Hydroxyurea	Vitamin C Salicylic acid	Vitamin C Salicylic acid	Tylenol Hydroxyurea	Tylenol	Tylenol Vitamin C
Remote monitoring app	Dexcom Follow	Libre LinkUp	Libre LinkUp	CareLink Connect	CareLink Connect	CareLink Connect
Proprietary receiver?	Yes	Yes	Yes	No	No	No
Smart devices	Apple, Andriod	Apple, Andriod	Apple, Andriod	Apple, Andriod	Apple, Andriod	Apple, Andriod
Smart pen	InPen	No	No	InPen	InPen	InPen (Minimed Go system)
Insulin pump	Tandem t:slim X2 Tandem Mobi Beta Bionics iLet Omnipod 5	Omnipod 5	Tandem t:slim X2 Omnipod 5 (enhanced) Beta Bionics iLet Sequel Twiist	MiniMed 780G system	MiniMed 780G system	MiniMed 780G system

Types of CGMs

Currently approved and available pediatric CGMs in the United States include:

- Dexcom G7
- Abbott Freestyle Libre 2+
- Abbott Freestyle Libre 3+
- Minimed Instinct
- Minimed Simplerla Sync
- Minimed Guardian 4 System

Please note that device compatibility with each CGM system is continuing to change. This list is up to date as of September 2026.

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School expectations and responsibilities:

▪ **Use the CGM for glucose monitoring.**

Glucose monitoring is a core component of diabetes management. If a student with diabetes uses a CGM for their glucose monitoring, the school nurse and/or trained school staff are expected to use the CGM in accordance with the student's DMMP provider's orders. CGM readings and trend arrows should be reviewed at times when blood glucose levels would ordinarily be checked with a BGM (e.g., before meals, with physical activity, before getting on the bus, with symptoms of low or high blood glucose) as outlined in the DMMP/provider's orders.

▪ **Use trend arrows as appropriate.**

A valuable feature of current CGMs is a trend arrow that reflects the direction and rate of glucose changes. The use of trend arrows may be specified in the DMMP/provider's orders. In general, trend arrows should be considered when providing interventions with insulin and carbohydrates. For example, the management plan for some children with diabetes may include small dose adjustments or changes to recommended carbohydrate intake to treat hypoglycemia (high blood glucose) based on trend arrows at routine dosing times. Trend arrows and predicted low alarms can allow preventative measures to avoid hypoglycemia or hyperglycemia while the student is still in range regardless of how they administer insulin. AID systems will do this automatically by decreasing or suspending insulin delivery. In contrast, students on multiple daily injections, inhaled insulin, insulin pumps not functioning in auto mode, and some students on AID systems may require assistance from the trained school staff to provide an intervention. For example, these students may need to eat a pre-specified amount of carbohydrates to prevent hypoglycemia when their blood glucose reaches a certain threshold. How to evaluate and respond to trend arrows should be discussed with the student's diabetes care provider and included in their DMMP/provider's orders.

▪ **Promptly respond to alarms.**

A second feature is customizable alarms. Alarms are set by the parent and child, usually with recommendations from the child's diabetes care provider. Alarms may be set for hypoglycemia, hyperglycemia, a fast rate of change in the sensor readings, signal loss, or other reasons. Trained school staff are expected to promptly respond to CGM alarms in the school setting wherever the child is during the school day - in the classroom, at lunch, or during recess. **All school staff assuming supervision or responsibility for children using a CGM should be provided basic training on CGMs, out of range glucose levels, alarms, and interventions for hypoglycemia or hyperglycemia- including emergency measures.**

▪ **Establish reasonable accommodations.**

There are several appropriate accommodations related to CGMs in school that should be included in the student's 504 Plan, IEP, or other written accommodations plan. Most students require access to the school's wireless network if they use a smart device for their CGM receiver and/or have family members remotely monitoring or following their sensor readings (see below). Students should also be permitted access to their smart device. In recent years, many states and/or school districts have implemented policies to restrict access to smart phones during the school day. Students with diabetes who use a smart phone as their CGM receiver should be granted a medical exemption and be permitted continued access to their phone. As part of this access, teachers and other school staff should be made aware that students with diabetes using CGM may be using a smart phone as part of their medical management. During exams, the CGM should continue receiving alerts if the smartphone is kept within about 20 feet of the student. Schools should review appropriate smart phone use in the school with the students and their families to minimize other distractions.

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Appropriate uses may include responding to an alarm, checking their sensor reading and/or trends, administering an insulin bolus (depending on the type of AID system), and communicating with their parent or trained school personnel about management decisions. To help support students using smartphones as part of their medical management, the ADA provides additional guidance on smart phone bans, including carry cards for students which identify the smartphone as a medical device.

- **What to do if a sensor falls off?**

If a sensor fails or falls off and another sensor is available in the school, the sensor may be changed by the student (if independent), parent/guardian, or school staff in specific circumstances (e.g., if permitted by state laws and policies AND they are trained). Once replaced, the sensor will need to be reconnected to the child's AID system if they use one. Note that a newly placed sensor will not display glucose data during its warm-up period and readings may be less accurate shortly after placement. This may require BGMs. Also, if no replacement sensor is available, glucose monitoring should revert to a BGM until the sensor can be replaced at home. Children should not be sent home from school if their sensor falls off. A BGM should always be available as a backup.

For additional guidance, see diabetes.org/safeatschool.

Parent expectations and responsibilities:

- **Meet with the school in advance of the school year to discuss all aspects of diabetes management.**

This includes providing necessary supplies, including a backup BGM, use of a smart phone, and developing plans for communication in response to CGM trends or alarms.

- **Ensure their child is equipped with a device that shows sensor readings and enables school staff to hear and respond to alarms.**

This can be a manufacturer-issued receiver but

is more often a smart device or the child's insulin pump. Access to this device and any needed supports (e.g., WiFi) should be included in a written accommodations plan.

- **Develop a plan to communicate with school staff about sensor readings and how to appropriately respond to alarms.**

The goal should be to manage diabetes needs while also promoting student wellbeing and minimizing unnecessary interruptions in the school day. School nurses, parents, and students should develop a proactive plan to communicate in advance of the school year, including determining who will reach out to the student and how. Some schools may adopt approved text-messaging apps to facilitate communication with caregivers. Additionally, some students may find frequent alarms or interventions related to the CGM sensor readings disruptive to class time.⁹ If alarms are becoming a distraction, parents should strategize with the diabetes medical team and school staff to either identify whether the student needs changes in management and/or altered alarm profiles to what is most necessary and actionable.

- **Work with school staff to promote the student's safety and facilitate their learning.**

CGM is a powerful tool in helping children with diabetes develop their self-management skills. Nurses can use them to help students recognize patterns or signs/symptoms of glucose changes as they progress in the path towards independence. Students should be empowered to know how to silence their alarms in the event of an emergency lockdown. Fundamentally, schools and families share common goals – to support students' safety, inclusion, learning, and progress towards independent diabetes management. Recognizing these common goals can support creative solutions to common challenges managing diabetes care in school.

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Remote Monitoring

CGMs can use Bluetooth to connect to a smart phone, allowing users to view their sensor readings on a smart phone app. This enables an additional feature whereby children may be remotely monitored, or "followed", by specified caregivers if the student's smart phone has Wi-Fi or cellular service. These caregivers can view the sensor reading in real time on their phone or other device (e.g., tablet), even if they are not near the child, and receive customizable alarms. These caregivers use an app installed on their device that allows them to follow and share readings. Remote monitoring is only possible if the child uses a smart phone application or a specific insulin pump/CGM combination which can transmit this information. Students who use a traditional receiver typically cannot be remotely monitored in real time.

Remote monitoring by parents means they will always have access to their child's sensor readings, even when their child is at school or sleeping. Remote monitoring by parents has been associated with improved glycemia¹⁰ and parent psychosocial outcomes,¹¹ particularly sleep and fear of hypoglycemia. Other people may be invited to remotely monitor as well, which may include additional family members, friends, the school nurse, coaches, and trained staff at the school. In some studies, school or daycare caregivers have reported increased feelings of safety when they are remotely monitoring CGM readings.^{12•13} For example, the nurse can check a sensor reading at key times without removing the child from their class, which also minimizes classroom disruptions. As a result, adopting this practice among school nurses is encouraged and steadily increasing across the country.

Remote monitoring by school staff while the student is at school adds an extra layer of supervision for diabetes management. The utility and need for school nurses and trained school staff to remotely monitor should be individualized for each student based on their age and unique circumstances. For example, remote monitoring by school staff may be useful in young children, while being perceived as intrusive for older adolescents who are effectively self-managing. The DMMP/provider's orders should indicate if remote monitoring by school staff is indicated and whether it would be recommended or medically necessary for the safety of the student. Contributing factors may be the frequency and severity of hypoglycemia, age and developmental stage of the student, and student's ability to respond to, understand, or notify staff of alarms.

School districts should remove barriers to remote monitoring by school nurses or trained school staff if this is medically necessary for the student. The school nurse and parent, which may include the 504/IEP team, should discuss each student's circumstances and plan for remote monitoring if needed. Different factors may influence the school's capacity to provide remote monitoring. Specific recommendations for how to implement this practice are listed below. In all cases, schools should follow the DMMP/provider's orders to use the CGM for routine/periodic and emergent glucose monitoring and ensure a timely response to all CGM alarms.

For school nurses who remotely monitor a student's CGM, we recommend:

- The school/school district (preferable) or parent should provide a device (e.g., tablet, school smart phone) to link to the CGM sharing app(s) for the student's system in accordance with the student's DMMP/provider's orders. School nurses and trained school staff should not be required to use their personal device to follow students. If using a school provided device, school nurses and trained school staff can follow multiple students on one device at the same time.
- The school district and parent should establish a plan for implementation and communication related to remote CGM monitoring during the school day, similar to what would be done for any other aspects of diabetes management in school. This plan should be put in place, ideally before the student comes to school with a new CGM. Specific points to review include (1) what alarms will be set on the school device; these may differ from the parent's/student's alarms; (2) who will be remotely monitoring the CGM, including when the primary in-school caregiver (e.g., school nurse) is not available; (3) the response to alarms (e.g., treatments); (4) when the school nurse/school staff will provide remote monitoring (e.g., school staff will not remotely monitor outside of school hours and activities); (5) delineating the actions/communication to be taken in response to alerts and/or blood glucose trends. Actions/communication may include who will reach out to the student, and what treatments the student may be able to do independently in the classroom. This may be included in the **504 Plan/IEP**.
- Schools and parents should also agree on reasonable expectations for school staff who are engaging in remote monitoring. **It is important to remember that having a school nurse or other trained school staff member remotely monitoring the CGM is one of many strategies to help maintain the safety of the student.** School staff will not be able to continuously monitor the sensor tracing, as they may be providing care for other students and/or pulled from the health office due to an emergency. Parents continue to share the responsibility for remote monitoring. Additionally, students should still have a device on their person that will alert them in the classroom. They should be encouraged to ask for help in response to alarms or symptoms from their classroom teachers. All school staff should be trained in the recognition of hypoglycemia and know how to get help, consistent with Level 1 training.

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