**Escambia County Public Schools Guidelines for Managing Diabetes in the School Setting**

The Escambia County Health Department, the School District of Escambia County, the American Diabetes Association, Nemours Pediatric Endocrinology Clinic in conjunction with Sacred Heart Hospital Diabetes Education Program, and the School Health and Wellness Advisory Committee have approved these guidelines for staff in order to competently meet the medical needs of a student with diabetes in the school environment. Guidelines are revised as needed by the Escambia County School District Coordinator of School Health Services in collaboration with the contracted provider

 I. **BLOOD GLUCOSE MONITORING**

 A. **Parent/Guardian Responsibilities:**

* Provide school with Authorization for Diabetes Management form (or similar Diabetes Medical Management form from their healthcare provider that includes a plan for blood glucose and insulin dosing) upon diagnosis of diabetes and at the beginning of each school year
* Provide new authorization when the plan changes during the school year
* Notify school of changes in medical management that may affect the student during the school day
* Authorize physician to release medical information to school nurse
* Provide hypoglycemic supplies and snacks for student
* Provide equipment and supplies needed for procedure
* Participate in development of the student’s Health Care Plan
* Accept financial responsibility for 911 call and transportation to the hospital, if needed
* Meet with appropriate personnel to establish and maintain services
* Provide school with names and telephone numbers of people to be notified in an emergency
* Request school blood glucose readings periodically for inclusion in student’s blood glucose log
* Maintain the calibration of the blood glucose monitor used at school
* Retain responsibility for care that is provided by the personal designee of the parent/guardian, i.e. friend or relative

 B. **Student Responsibilities:**

 The student’s health care provider determines responsibilities in Diabetes Care (Appendix A). The parent, school nurse, or school administrator may request re-evaluation of student’s competency whenever indicated

* **Dependent Care:** Needs assistance to perform blood glucose monitoring in clinic
* Cooperate in all diabetes tasks at school
* Present to clinic for diabetes management needs
* **Assisted Care:** Exhibits competency at one or more tasks, but is not yet functioning independently
* Cooperate in all diabetes tasks at school
* Describe some signs and symptoms of hypoglycemia
* Verbalize plan for blood glucose level
* Perform blood glucose monitoring in clinic with assistance
* **Self-Care:** Demonstrates knowledge, skills, and ability to perform blood glucose monitoring independently
* Describe signs and symptoms of hypoglycemia
* Verbalize plan for blood glucose level
* Utilize plan for blood glucose level consistently
* Perform blood glucose monitoring independently including calibration of monitor

 to test strip

* Document test results accurately
* Check for ketones with blood glucose level of 300 or higher

C. **Health Care Provider Responsibilities:**

* Provide consultation in the development of the student’s Health Care Plan
* Provide consultation in training and education of designated school-based care providers
* Document the student’s self-care assessment on the appropriate Authorization for Diabetes Management form (9400HES-503 or 506) or similar Diabetes Medical Management Form
* Provide phone order to School Health Registered Nurse to facilitate immediate management of student with diabetes. Fax written order as soon as possible to complete documentation of verbal order

 D. **School Personnel and School Health Personnel Responsibilities:**

* Develop an Individual Health Care Plan
* Provide a safe, private, and accessible space for the finger stick procedure
* The clinic is the preferred site for the procedure. Alternative sites for glucose monitoring may be identified on the Individual Health Care Plan (IHCP) with consideration of student safety, proximity of the student’s classroom to the clinic, the student’s demonstrated level of competency and responsibility, and the availability of the school nurse and other appropriately trained staff
* Provide a trained competent person to administer or observe finger stick and follow the physician’s orders
* Notify appropriate personnel of a student’s health care needs
* Document glucose level on Blood Glucose Monitoring Log (9400HES-011)
* Notify parent/guardian as indicated on the Action Plan
* Call for emergency help, as needed
* Obtain verbal order from medical provider to facilitate immediate management of student with diabetes. Only the School Health Registered Nurse can accept a verbal order. Secure faxed written order as soon as possible to complete documentation of verbal order

 E. **Special Alerts for Lantus/Humalog – Novolog Regimen or Insulin Pump**

* If blood glucose reading is HHH, wash hands and recheck blood sugar. If still HHH, use the number 500 for calculating correction factor
* If student fails to check blood glucose reading prior to eating meal, do not use correction factor. Only administer insulin to cover carbohydrate intake. Notify parent
* Correction factor cannot be used if insulin has been taken less than 3 hours prior unless specifically ordered by physician. Therefore, when students eat a special snack or early meal, only use carbohydrate ratio for calculating insulin dose if blood glucose level is above blood glucose target
* If blood sugar is 60 or below at mealtime or snack time,
* Follow blood glucose monitoring action plan; use the last blood glucose level obtained for calculating the correction factor. Include all carbohydrates consumed after the last blood glucose level was obtained to calculate the insulin dosage
* If uncertain, call Diabetes Consultant or School Health Supervisor for assistance
* Students who eat a scheduled snack (carb-free or less than 5 grams of carbs) will not require insulin coverage for the snack

II. **ADMINISTRATION OF INSULIN**

For the safety of all students and in compliance with F.S. 1006.062, insulin shall be received, counted, labeled, and stored in its original container under lock and key. Sharps containers will be provided in each school by the contracted vendor

 A. **Parent/Guardian Responsibilities:**

* Provide school with “Authorization for Diabetes Management” (9400-HES-503 or 506) or similar Diabetes Medical Management form for insulin
* Provide all equipment and supplies needed for insulin administration. Pre-filled insulin pen and cartridge is the preferred method in the school setting
* Retain responsibility for care that is provided by the personal designee of the parent/guardian, i.e. friend or relative, and completes waiver for each designee

 B. **Student Responsibilities**

 Responsibilities in Diabetes Care are initially determined by the student’s health care provider on the Authorization for Diabetes Management or similar Diabetes Medical Management form. The School Nurse may re-evaluate the student’s competency whenever indicated or when requested by the school administrator or parent

* **Dependent Care:** Needs assistance to perform insulin administration in clinic
* Cooperate in all diabetes tasks at school
* Present to clinic for insulin administration
* **Assisted Care**: Exhibits competency at one or more tasks, but is not yet functioning independently
* Cooperate in all diabetes tasks at school
* Verbalize Action Plan for insulin administration orders
* Assist with insulin administration in the clinic
* Dispose of sharps and stores equipment correctly
* **Self-Care:** Demonstrates knowledge, skills, and ability to administer insulin independently
* Make insulin adjustments based on a correction factor and carbohydrate intake
* Verify initial insulin calculation and dose with school nurse or designated school personnel as second check prior to administration. Exceptions: Parent/guardian has signed Waiver for Personal Designee, or an alternate plan has been established in the IHCP
* Trouble shoot pump problems

C**. Health Care Provider Responsibilities:**

* Provide consultation in training, and education of designated school-based care providers to monitor and observe self-administration of insulin
* Document the student’s Self-Care Assessment on the “Authorization for Diabetes Management” (9400-HES-503 or 506)
* Provide phone order to School Health Registered Nurse to facilitate immediate management of student with diabetes. Fax written order as soon as possible to complete documentation of verbal order

 D. **School Personnel and School Health Personnel Responsibilities:**

 Receive Authorization for Diabetes Management form (9400HES-503 or 506) or similar Diabetes Medical Management form from student’s healthcare provider

* **Dependent/Assisted Care**
* School Health Registered Nurse will delegate insulin administration and/or monitoring dosage per Florida Nurse Practice Act (Appendix B) and Nursing Guidelines for the Delegation of Care for Students with Diabetes in Florida Schools
* School administrator will provide at least 2 people to be trained to administer, monitor, and/or observe dosage and administration per Authorization for Diabetes Management Form for students requiring Dependent or Assisted Care.
* Verify initial insulin calculation and dose with school nurse as second check prior to administration. Exceptions: Parent/guardian has signed Waiver for Personal Designee, or an alternate plan has been established in the IHCP
* Document dosage on the Student Medication Record
* Notify parent/guardian as indicated on the Individual Health Care Plan (IHCP)
* School Nurse will provide/coordinate insulin pump training for staff identified on Skills Checklist
* Provide the carbohydrate counts of foods provided through the District’s Food Services Department

* **Self-Care**
* Provide a safe, private, and secured space for the self-administration of insulin. The clinic is the preferred site for the procedure. Alternative sites for insulin administration may be identified on the IHCP with consideration of student safety, proximity of the student’s classroom to the clinic, the student’s demonstrated level of competency and responsibility, and the availability of the school nurse and other appropriately trained staff
* Verify initial insulin calculation and dose with student and school nurse as second check prior to administration. Exceptions: Parent/guardian has signed Waiver for Personal Designee, or an alternate plan has been established in the IHCP
* Provide/coordinate insulin pump training for staff identified on Skills Checklist
* Provide the carbohydrate counts of foods provided through the District’s Food Services Department

 III. **HYPOGLYCEMIC EMERGENCY**

 If the student is uncooperative, combative or unconscious, and cannot take an emergency source of glucose by mouth, the parent, school nurse or a trained competent person will administer Glucagon when ordered by physician and available, and call 911

 A. **Parent/Guardian Responsibilities:**

* Provide emergency oral glucose source and regular snacks
* Provide school with Glucagon, if ordered

 B. **Health Care Provider Responsibilities:**

* Provide consultation in training and education of designated school-based care providers to administer emergency glucose sources and to disconnect insulin pump

 C. **School Personnel and School Health Personnel Responsibilities:**

* Provide at least 2 trained competent people to administer emergency glucose source as indicated per action plan
* Provide at least 2 trained competent people to disconnect insulin pump in a hypoglycemic emergency
* Document the emergency glucose source given on the student’s Medication Record and/or Blood Glucose Monitoring Log (9400-HES-011)
* Notify parent/guardian according to IHCP when emergency source of glucose is given
* Call 911 and notifies parent/guardian when Glucagon is administered

 IV. **Parent/Guardian Waiver for Personal Designee(s)**

 A. Waiver is for delegated care and is intended to allow parents the option to maintain control and authority

 over the student’s diabetes care

* Parent or their designated person can provide care
* Parents of self-care students may opt to sign waiver to support student independence and self-sufficiency, however, students will not be permitted to carry or self-administer insulin without physician authorization, updated annually

 B. If waiver is signed, staff **are** responsible to:

* Develop care plan for student
* Manage symptoms as with any sick child (i.e., First Aid procedures call for administering fast-acting glucose when low blood sugar is suspected) and document in the Daily Clinic Log in the Student Information System (Focus)
* Notify parent of treatment provided
* Maintain supplies and equipment in clinic as needed or as designated on Health Care Plan
* Initiate blood glucose log and insulin administration record with notation that parent signed waiver to maintain responsibility for student’s diabetic care
* Administer glucagon, if ordered by physician

 C. If waiver is signed, staff **are not** responsible to:

* Document routine blood glucose levels
* Provide nursing delegation of diabetes care including blood glucose monitoring, ketone checking, carb counting, dose calculation, and insulin administration.

 V. **STAFF EDUCATION**

 School personnel must understand diabetes and its management to facilitate the appropriate care of students with diabetes. It is the responsibility of the school district and the school nurse to implement annual training for each school that has a student with diabetes

 **Level 1:** Diabetes Awareness Education is a brief overview for all school-based staff

 **Level 2:** Training utilizing a child specific Emergency Care Plan for all school-based staff that have direct contact with the student to enable staff to recognize child specific needs and to respond appropriately

 **Level 3:** Child-specific Diabetes Education is required training for unlicensed

 assistive personnel delegated to provide student specific care and to implement Emergency Care Plan as indicated

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**APPENDIX A**

 In accordance with the American Diabetes Association, children and youths should be able to implement their diabetes care at school to the extent that is appropriate for the student’s development and experience with diabetes. The extent of the student’s ability to participate in diabetes care must be agreed upon by school principal, teacher, parent/guardian, health provider, educator, and school nurse. The safety of all students must be considered. The ages at which children are able to perform self-care tasks are very individual and variable. The student’s capabilities and willingness to provide self-care should be respected. Guiding Principles are:

* **Preschool and day care:** Usually unable to perform diabetes tasks independently. By age 4 years, children may be expected to generally cooperate in diabetes tasks.
* **Elementary school:** Student should be expected to cooperate in all diabetes tasks at school. By 8 years of age, most are able to perform their own finger stick blood glucose tests with supervision. By age 10, some children can administer insulin with supervision.
* **Middle school:** Should be able to administer insulin with supervision and perform self-monitoring of blood glucose under usual circumstances when not experiencing a low blood glucose level.
* **High school:** Should be able to perform self-monitoring of blood glucose under usual circumstances when not experiencing low blood glucose levels. In high school, adolescents should be able to administer insulin without supervision.

Care of Children with Diabetes in the School and Day Care Setting, American Diabetes Association, January 2008, p. 6.

**APPENDIX B**

 Legal Aspects to Consider

The **Nurse Practice Act** (2013), **Chapter 464 F.S.**, regulates the practice of registered professional school nurses in Florida (school nurses). In section 464.003(20) the “practice of professional nursing” is defined as: The performance of those acts requiring substantial specialized knowledge, judgment, and nursing skill based upon applied principles of psychological, biological, physical, and social sciences which shall include, but not be limited to:

 a. The observation, assessment, nursing diagnosis, planning, intervention, and evaluation of care; health teaching and counseling of the ill, injured, or infirm; and the promotion of wellness, maintenance of health, and prevention of illness of others.

 b. The administration of medications and treatments as prescribed or authorized by a duly licensed practitioner authorized by the laws of this state to prescribe such medications and treatments.

 c. The supervision and teaching of other personnel in the theory and the performance of any of the above acts.

Further clarification of the nurse’s role in delegation and supervision is provided in **Chapter 64B9-14 (F.A.C)**. Delegation to Unlicensed Assistive Personnel. This chapter provides definitions for delegation, specifies key factors to consider for delegation of tasks of activities, and stipulates delegation of tasks that are prohibited.

**Section 1006.062, F.S.**, governs the general administration of medication and provision of medical services in the school setting.

In addition, **s. 1002.20(3)(j), F.S.** states: A school district may not restrict the assignment of a student who has diabetes to a particular school on the basis that the student has diabetes, that the school does not have a full-time school nurse, or that the school does not have trained diabetes personnel, student with diabetes whose parent and physician provide their written authorization to the school principal may carry diabetic supplies and equipment on their person and attend to the management and care of their diabetes while in school, participating in school-sponsored activities, or in transit to school or school sponsored activities to the extent authorized by the parent and physician and within the parameters set forth by State Board of Education rule. The written authorization shall identify the diabetic supplies and equipment that the student is authorized to carry and shall describe the activities the child is capable of performing without assistance, such as performing blood-glucose level checks and urine ketone testing, administering insulin through the insulin-delivery system used by the student, and treating hypoglycemia and hyperglycemia.

Federal laws that may apply to children with diabetes include:

The Americans with Disabilities Act Amendments Act of 2008 (ADAAA)

Section 504 of the Rehabilitation Act of 1973

Individual Healthcare Plans and Section 504 White Pater (2012)

Individuals with Disabilities Education Act (IDEA) of 2004

Family Educational Rights and Privacy Act (FERPA) and Health Insurance Portability and Accountability Act (HIPPA)



Nursing Guidelines for the Delegation of Care for Students with Diabetes in Florida Schools 2015 pp.11-12.