



*Preparing Students for Success*

## **Weber School District Procedures for Diabetes Management in the School Setting**

### **Required Forms**

**Diabetes Medication Management Orders (DMMO) from a medical provider, and an Individualized Healthcare Plan/Emergency Action Plan (IHP/EAP) created by the school nurse & parent based on the DMMO, are required to be in place for ALL students requiring assistance for diabetes management from school personnel. These forms are required PRIOR to the student attending school.** These must be updated annually before the start of each school year. Additionally, the IHP/EAP must be updated anytime the DMMO changes (i.e., an insulin dose change). School personnel assisting with diabetes care are legally required to follow the orders as written in the health care plan and DMMO. The DMMO must state an insulin to carb ratio and correction dose. Simply writing “follow parent’s directions for lunchtime dosing”, or anything similar, is not considered a legal order and cannot be accepted by the district.

### **Required Supplies**

Parents are responsible to provide all necessary diabetic supplies, including snacks/fast-acting carbohydrates to treat hypoglycemia. Students on insulin pumps and CGM’s must have a backup method to check blood glucoses and administer insulin in the event their devices fail.

### **Delegation and Insulin Administration**

Diabetes care in the school setting is delegated under the license of the professional registered nurse. Utah Administrative Code Section R156-31b-701a of the Nurse Practice Act allows for the “administration of a scheduled dose of insulin” to be delegated to unlicensed school personnel. “Scheduled dose” refers to a correction or carbohydrate dose of insulin given at meal times. **Insulin injections given outside of mealtimes cannot be delegated, meaning school staff cannot administer or assist with insulin injections outside of scheduled mealtimes.**

If the student is on an insulin pump or smart pen, insulin doses can be given outside of meal times **only if** the blood glucose is tested and entered into the pump and/or the carbohydrate dose is entered into the pump **AND** the pump recommends a dose be given. No adjustments are to be made to this recommended dose by school personnel. It is the parent/guardian’s responsibility to ensure all pump settings align with provider orders.

If using an insulin pen/injection delivery method, dosing for snacks at school is considered outside of a “scheduled dose” and cannot be delegated to unlicensed school personnel. Parents are always welcome to come to the school and administer the dose personally. Other options include:

- Parents can provide “free” snacks that do not need to be dosed for.
- The student can eat the snack and then correct a high blood glucose at lunchtime.
- The student can take the snack home to eat.

### **Treatment for High or Low Blood Glucose**

**Treatment for low blood glucose (BG)** is given when the student is symptomatic of low BG or if the BG falls below the target range specified on the DMMO. Please discuss this with your health care provider and choose an appropriate target range for the school setting. When students fall below their target range, 15 grams of a fast-acting sugar source will be given to them. The student will be rechecked 15 minutes later and the process will be repeated until the blood glucose is within target range.

**Treatment for high BG (above student's target range)** may include encouraging the student to drink water or other sugar-free drinks and allowing unrestricted bathroom privileges. If the student is on a pump or smart pen, correction doses can be given other than at meal times **IF** the BG is tested and entered into the pump **AND** the device recommends a correction dose. The dose calculated by the pump may not be changed. This should not be repeated more than every 2 hours.

- If the student BG is 350 mg/dl or higher and **the student is symptomatic** (illness, nausea, vomiting) the student should go home to be monitored by the parent or guardian.
- If the student's BG is 350 mg/dl or higher and there are **no symptoms**, the student may remain in school. Parent's will be notified of BG for them to treat later in the day.

### **Continuous Glucose Monitors**

Continuous Glucose Monitors (CGM's) are a tool to aid in the management of diabetes. Only FDA approved CGM's can be used to make treatment decisions at school. All students using a CGM must have the ability to check a finger stick blood glucose with a meter in the event of a CGM failure or apparent discrepancy.

- School personnel are not responsible to review CGM data outside of meal times unless the CGM alarms or the student is symptomatic.
- CGM alarms should be set so they do not alarm unnecessarily and disrupt the class frequently; but set to warn of possible low BG or high BG levels.
- School personnel should not put CGM data on their personal cell phones. Parents are responsible to provide the receiver (or cell phone) for the CGM and this must be kept with the student at all times.
- With any CGM there may be a lag time between real time glucose values and the CGM reading. Due to this, it may appear that the student is not responding to the treatment for hypoglycemia. Treatment may be given for hypoglycemia with the initial reading from the FDA approved CGM. Before treating hypoglycemia for a second time, a finger stick glucose should be checked, and treatment decisions should be made based upon the finger stick. This should be repeated with all subsequent hypoglycemia within a 1-hour time frame of the initial hypoglycemic episode.
- School staff are not trained or expected to interpret directional arrows on a CGM. They will treat based on the target range specified on the DMMO.
- If anything needs to be done with the CGM device (e.g., the CGM malfunctions, it falls off, it needs to be recalibrated, etc.), a parent/guardian must come to the school and manage it.

### **Field Trips**

Parents are welcome and encouraged to attend field trips with their student. If a parent is unable to attend, a trained staff member will be provided on the field trip to assist the student with diabetes management. We request that parents notify the school nurse if they are unable to attend so that other arrangements can be made.

## **Communication**

School staff should not exchange personal cell phone numbers with parents of students who have medical needs, including diabetes. All communication about the student's medical care should be relayed through the main office and/or school nurse via email or school-issued phones.

## **References**

UCA 53G-9-506 Diabetes medication—Possession—Self-administration

<https://le.utah.gov/xcode/Title53G/Chapter9/53G-9-S506.html>

R156-31b Nurse Practice Act Rule (2021)

<https://casetext.com/regulation/utah-administrative-code/commerce/title-r156-professional-licensing/rule-r156-31b-nurse-practice-act-rule/section-r156-31b-701-delegation-of-nursing-tasks-in-a-non-school-setting>

<https://casetext.com/regulation/utah-administrative-code/commerce/title-r156-professional-licensing/rule-r156-31b-nurse-practice-act-rule/section-r156-31b-701a-delegation-of-nursing-tasks-in-a-non-school-setting>

<https://casetext.com/regulation/utah-administrative-code/commerce/title-r156-professional-licensing/rule-r156-31b-nurse-practice-act-rule/section-r156-31b-701b-delegation-of-tasks-in-a-school-setting>

Utah Department of Health , (2021). Standards of care for diabetes management in the school setting.

<https://heal.health.utah.gov/wp-content/uploads/2022/09/SOC-Diabetes-Management-9-8-22.pdf>