

STUDENTS

Administering Insulin and Glucagon

Section §22.1-274, part E of the Code of Virginia requires that staff members in each school be trained in the administration of insulin and glucagon. The school principal shall ensure that three staff members are designated each year, and that these staff members remain properly trained. No licensed instructional employee shall be disciplined, placed on probation, or dismissed because of the employee's refusal to obtain training in the administration of insulin and glucagon.

Only Prince William County Public Schools (PWCS) employees who have completed the four hour Insulin/Glucagon Administration course may administer insulin or glucagon to students. Once the course is completed a school nurse shall provide annual one hour refresher training for two consecutive years. Every three years the PWCS four hour Insulin/Glucagon Administration course must be repeated.

School staff will administer insulin or glucagon injections to a student diagnosed as having diabetes and who requires insulin injections during the school day, or for whom glucagon has been prescribed for the emergency treatment of hypoglycemia only when a nurse is not available and when the following conditions have been satisfied:

- A. That PWCS employee has completed the four hour PWCS Insulin/Glucagon Administration course.
- B. Attachment I must be completed at least yearly by a licensed physician or licensed nurse practitioner for each diabetic student.
- C. The parent/guardian must give written consent at least yearly for school staff to administer insulin or glucagon to a diabetic student by completing Attachment II.
- D. Attachments I and II must be returned to the student's school and attached to the student emergency card.

The principal shall ensure that the teachers of each student are aware of the child's diabetes, that trained staff members are aware of the specific plans for each diabetic student, and that the transportation department is provided with copies of Attachments I and II.

- E. Students may keep in their possession glucagon kits when the need for such medication is urgent and a delay could result in a serious health event. This is permitted provided it is cleared through the Supervisor of School Health Services and school administration in advance and the following requirements are met:

1. The parent/guardian presents to the school administration a physician's prescription for the medication and written documentation from the physician that the student must carry the glucagon kit.
 2. The school has a note from the parent/guardian requesting that the child be allowed to carry the medication and stating the reason for the request.
 3. The student has received instruction regarding the discreet use of the medication, including keeping it from being used by other students.
- F. No student may have a glucagon kit in his or her possession while in any classroom, hallway, auditorium, gymnasium, or like area except when the device is designated as needed in a life-threatening situation as explained in D 1-3 above. In all other situations, the kit should be kept in the area of the school designated for storage of medications. A student may possess the glucagon kit in a hallway if transporting it to or from the school office. All single-use devices must be disposed of properly.
- G. The glucagon kit will not be allowed on school buses without the principal's permission except as noted in D and E above.
- H. Except in a life-threatening situation, all blood glucose testing must be performed in the area of the school designated for such purpose.
- I. Initial training for administration of insulin and glucagons will not be less than four hours and retraining must be completed at least yearly and last not less than one hour. All training must be provided by a registered nurse.

The principal and the Director of the Office of Student Services are responsible for monitoring and implementing this regulation.

The Associate Superintendent for Student Learning and Accountability (or designee) is responsible for reviewing this regulation in 2010.

Reference: Supts. Memo # 187
October 8, 1999

Code of Virginia §22.1-274

Central Office Authorization Signature _____
Date _____
School Year _____

Attachment I
Regulation 757-6

Diabetic Health Treatment Plan

(Physicians Authorization for Treatment in the School)

Student Name: _____ Age: _____ Birthdate: _____
School: _____ Grade: _____ Teacher: _____ Room: _____
Parent/Guardian Name: _____ Ph (H) _____ Pager _____
Address: _____ Ph (W) _____ Car Ph _____
Parent/Guardian Name: _____ Ph (H) _____ Pager _____
Address: _____ Ph (W) _____ Car Ph _____
Emergency Contact Name: _____ Relationship: _____ Ph _____
Emergency Contact Name: _____ Relationship: _____ Ph _____
Physician Student sees for Diabetes Treatment: _____ Ph: _____
Other Physician: _____ Ph: _____

Emergency Plan for Hypoglycemia (Low Blood Sugar)

POSSIBLE SYMPTOMS OF LOW BLOOD SUGAR: Unusual paleness; mood changes: irritability, crying, confusion; extreme thirst, dry mouth; shakiness, moist and clammy skin; nausea, vomiting, stomach ache; frequent urination; fatigue, blurred vision, speech difficulty, dizziness, headache; blood glucose below _____.

Other signs and symptoms particular to this student _____

(Student requires adult supervision until all symptoms are resolved)

DO:

1. Check blood glucose. If blood glucose is less than _____, go to step #2. If blood glucose supplies are not available, call 911. Stay with the student at all times.
2. Give source of fast acting sugar. ___ glucose tablets, or ___ juice, or ___ soda, other _____
3. Have the student rest 15 minutes under direct observation; watch for unconsciousness/seizure.
Other: _____

If symptoms are relieved:

4. Give a complex snack food or snack/lunch if due within 30 minutes, or _____

Student may return to class if blood glucose is above _____.

If symptoms are not relieved:

5. Contact parent/guardian immediately.
6. Recheck blood glucose
7. Repeat step #2.
8. For symptoms occurring 30 minutes or less before dismissal, advise parent. (An adult must pick up student if any symptoms remain or blood glucose is below _____).
9. Record incident. Send copy of incident report home to parent for review by the child's physician.

Central Office Authorization Signature _____
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EMERGENCY MANAGEMENT IF UNCONSCIOUS or has a SEIZURE

***** **Get help immediately!** *****

1. **Call EMS 9-1-1**
2. Is glucagon ordered? YES NO
3. Give glucagon injection. Dose: _____ (see injection procedure)
Location of glucagon kit: (to be completed by school)

4. Contact parents and physician.
5. If unconscious, turn to left side.
6. Continuously watch for absent breathing/pulse; if this occurs, start CPR.

Emergency Plan for Hyperglycemia (High Blood Sugar)

POSSIBLE SYMPTOMS OF HIGH BLOOD SUGAR: Weakness; abdominal pain; heavy labored breathing, fruity smelling breath; blurred vision; nausea, vomiting; frequent urination; ketones in urine; extreme thirst and dry mouth; blood sugar above _____.

Other signs and symptoms particular to this student _____

(Student requires adult supervision until symptoms are resolved)

DO:

1. Check blood sugar if possible. Stay with the student at all times. If blood glucose is greater than _____, go to step #2. If no supplies are available call EMS 9-1-1.
2. If insulin is ordered, give according to physician's written orders.
3. Call parent/guardian immediately; the parent/guardian will need to notify physician.
4. Give fluids that do not contain sugar.
5. Test urine for ketones if ordered by physician and student has supplies in the school.
6. Student may return to class when _____.
7. If symptoms are not relieved and blood sugar is above _____, notify parents to pick up student immediately.
8. For symptoms occurring 30 minutes or less before dismissal, advise parent.
9. Record incident. Send copy of incident report home to parent for review by the child's physician.

Additional Instructions: _____

Health Treatment Plan

INSULIN ADMINISTRATION

1. Type of Insulin: _____ Dose: _____ Time: _____
Type of Insulin: _____ Dose: _____ Time: _____
_____* Sliding Scale Insulin orders must be attached to this form.

Can student give own injections? _____ Yes _____ No

Can student draw correct dose of insulin? _____ Yes _____ No

Can student determine correct amount of insulin? _____ Yes _____ No

Central Office Authorization Signature _____
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School Year _____

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2. **DIET**

_____ Student does not require monitoring for food choices.

_____ Student does require monitoring for food choices.

Special instructions:

	<u>Time</u>	<u>Food Content/Amount</u>
Breakfast	_____	_____
Mid-Morning Snack	_____	_____
Lunch	_____	_____
Mid-Afternoon Snack	_____	_____
Dinner	_____	_____
Other Time to Give Snacks	_____	_____

Snack Before Exercise? _____ Yes _____ No

Snack After Exercise? _____ Yes _____ No

3. **EXERCISE**

Restrictions on activity, if any: _____

Do Not exercise if last blood sugar is below _____ or above _____ and Ketones _____

A source of glucose such as _____ should be available at all times at the site of exercise or sports.

4. **BLOOD GLUCOSE MONITORING**

Student's normal range _____ **High** _____ **Low** _____

Usual Time(s): _____

Type and Location of Glucose Meter Student Uses: _____

NOTIFY PARENTS if blood sugar is below _____ or above _____

_____ Student is able to perform the procedure alone.

_____ Student is able to perform the procedure with supervision.

_____ Student requires a trained school staff member to perform the procedure. (Attach procedure)

5. **KETONE CHECKS:** Times : _____ Notify parent if value is: _____

Other instructions: _____ (normal value _____)

6. **DISASTER PLAN** (if needed for lockdown, 24 hour shelter in place):

Follow insulin orders as on Health Treatment Plan

Additional Insulin orders as follows: _____

Administer long acting insulin as follows: _____

Other: _____

Central Office Authorization Signature _____
Date _____
School Year _____

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**SCHOOL PERSONNEL TRAINED IN THE SYMPTOMS AND TREATMENT OF HIGH
AND LOW BLOOD SUGAR AND ADMINISTRATION OF INSULIN/GLUCAGON**

NAMES	DATE OF TRAINING	TRAINER
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

RELEASE AND ACKNOWLEDGEMENT AGREEMENT BY PARENTS OF CIVIL IMMUNITY FOR SCHOOL BOARDS AND SCHOOL EMPLOYEES REQUESTING PRINCE WILLIAM COUNTY PUBLIC SCHOOLS TO ADMINISTER INSULIN OR GLUCAGON

I/We understand that the Code of Virginia §8.01-225 states that any employee of a school board authorized by a prescriber and trained in the administration of insulin and glucagon who, upon the written request of the parents as defined in §22.1-1, assists with the administration of insulin or administers glucagon to a student diagnosed as having diabetes who requires insulin injections during the school day or for whom glucagon has been prescribed for the emergency treatment of hypoglycemia shall not be liable for any civil damages for ordinary negligence in acts or omissions resulting from the rendering of such treatment if the insulin is administered according to the child's medication schedule or such employee has reason to believe that the individual receiving the glucagon is suffering or is about to suffer life-threatening hypoglycemia. Whenever any employee of a school board is covered by the immunity granted herein, the school board employing him or her shall not be liable for any civil damages for ordinary negligence in acts or omissions resulting from the rendering of such insulin or glucagon treatment.

It is further agreed and understood that it is my/our responsibility to ensure that the medication(s) and supplies prescribed in Attachment I is/are properly labeled, fresh, and that an adequate supply is available at my child's school. If the physician changes any of the procedures or doses in Attachment I, it is my/our responsibility to provide my child's school with a new Attachment I.

This agreement must be signed and returned to the building principal before insulin or glucagon can be administered.

* * *

I/WE CONSENT to the above conditions and acknowledge that Prince William County Public Schools is acting as my/our agent in the administration of insulin or glucagon to my/our child.

I/WE FURTHER STATE that this release and acknowledgement agreement has been carefully read and I/WE know of the contents thereof and have signed the same by my/our own free act.

I/WE GIVE PERMISSION for the school to contact the health care provider regarding this health plan.

Name of Parent/Guardian (Printed)

Signature of Parent/Guardian

Name of Parent/Guardian (Printed)

Signature of Parent/Guardian

Child's Name (Printed)

Date