School Nurse Summer Institute—Managing Diabetes Safely in the School Setting:
A framework for collaborative care
July 14, 2016
Responses to Questions from Attendees

School Nurse Summer Institute Planning Team members responded below to the questions that were not answered during the Institute. The Legal and Nurse Practice responses have been reviewed by Jon Anderson who spoke on these topics at the Institute. This document does not provide official DPI guidance.

Every situation is different and school nurses should make sure that they seek guidance from competent and qualified personnel regarding specific fact situations before taking action.

Legal Questions:

1. If a physician writes an order to allow parents to adjust the insulin dose, can nurses accept it?

   In the school setting, a parent/guardian cannot change the insulin dose ordered by the health care provider and administered by school staff without the provider's signature. The health care provider may write an order indicating a specific dose and include a range of acceptable insulin doses.

   Regarding insulin pumps--If the school nurse does not change the pump settings, an order for pump settings or pump setting changes is not needed since the student comes to school with the pump attached and the settings in place. The pump settings are between the family and their health care provider. In general, when working with students with insulin pumps, the school nurse role is to manage the highs and lows. An order with a health care provider's signature is required for the sliding scale or dosing in managing the student's high without the pump.

   As a courtesy to school staff, the parent should inform the school when major adjustments to pump settings have been made especially with increased doses as the student may be more at risk for lows.

2. Can a nurse still speak with a family if they have taken away the release of information to speak with a medical advisor?

   If the question is intended to ask if the nurse may continue to speak with the health care provider even if the family has withdrawn authorization, the answer is yes if it is in the realm of maintaining student health and safety and to clarify medical orders.

   The *HIPAA* Privacy Rule allows covered health care providers to disclose personal health information (PHI) about students to school nurses, physicians, or other health care providers for treatment purposes, without the authorization of the student or student's parent. For example, a student's primary care physician may discuss the student's medication and other health care

needs with a school nurse who will administer the student's medication and provide care to the student while the student is at school. See 45 CFR 164.512(b)(1)(vi) or http://www.hhs.gov/ocr/privacy/hipaa/faq/ferpa_and_hipaa/517.html

A school nurse needs to communicate with the family. If the family refuses to communicate with the nurse, then the nurse needs to document the attempts made to communicate and let the supervisor know of the situation.

3. Can a family refuse to allow the school nurse to communicate with the MD/Provider office?

   Technically yes, they can, but the school nurse is still able to communicate with the health care provider to clarify medical orders and to address safety concerns for the student. See question #2 for more information.

4. Would you recommend a school nurse having their own liability insurance as well as what the school provides?

   It is an individual decision similar to nurses who work in health facilities or other settings.

5. I have had students self-report erroneous blood sugar (sometimes deliberately, sometimes by accident). What is the liability of accepting reported blood sugars-with the new technology when dealing with elementary age children?

   If the school nurse feels that the student is not being honest with the reporting of their blood glucose levels, the school nurse should have the student show the nurse the result on their meter. It is very important to assure that you are using accurate data in treating a student's diabetes symptoms. If the student uses a CGM, any out-of-range blood glucose level is to be verified with a finger stick prior to further treatment per manufacturer's guidelines.

   Elementary school children should be supervised and blood glucose results in the school setting should not be accepted from them unless they are verified by a staff member checking the meter daily. With this young age group, close supervision around lunch is critical as this is the largest insulin dose that is administered at school.

   Regarding students who report inaccurate blood glucose values--this behavior should always be addressed as it is a symptom of not coping well with diabetes. Parents and providers should be made aware. This is an opportunity to discuss with the student how they are doing emotionally with a very complex and persistent chronic disease. This is a very frequent occurrence and may not represent students purposely falsifying blood sugars but trying to avoid conflict or fear of the numbers they are seeing.

6. Are private schools who get voucher funding in WI supposed to follow section 504?

   If private schools want to know whether they should follow 504, they should discuss with their legal counsel and/or contact the Office for Civil Rights (OCR) directly.

7. For school functions, are dances (prom) included with extracurricular activities?

   It depends on whether the dance is school sponsored. Most likely yes.

8. Is there any protective special language nurses should consider having in their training documentation/staff sign off forms?

   No specific form or protective language is required. Nurses should document the nature of the training provided, the method/process of training used, the attendees at the training as well as the date and location of the training. In addition, having trainees sign in upon arrival at the training site is a good idea.

9. If parents do not comply with providing necessary diabetic supplies (in law, 504, IHP, etc.) can school nurses have a school policy stating child will be sent home until all necessary supplies are provided? Need to be able to safely care for student in school environment.

   In general, students cannot be sent home or kept back from field trips because their parents have not provided adequate supplies for management of diabetes. The first step is to figure out why—is it financial, not a priority, result of family disorganization, lack of understanding of why supplies are needed at school—and try to address the cause.

   School nurses can keep snacks and juice boxes in the health office to address severe lows. This is an easy fix and inexpensive and not worth quarreling about. Other supplies such as meters, test strips should be provided by parents. If families remain unresponsive, lack of supplies may become a neglect issue and need to be reported to the county DHFS. School nurses should communicate with the health care provider about the lack of supplies and also work with other pupil services staff (e.g. school social worker) to address the problem from multiple angles.

   Remember, when in doubt and unable to test blood glucose always assume symptoms are due to a low blood glucose level and treat accordingly.

10. If parents do not provide supplies or run out of test strips, ketone strips, glucagon, can the school require the student to stay home as school cannot ensure safety?

    See #9. In general, schools cannot require students to stay home from school or be held back from field trips because parents have not provided supplies.

    Schools may want to consider which supplies they minimally need for safety (e.g. perhaps only insulin and test strips). Some insurance plans do not cover ketone and glucagon kits so if this is a low income family without many resources this may be frustrating. Since not all schools have someone trained to do glucagon and also have a 5 minute or less emergency response team (e.g. in an urban area), this can be adequate but not ideal. This should be similar to an EPI-Pen policy which maybe is even more dangerous than not having glucagon, given severe allergic reactions can immediately affect an airway issue.

11. If a student or staff member with diabetes is symptomatic of hypo/hyperglycemia but lacks either equipment (monitor) or supplies (testing strips, lancets) on site for testing, legally speaking, can another student's supplies be borrowed during that emergency? (Presuming lancet is changed out and insulin/glucagon are not borrowed.)

In general, it is not good practice to use one student's supplies for another student or staff person or person who is in the school building. School nurses can keep inexpensive glucose tablets, juice and snacks in the health room to treat lows. If the student's blood sugar is high and they are spilling ketones, parents should be contacted. If parents will not come to school to assist then an ambulance call may be appropriate.

From a safety perspective, as long as a glucose meter is cleaned with alcohol between users and a new lancet is used for each user, safety risks are minimized. The school may want to look into having a box of safety lancets that are single use – used at diabetes camp to avoid any sharing of lancets. The glucagon is single use so there would be no risk in using between patients, but financially the school would need to pay the family it belonged to for a replacement. The school could have a spare meter in the health room and clean between each use but again glucose strips are expensive and it would be hard to keep current. Insulin pens are not encouraged to be shared but at diabetes camp the vials of insulin are regularly shared to fill pumps.

Nurse Practice Questions:

12. What does the school nurse do when parents won't supply/replace expired glucagon and expired insulin?

    First, work with the parent to figure out why (addressed in #9). Parents should be made aware that, without the necessary supplies, the student's health plan may not be able to be followed and may cause staff to call parents in from work or contact emergency medical services. Parents can be informed or reminded that they (or their insurance) are financially responsible for ambulance calls from school and school-sponsored events.

    If there are financial barriers, provider offices may have discount cards or can write for a free glucagon kit with the manufacturer's discounts.

13. Many school districts do not employ a school nurse for summer school. Health care providers write orders for the district health aide to follow. If medical orders are changed, can the health aide accept the orders?

    Unlicensed assistive personnel, such as health aides, are not qualified to interpret medication orders and assure student safety. The accepting of orders to administer medication at school or school sponsored events should be under the direction of an RN. For safety and to limit liability, school administrators should have a school nurse on staff for summer school.

    Depending on the school's policies and protocols, in some cases, the medical provider or the parent might be working directly with the UAP to carry out the medication administration order.

14. Can school nurses take orders from RN Diabetic Educators? (i.e. need to call doctor about a blood sugar out of the ordinary, not covered by ratio or sliding scale.) When the nurse gives us the correction dose, do we need a signed doctor's order?

    Wisconsin 118.29 defines a practitioner as "any physician, dentist, optometrist, physician assistant, advanced practice nurse prescriber, or podiatrist licensed in any state." Only these professionals can write orders to be carried out in the school setting.

The answer to this question depends on the licensure of the diabetic educator. If he or she is a practitioner, they can write orders to be carried out in the school setting. If they are not, then no.

The following examples of how this might work in practice are given by CHW- Milwaukee. If verbal orders are given by a diabetes educator, they need to be followed with a signed order by an appropriate provider in the same way that verbal/telephone orders from an approved provider (NP/MD) are handled. In this institution, if there is a more urgent situation where a different plan is made for the day or short term and the school nurse would like a copy, the school nurse writes it down and sends it to the provider for a signature. Or the provider might send a new school order if the dose calculation formula is being changed.

15. What role does the administrator play in making sure the training is done?

    The administrator, who reports to the school board, is ultimately responsible for every part of student health and safety within their school/school district. The administrator identifies and assigns school staff for medication administration. The school nurse trains the identified staff.

    In one district, the school nurse has been educating administrators as to the liability risks associated with inadequate training. Administrators have been trained to become part of the school emergency response teams, have been trained in CPR and First Aid, and trained and DPI certified in medication administration so they have a better understanding of what staff is being asked to do. This has helped the administrators to understand the importance of training and to reprioritize.

16. How are schools planning for emergencies such as tornado/lockdown for students with diabetes?

    Having snacks and juice is a good idea. One district keeps a plastic bin of parent-provided extra supplies for all students with diabetes. This bin is sent with students on field trips and taken along for any emergency evacuations.

17. Are students needing to self-carry their diabetes supplies all day?

    Some students prefer to carry their supplies. This can be an option and extra supplies can be stored in the health office.

    Some students, especially those that are wearing a glucose sensor, prefer to carry their supplies wherever they go in the school. In this case, it is helpful to at least have some supplies in different locations in the building – juice, glucose tabs - and the school nurse would need to have an emergency box for grabbing supplies in a weather emergency, but the only way to ensure you have all in a lockdown is to have the student carry some supplies in the pack.

    For students who do not want to carry their supplies, the supplies can be stored in the health office, classroom, or other designated location.

18. How is it possible to cover everything in MD orders or get the MD orders at the exact time they are needed? (i.e. school field trip, lunch was scheduled for 11:30. Delayed until 12:30. Health assistant called and I directed to give a snack to prevent a low.)

One district has a field trip request form that is required to be completed at least 2 weeks prior to the trip. The teacher must indicate all the details of the trip including the names of all students who will be participating. This allows the school nurse time to plan adequately for students with diabetes (and other conditions). The field trip request form is also tied into curriculum and is a useful tool for administrators – the form goes to the school nurse to gather information regarding health needs, then goes to administration for final approval and arrangement of transportation. No form, no trip!

Another district suggests using a standard form that covers these circumstances (e.g. change in lunch time). Then you can document on the form what action was taken in the circumstance and fax to the provider to sign and return. Use common sense or contact provider or parent for emergent advice.

19. Is the school nurse responsible for making sure coaches, advisors, etc. for extracurricular are trained to provide emergency services? Or is it the individual coache's/advisor's responsibility to come to the school nurse?

    That would be a district decision. The school nurse should work with the athletic director (or other administrator responsible for athletic programs) to make sure that coaches are aware of the training that is required for them. It is the nurse's responsibility then to assure that they are appropriately trained for the potential health needs of the participating students.

    The specific procedures for connecting with coaches will depend on the size of the district and the numbers of students that need to be discussed with coaches. This should be a team effort, but ultimately the school nurse and the administrator should ensure training of all teachers, coaches, and staff. In some districts, the school nurse is responsible for these initiatives in the school setting and documents the competency of all staff.

20. If child changes diabetes medical providers half way through the year or physician leaves practice, who signed off on medical plan/orders-what is the liability of the nurse/school? Is the student covered under the original plan?

    The school nurse should continue to follow the plan until the student has established a new provider and strongly encourage/assist the family to get established with their new provider as quickly as possible. Since the nurse's contact with the providers is often minimal, it is possible that the nurse may not even be aware of the change.

21. How can we advocate for student needs for a situation such as the one described by the student who was a panel member (the district does not have a school nurse)?

    Continue to advocate for school nurses in all buildings. There is even stronger support for this now with the recent policy statement of the AAP. See the statement at http://pediatrics.aappublications.org/content/137/6/e20160852. Emphasize the need for a school nurse and the potential risks and the liability of not having one.

    This is a complex issue. It is important to continue to support the family and partner with them to advocate. Set up a meeting with the school staff to educate them on the disease and

required treatment. Speak with the district superintendent. Refer the family for support through organizations such as ADA.

Diabetes Practice Questions:

22. Do you still have to eat a protein with meals to keep blood sugar stable?

    Current practice is to add in protein to a snack and if running high, snack will be limited to a variety with protein.

23. Many students have an all carb lunch and breakfast and experience a lot of lows.

    Remember that not all carbs are created equally. Quick-acting carbs (like juice, glucose tablets, fruit) are used quickly by the body. Longer-acting carbs include starches, fats – things that need to be broken down into glucose by the body before they are used for energy. If a student is having frequent lows their health care provider needs to be made aware so that insulin dosage changes or carb intake can be changed to accommodate the pattern. Perhaps the student needs a lower basal rate, a morning dosage decrease or maybe just a small snack – or perhaps the student isn't eating all of their breakfast or they are incorrectly counting carbs!

    In the situation when a student has an all carb breakfast and lunch, if on a pump, they could do a special type of bolus to spread the insulin delivery out, but with injections, the dose would have to be split to spread the coverage out to prevent the low. This tends to be an issue with younger kids with super high carb lunches and the bolus is too large for them to handle. For those students, one approach could be to limit them to so many carb intake at a meal. The best option is healthier portions provided in our school lunches, but obviously this is not a quick fix. I have students that have lots of highs also, so you have to be careful not to overcorrect. Since all students are different stages, there is not one solution for all students.

24. Recommendations for changing lancets?

    Current observations are that lots of students change their lancets once a week. It depends on the student and their equipment supplier. Another observation is that if supplies go back and forth between home and school, lancets should be changed more often – probably daily or every other day.

25. Ideas on how to handle students with co-morbid mental health (ODD, ADHD, bi-polar) conditions and diabetes who are more often than not non-compliant or challenging.

    One strategy is to put their health goals in their IEPs or behavior plans for students with diabetes. One district noted that they have seen success with this strategy. Find out what motivates the student to take care of themselves and incorporate that into their health plan and education plan. If a student can be rewarded for achieving academically, they can also be rewarded for achieving health goals and following their health plan of care.

    These are typically students that have multiple health providers including mental health and sometimes outside case workers. Having the school psychologist or social worker contact all providers and then collaborate to have a comprehensive plan works the best. The challenge is many of these students do not have stable lives at home or have non-engaged parents which

also makes the situation more complicated. These students need a school team and have all "hands on deck" for planning. These may also be students who need a 504 plan or IEP.

26. Do school nurses ever attend appointments with diabetic students to be educated on pumps, etc.?

    This is one strategy that can be used or the school nurse may contact the clinic to inquire about on-site training.

    CHW-Milwaukee notes that occasionally school nurses attend pump training in the clinic but is dependent on space and the family. Other strategies for pump training include the parent training the school nurse or the pump rep training the school nurse. School nurses do not need to know everything about the pumps but should have the specific pump helpline number (on the back of all the pump devices). School nurses should have the "quick reference guide" in hand for basic button pushing – most all are online. The key things to know are (1) how to give a bolus, (2) how to disconnect or suspend, and (3) how to access the pump's memory to assist in supervising children and teens.

27. Be aware of high blood sugars affecting cognitive behavior as well. What # to address on IHP?

    This will be individualized for each students. Typically for students who are on a pump, the body begins to start to break down fat stores and produce ketones with glucose levels above 250 mg/dl. Many times, for students who are not receiving pump therapy, this is expected above 400 or 500. These would be good general guidelines as to when academic performance might be affected.

    Another district reports typically using blood sugars under 70 mg/dL for the low end for test taking and over 250 to 300 mg/dL for the high end. This too is individualized but in general these would be a starting point. A caution is that schools want to avoid having students manipulate this to get out of class or tests.