



# *California School Nurses Organization*

## Position Statement

### INSULIN ADMINISTRATION AT SCHOOL

#### STATEMENT

The California School Nurses Organization (CSNO) strongly supports the need for the administration of insulin at school for students with diabetes. Only a credentialed school nurse, registered nurse, licensed vocational nurse, parent/guardian, or a trained parent designee (not employed by the school district) may legally administer insulin in the school setting. Students may self-administer insulin after demonstrating willingness, understanding and competency to perform the procedure to the school nurse. Such independence is the ultimate goal and a part of all nursing patient goals. An Individual School Healthcare Plan (ISHP) needs to be developed by a credentialed school nurse for each student who requires insulin and other diabetes care during the school day. This plan includes information from the physician, school nurse, teacher, student and parent/guardian and describes training provided and staff designated to perform various functions in the care of the diabetic child in that school setting. In addition, some, but not all, students diagnosed with diabetes may also require accommodations through either a 504 Plan or an Individual Education Plan (IEP).

California state law requires (*Education Code 49423 and 49423.1*):

- An authorized California-licensed health care provider to authorize in writing the student's requirement for insulin at school and whether she/he can prepare and self-administer the insulin injection.
- The parent/guardian will complete and sign a written request for insulin administration at school and/or consent for self-administration, as set forth in the written statement of the authorized health care provider. This shall include consent for the school nurse to communicate with the health care provider regarding the provider's written statement of insulin administration if there are any concerns or questions about the order.

The following guidelines are recommended by the California Department of Education in the *Program Advisory on Medication Administration* (CDE, 2005) and are strongly supported by CSNO:

- The written statement from the health care provider must include:
  - i) The type and brand or generic name of insulin
  - ii) Reason and circumstances of administration
  - iii) Determination of dose, including any specific sliding scale based on blood glucose testing, urine ketone testing, and/or carbohydrate consumption.
  - iv) Method and times insulin is to be administered

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- Any changes in insulin type, dose, time or method or administration necessitates a new written physician's order. Additionally, the *California Nursing Practice Act* prohibits the school nurse from accepting orders from or acting upon parent or guardian generated changes or modifications to the insulin administration directions in the health care provider's statement unless such changes are received in writing from the health care provider. The health care provider also cannot direct the school nurse to allow the student's parent to change the insulin dose to be given by the nurse.
- When self-administering, the student will demonstrate to the credentialed school nurse knowledge of the procedure as well as the proper technique of insulin injection, appropriate dose determination, utilization of universal precautions, care of equipment and disposal of supplies, and accurate documentation of dose and time of insulin administration.

### RATIONALE

Current diabetes management requires tight control of blood sugar levels throughout the day. Students with diabetes may need to receive insulin at school to achieve control of their blood sugar levels. The determination of the insulin dose during the school day is a complex process involving calculations based on blood glucose levels, activity level, and carbohydrate consumption based upon doctor's orders that often involve complex algorithms and/or sliding scales. Careful diabetes management during the school day will help ensure an optimal educational experience and stable health in the least restrictive environment.

The *California Nursing Practice Act* defines the scope of nursing practice, a standard of legal practice put into place to protect the public and provide recipients of health care with a standard of care while under nursing care. This includes students in our schools diagnosed with diabetes who are required to receive insulin at school. The credentialed school nurse has the legal authority and responsibility, the scientific knowledge and the nursing assessment skills required to perform the complex steps involved in safely determining and administering the correct insulin dose to the school-aged students under their care. This procedure may only legally and safely be delegated by the credentialed school nurse to another licensed nurse, such as Licensed Vocational Nurse, not to unlicensed school personnel. Registered nurses can be disciplined by the Board of Registered Nurses and face loss of their nursing license and malpractice liability for training and allowing unlicensed staff to perform unauthorized nursing procedures, including the administration of insulin.

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The *California Education Code* also governs the provision of health and medical care in schools to ensure the protection of the health and safety of children while they are in school and attending school-related activities. Roles and functions of various school staff in relation to the health and medical care of students are delineated. This code has no provision allowing unlicensed school staff to administer any medication by injection other than the two emergency medications, Glucagon and epinephrine by auto injector device. The administration of insulin is NOT an emergency, but rather helps stabilize the student's blood sugar levels during the school day in order to maintain better overall control and prevention of future disabilities related to chronically high blood sugar levels. In most cases, NOT giving a single dose of insulin does not create an urgent health problem or cause any life threatening symptoms, but if too much insulin is given, this can result in life-threatening hypoglycemia, coma, and even death if not appropriately assessed and treated.

The California School Nurses Organization supports only the following people to administer insulin by injection, pump device, or any other methods in the school setting:

1. Credentialed, registered school nurse
2. Licensed vocational nurse employee or contract employee
3. Student, if determined by doctor and school nurse to be competent
4. Parent, guardian, or designee who is NOT a district employee

Under the *Nursing Practice Act*, it is also the registered nurse, not the physician or parent, who determines the appropriate and safe level of nursing care to be provided to patients (students) under their care and responsibility. They also must train, determine competence, monitor, and supervise the person to whom any nursing care is delegated or assigned. It is illegal for a registered nurse to delegate or assign a procedure to someone else who is not legally authorized to perform that procedure. Only during a disaster emergency, as defined in the *Nursing Practice Act*, would it be appropriate for other unlicensed staff to be trained to provide insulin and other non-emergency injectable medications. CSNO does not support the routine training of unlicensed staff to give insulin in the school setting just because a licensed nurse is not available, as being advised in the recent CDE Diabetes Settlement Statement and subsequent *Legal Advisory* (CDE, 2007), because it is NOT SAFE for students, there is no clear legal authority for this practice in the *Education Code*, and it is not legally permitted under the *Nursing Practice Act*. School districts, whether rural, suburban or urban, are obligated to provide necessary and safe health and nursing services for all students and need to make provisions to hire or contract for licensed nurses to administer insulin to school students during the school day or during attendance at school-sponsored or school-related educational activities.

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#### References:

American Federation of Teachers (AFT) Healthcare (2004): *The Diabetes Dilemma, Demanding the Best for Our Children*.

AFT (1997): *The Medically Fragile Child in the School Setting, Second Edition*.

American Nurses Association (ANA) Position Statement: *Registered Nurse Utilization of Unlicensed Assistive Personnel*, Adopted 12/11/92.

American Nurses Association (ANA) and the National Council of State Boards of Nursing (NCSBN): *Joint Statement on Delegation*. Downloaded 11/18/07 from the ANA website: <http://nursingworld.org/MainMenuCategories/HealthcareandPolicyIssues/ANAPositionStatements/joint.aspx>.

CSNO Consensus Statement: *Safe Administration of Insulin in California Schools*, Issued 2006.

CSNO Position Statement: *Individualized School Healthcare Plans (ISHP)*, Adopted 11/01, Revised 11/07.

California Education Code Section 49423.

California Department of Education (CDE) (2005), *Program Advisory on Medication Administration*.

CDE (2007). *Legal Advisory on Rights of Students with Diabetes in California's k-12 Public Schools*.

National Association of School Nurses (NASN) Issue Brief: *Individuals with Disabilities Education Act: IDEA): Management of Children in the Least Restrictive Environment*, Adopted 1996, Revised 7/07.

NASN Issue Brief: *School Health Nursing Services in Health Care: Delegation of Care in the School Setting*, Adopted 2004.

NASN Issue Brief: *School Health Nursing Services Role in Health Care: Section 504 of the Rehabilitation Act of 1972*, Adopted 2005.

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#### **References (continued)**

NASN Issue Brief: *School Nursing Services Role in Health Care: School Nursing Management of Students with Chronic Health Conditions*, Adopted 6/06.

NASN Position Statement: *Delegation*, Adopted 6/06.

NASN Position Statement: *School Nurse Role in Care and Management of the Child with Diabetes in the School Setting*, Adopted 11/01; Revised 6/06.

NASN Position Statement: *School Nursing Management of Students with Chronic Health Conditions*, Adopted 6/06.

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