Glucagon Training Standards for School Personnel:

Providing Emergency Medical Assistance to Pupils with Diabetes

Performance Standards for the Training and Supervision of School Personnel in Providing Emergency Medical Assistance to Pupils with Diabetes Experiencing Severe Hypoglycemia

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Information contained in this guide has been adapted from the National Diabetes Education Program's "Helping the Student with Diabetes Succeed: A Guide for School Personnel" and the American Diabetes Association

Introduction

In October 2003, Assembly Bill 942 (Leno) was approved by the Legislature and Governor and was chaptered as *Education Code* Section 49414.5. This legislation encouraged the American Diabetes Association to develop performance standards for the training and supervision of school personnel in providing emergency medical assistance to pupils with diabetes suffering from severe hypoglycemia. These performance standards were to be developed in cooperation with Department of Education, the California School Nurses Organization, the California Medical Association, and the American Academy of Pediatrics. The performance standards were to be approved for distribution by the State Department of Health Services' Diabetes Prevention and Control Program (California Diabetes Program) and made available by that agency upon request.

According to Section 49414.5 of the California *Education Code*, school districts may train school personnel who volunteer to provide emergency medical assistance including the administration of glucagon, in accordance with a health care provider's written statement and the standards established pursuant to this statute, to students with diabetes experiencing severe hypoglycemia in the absence of a credentialed school nurse or other licensed nurse.

The school nurse, when available, is the most appropriate person in the school setting to provide care for a student with diabetes. However, many schools do not have full-time nurses. Even for schools that do, the nurse may not always be available during the school day, during extracurricular activities, or on field trips or other school sponsored events to assist with emergency care, so pursuant to *Education Code* Section 49414.5, trained non-medical school staff members may be trained to provide care to pupils in the event of severe hypoglycemia.

School personnel who do not volunteer or who have not been trained to administer emergency medical assistance may not be required to provide emergency medical assistance.

Training of school personnel for this purpose must be given by a physician, credentialed school nurse, registered nurse or certified public health nurse. The trainer shall document the training and provide periodic review or retraining a minimum of one time per year (See Training Documentation Check-List for School Personnel).

The student's parent must provide all materials necessary to administer glucagon.

Performance Standard 1: Understanding Diabetes

Diabetes Overview

Diabetes is a chronic disease in which the body does not make or properly use insulin, a hormone needed to convert sugar, starches, and other food into energy. People with diabetes have increased blood glucose (sugar) levels because they lack insulin, have insufficient insulin, or are resistant to insulin's effects. High levels of glucose build up in the blood and spill into the urine; as a result, the body loses its main source of fuel. When insulin is no longer made, it must be obtained from another source--insulin shots or an insulin pump. When the body does not use insulin properly, oral medications may be taken instead of, or in addition to, insulin. Neither insulin nor other medications, however, are cures for diabetes: they only help control the disease.

Taking care of diabetes is important. If not treated appropriately, diabetes can lead to serious health problems. The disease can affect the blood vessels, eyes, kidneys, nerves, gums, and teeth, and it is the leading cause of adult blindness, lower limb amputations, and kidney failure. People with diabetes also have a higher risk of heart disease and stroke. Some of these problems can occur in teens and young adults who develop diabetes during childhood. The good news is that research shows that these problems can be greatly reduced or delayed by keeping blood glucose levels near normal.

There are two main types of diabetes: type 1 and type 2. Type 1 diabetes is sometimes referred to as "juvenile onset diabetes." Type 1 diabetes results from the body's failure to produce insulin. Type 2 diabetes is sometimes referred to as "adult onset diabetes." Type 2 diabetes is a caused by insulin resistance (a condition in which the body fails to properly use insulin it makes), combined with relative insulin deficiency. Although type 2 diabetes generally occurs in adults an increasing number of children and adolescents are being diagnosed with type 2 diabetes.

Maintaining good blood glucose control is important to the health of a person with diabetes. There are many factors involved in the day-to-day management of diabetes including eating nutritious food in appropriate quantities, getting regular physical activity, monitoring blood glucose levels, and taking medications when necessary.

Performance Standard 2: Understanding Hypoglycemia, Its Causes, Signs & Symptoms

Hypoglycemia Overview

Hypoglycemia, also called “low blood glucose” or “low blood sugar,” is one of the most frequent complications of diabetes and can happen very suddenly. Hypoglycemia occurs when a student’s blood glucose level falls below the student’s target blood glucose range. Hypoglycemia usually can be treated easily and effectively. If it is not treated promptly, however, hypoglycemia can lead to unconsciousness and convulsions and can be life threatening. Early recognition of its symptoms and prompt treatment, in accordance with the physician’s written orders for the student, are necessary for preventing severe symptoms that may place the student in danger. This information, contained in the Quick Reference Emergency Plan, should be provided to all school personnel who have responsibility for the student with diabetes (see sample in the resource section).

Causes of Hypoglycemia

Hypoglycemia usually occurs as a result of administering too much insulin, skipping or delaying meals or snacks, exercising too long or too intensely, or a combination of two or more of these factors. It is more likely to occur before lunch, at the end of the school day, or during or after physical education classes.

Signs and Symptoms of Hypoglycemia

Hypoglycemia is not always completely preventable, and not all students, especially young children, will recognize its symptoms with every episode. Therefore, school personnel should be familiar with the symptoms and treatment so that an urgent problem can be handled appropriately.

Hypoglycemia can impair thinking abilities and sometimes can be mistaken for misbehavior. If a student with diabetes has a sudden change in behavior, becomes lethargic, combative, or unconscious, or is having a seizure or convulsion, presume that the student has hypoglycemia.

--Copy and Post as Appropriate--

Symptoms of Hypoglycemia

Mild/Moderate Symptoms

- shaky
- sweaty
- hungry
- pale
- headache
- blurry vision
- sleepy
- dizzy
- confused
- disoriented
- uncoordinated
- irritable or nervous
- changed personality/behavior
- inability to concentrate
- weak
- lethargic

Severe Symptoms

- inability to swallow
- having a seizure or convulsions
- unconscious

Adapted from the National Diabetes Education Program's
"Helping the Student with Diabetes Succeed: A Guide for School Personnel"

Performance Standard 3: Blood Glucose Monitoring

Blood Glucose Monitoring Overview

Blood glucose monitoring is critical to diabetes management. Blood glucose levels fluctuate throughout the day. Regular blood glucose monitoring provides information for management decisions. It is also critical for the identification, treatment, and prevention of high and low blood glucose levels.

The frequency and timing of regular blood glucose tests should be outlined in the physician's written orders for the student. Additional blood glucose testing may be required when there is a change in physical activity level, food intake, and medication or when the student is not feeling well.

Many students are able to perform blood glucose monitoring themselves in non-emergency situations. Other students, because of their age, maturity level, or other factors, may require an adult to check their blood glucose or assist them with this task. All students may need an adult's assistance to check blood glucose when experiencing severe hypoglycemia.

In order to check blood glucose the following tools are needed (parent/guardian will provide):

- Blood glucose meter
- Testing strip (specific to each meter)
- Lancet (a sharp, pin-like tool)
- Sharps container (to dispose of lancets)

Preparation

Begin by having the student wash and dry hands thoroughly (if possible). If assisting or performing the blood glucose check for the student, put on disposable gloves and when finished, wash hands thoroughly after removing gloves.

Performing the Blood Glucose Test

Turn the blood glucose meter on if it does not turn on automatically when a test strip is inserted. Using the test strips supplied by the parent/guardian, insert a test strip into the meter. Blood samples for use with the meter are often obtained from the side of the finger but some meters allow blood samples from other parts of the body such as the forearm. Follow the instructions specific to the meter provided by the parent/guardian on how and where to obtain blood for the meter.

The results from the blood glucose test will be displayed on the meter. Processing times vary. Most meters will display results with one minute. Dispose of the lancet in a sharps container. Test strips may be discarded in a

regular trash can. Record the blood glucose result and as needed, take action according to the physician's written orders for the student.

Meters do not only display numbers. Some display "Lo" or "Hi" for results outside of the meter's parameters. Some display error messages. Consult with the meter manual to determine the meaning of messages. A copy of the meter manual should be supplied by the parent/guardian and kept in the health office.

Performance Standard 4: Caring for the Student with Mild to Moderate Hypoglycemia

When a student with diabetes has symptoms of hypoglycemia, it's important to treat it right away. Begin by checking the student's blood glucose level, and if appropriate treat for hypoglycemia. If a meter is not accessible, and the student has symptoms, go ahead and treat for hypoglycemia.

Step 1

Have the student eat or drink something with 15 grams of carbohydrate. Suggestions include:

- Glucose tablets equaling 15 grams of carbohydrate
- ½ can regular (non-diet) soda
- 6-7 lifesavers
- 1 c. non-fat milk
- 1 tbs. sugar, honey, or corn syrup
- 2 tbs. raisins

The physician's written orders for the student may provide more specific direction on what carbohydrate source should be used.

Step 2

Wait 15 minutes, check the blood glucose level. If the blood glucose is still below his or her target range give the student another 15 grams of carbohydrate and check again after 15 minutes.

If the student's blood glucose remains too low even after treatment, contact the school nurse (if possible) and the parent/guardian. The student may need to be seen by his or her health care provider.

Performance Standard 5: Understanding Glucagon and How it should be Stored

Glucagon Overview

Glucagon is a hormone that raises blood glucose levels by causing the release of glycogen (a form of stored carbohydrate) from the liver. It is administered when the student's blood glucose level gets so low that the student passes out, is unresponsive, experiences seizures, or cannot safely eat, drink or swallow. Although it may cause nausea and vomiting when the student regains consciousness, glucagon can be a life-saving treatment and cannot harm a student, even if the student's blood sugar is already high.

The student's parents/guardian should supply the school with a glucagon emergency kit and be responsible for replacing the kit when it has expired. This glucagon kit contains a bottle (vial) of glucagon in powder form and a pre-filled syringe with special liquid; the two are mixed just before a glucagon injection is given.

Storing Glucagon

Glucagon may be stored at room temperature according to the manufacturer's directions. The school nurse and trained designated personnel must have ready access to the glucagon emergency kit at all times, including on field trips and during a disaster.

Performance Standard 6: Understanding When and How to Administer Glucagon

When Glucagon Should Be Used

Glucagon is used to treat severe hypoglycemia. Severe hypoglycemia is rare at school and generally can be prevented with prompt treatment when the early signs of low blood glucose are recognized (See Signs and Symptoms of Hypoglycemia and Performance Standard 4). Begin by checking the student's blood glucose level. If a blood glucose meter is not readily available and the student is exhibiting the signs and symptoms of severe hypoglycemia, treat the student with glucagon **if it has been prescribed by the student's physician and a trained person is available**. If there is no prescription for glucagon treat as per the student's DMMP, and call 911 and the student's parent/guardian.

When hypoglycemia is severe, the school nurse or trained designated personnel must respond immediately. Glucagon should be given according to the physician's written statement when a student with diabetes is unresponsive or unconscious, if the student is having a seizure or convulsions, or if the student cannot safely eat, drink, or swallow. Severe hypoglycemia can cause brain damage or death. Although it may cause nausea and vomiting when the student regains consciousness, glucagon is a life-saving treatment that will not harm the student.

How Glucagon is Administered

For this section, please refer to the American Diabetes Association's Diabetes Care Tasks at School, Glucagon Administration Module or the attached hard copies. The ADA's Diabetes Care Tasks at School, Glucagon Training Module can be accessed at:

http://www.diabetes.org/advocacy-and-legalresources/discrimination/school/schooltraining.jsp

Steps for Administering Glucagon

- Never attempt to give a student suffering from severe hypoglycemia food or a drink or to put anything in the mouth because it could cause choking.
- Position the student safely on their side for comfort, protection from injury and to prevent choking in the event of vomiting, a possible reaction to glucagon administration.
- Have another school staff member call for emergency medical assistance (911) and the student's parent/guardian while glucagon is being administered. Do not delay administering glucagon while these calls are made.
- Remove the cap from the glass vial containing dry powder
- Remove cap from syringe and insert the needle into the vial through the rubber stopper.

- Inject all the fluid in syringe into the bottle containing the dry powder
- Shake gently or roll to mix until all powder is dissolved and solution is clear
- Inspect the vial. The solution should be clear and colorless. Do not administer if discolored or does not dissolve well.
- Hold the vial upside down in one hand
- Insert the syringe into the vial
- Draw the prescribed amount of solution into the syringe (refer to physician's written orders for the student)
- Clean the site, if possible. The best sites for injection are buttocks, thighs, and upper arms
- Inject the glucagon at 90° angle into the tissue under cleansed area
- Push syringe plunger all the way down
- Count to five
- Remove needle from skin and dispose of syringe safely into a sharps container
- Dispose of any unused portion of the mixed glucagon
- Confirm that 911 has been called
- Stay with the student, keeping him/her on their side until they regain consciousness or emergency personnel have arrived

It may take 15-20 minutes for the student to regain consciousness. It is likely that emergency personnel will have arrived on the scene and will have taken responsibility for treatment. If they have not:

- Check blood glucose
- Give sips of fruit juice or regular soda once the student is awake and able to eat or drink
- Follow the physician's written orders for the student
- Record the glucagon administration in the student's health record and on the medication log

Do not be surprised if:

- The student does not remember being unconscious, is incoherent or has a headache
- Blood glucose becomes very high (over 200)
- Nausea or vomiting occur

Performance Standard 7: Understanding the Follow-Up Procedures When Glucagon is Used

Follow-Up Requirements

According to Education Code Section 49414.5(b)(4)(A), any school personnel who administer glucagon must notify the credentialed school nurse assigned to the school district. If a credentialed school nurse is not assigned to the school district, the school personnel must notify the superintendent of the school district, or his or her designee.

Resource Section

Sample Materials

- Diabetes Medical Management Plan
- Quick Reference Emergency Plan
- School Personnel Training Documentation Check-List

Authorizing Statute

- Education Code Section 49414.5(b)(4)(A)

Helpful Links

American Diabetes Association
http://www.diabetes.org

California Department of Education
http://www.cde.ca.gov/ls/he/hn/

California Diabetes Program, Diabetes Information Resource Center (DIRC)
http://www.caldiabetes.org/

California School Nurses Organization
http://www.csno.org/

National Diabetes Education Program
http://www.ndep.nih.gov/index.htm

American Diabetes Association.
Cure • Care • Commitment®

Date of Plan: _____

Diabetes Medical Management Plan

This plan should be completed by the student's personal health care team and parents/guardian. It should be reviewed with relevant school staff and copies should be kept in a place that is easily accessed by the school nurse, trained diabetes personnel, and other authorized personnel.

Effective Dates: _____

Student's Name: _____

Date of Birth: _____ Date of Diabetes Diagnosis: _____

Grade: _____ Homeroom Teacher: _____

Physical Condition: ☐ Diabetes type 1 ☐ Diabetes type 2

Contact Information

Mother/Guardian: _____

Address:

_____

_____

Telephone: Home _____ Work _____ Cell_____

Father/Guardian: _____

Address:

_____

_____

Telephone: Home _____ Work _____ Cell _____

Student's Doctor/Health Care Provider:

Name:

_____

Address:

_____

Telephone: _____ Emergency Number: _____

Other Emergency Contacts:

Name:

_____

Relationship: _____

Telephone: Home _____ Work _____ Cell _____

Notify parents/guardian or emergency contact in the following situations: _____

_____

_____

Blood Glucose Monitoring

Target range for blood glucose is ☐ 70-150 ☐ 70-180 ☐ Other _____

Usual times to check blood glucose _____

Times to do extra blood glucose checks (*check all that apply*)

☐ before exercise

☐ after exercise

☐ when student exhibits symptoms of hyperglycemia

☐ when student exhibits symptoms of hypoglycemia

☐ other (explain): _____

Can student perform own blood glucose checks? ☐ Yes ☐ No

Exceptions: _____

_____

Type of blood glucose meter student uses: _____

_____

Insulin

Usual Lunchtime Dose

Base dose of Humalog/Novolog /Regular insulin at lunch (circle type of rapid-/short-acting insulin used) is _____ units or does flexible dosing using _____ units/ _____ grams carbohydrate.

Use of other insulin at lunch: (circle type of insulin used): intermediate/NPH/lente _____ units or basal/Lantus/Ultralente _____ units.

Insulin Correction Doses

Parental authorization should be obtained before administering a correction dose for high blood glucose levels. ☐ Yes ☐ No

_____ units if blood glucose is _____ to _____ mg/dl

_____ units if blood glucose is _____ to _____ mg/dl

_____ units if blood glucose is _____ to _____ mg/dl

_____ units if blood glucose is _____ to _____ mg/dl

_____ units if blood glucose is _____ to _____ mg/dl

Can student give own injections? ☐ Yes ☐ No

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

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

_____ Parents are authorized to adjust the insulin dosage under the following circumstances:

_____

_____

For Students with Insulin Pumps

Type of pump: _____ Basal rates: _____ 12 am to _____

_____ _____ to _____

_____ _____ to _____

Type of insulin in pump: _____

Type of infusion set: _____

Insulin/carbohydrate ratio: _____ Correction factor: _____

Student Pump Abilities/Skills:	*Needs Assistance*	
Count carbohydrates	☐ Yes	☐ No
Bolus correct amount for carbohydrates consumed	☐ Yes	☐ No
Calculate and administer corrective bolus	☐ Yes	☐ No
Calculate and set basal profiles	☐ Yes	☐ No
Calculate and set temporary basal rate	☐ Yes	☐ No
Disconnect pump	☐ Yes	☐ No
Reconnect pump at infusion set	☐ Yes	☐ No
Prepare reservoir and tubing	☐ Yes	☐ No
Insert infusion set	☐ Yes	☐ No
Troubleshoot alarms and malfunctions	☐ Yes	☐ No

For Students Taking Oral Diabetes Medications

Type of medication: _____ Timing: _____

Other medications: _____ Timing: _____

Meals and Snacks Eaten at School

Is student independent in carbohydrate calculations and management? ☐ Yes ☐ No

Meal/Snack	*Time*	*Food content/amount*
Breakfast	_____	_____
Mid-morning snack	_____	_____
Lunch	_____	_____
Mid-afternoon snack	_____	_____
Dinner	_____	_____

Snack before exercise? ☐ Yes ☐ No

Snack after exercise? ☐ Yes ☐ No

Other times to give snacks and content/amount:

_____

Preferred snack foods:

_____

Foods to avoid, if any:

_____

Instructions for when food is provided to the class (e.g., as part of a class party or food sampling event): _____

_____

Exercise and Sports

A fast-acting carbohydrate such as _____ should be available at the site of exercise or sports.

Restrictions on activity, if any: _____ student should not exercise if blood glucose level is below _____ mg/dl or above _____ mg/dl or if moderate to large urine ketones are present.

Hypoglycemia (Low Blood Sugar)

Usual symptoms of hypoglycemia: _____

_____

Treatment of hypoglycemia:_____

_____

Glucagon should be given if the student is unconscious, having a seizure (convulsion), or unable to swallow.

Route _____, Dosage _____, site for glucagon injection: _____arm, _____thigh, _____other.

If glucagon is required, administer it promptly. Then, call 911 (or other emergency assistance) and the parents/guardian.

Hyperglycemia (High Blood Sugar)

Usual symptoms of hyperglycemia: _____
_____

Treatment of hyperglycemia: _____

_____

Urine should be checked for ketones when blood glucose levels are above _____ mg/dl.

Treatment for ketones: _____
_____

Supplies to be Kept at School

_____Blood glucose meter, blood glucose test strips, batteries for meter

_____ Lancet device, lancets, gloves, etc.

_____Urine ketone strips

_____Insulin pump and supplies

_____Insulin pen, pen needles, insulin cartridges

_____Fast-acting source of glucose

_____Carbohydrate containing snack

_____Glucagon emergency kit

Signatures

This Diabetes Medical Management Plan has been approved by:

_____ _____

Student's Physician/Health Care Provider Date

I give permission to the school nurse, trained diabetes personnel, and other designated staff members of _____ school to perform and carry out the diabetes care tasks as outlined by _____'s Diabetes Medical Management Plan. I also consent to the release of the information contained in this Diabetes Medical Management Plan to all staff members and other adults who have custodial care of my child and who may need to know this information to maintain my child's health and safety.

Acknowledged and received by:

_____	_____
Student's Parent/Guardian	Date
_____	_____
Student's Parent/Guardian	Date

Quick Reference Emergency Plan for a Student with Diabetes Hypoglycemia (Low Blood Sugar)

Student's Name

Grade/Teacher

Date of Plan

Emergency Contact Information:

Mother/Guardian

Home phone

Work phone

Cell

Father/Guardian

Home phone

Work phone

Cell

School Nurse/Trained Diabetes Personnel Contact Number(s)

Never send a child with suspected low blood sugar anywhere alone.

Causes of Hypoglycemia

- Too much insulin
- Missed food
- Delayed food
- Too much or too intense exercise
- Unscheduled exercise

Onset

- Sudden

Symptoms

Mild

- Hunger
- Sweating
- Shakiness
- Drowsiness
- Weakness
- Personality change
- Paleness
- Inability to concentrate
- Anxiety
- Irritability
- Dizziness

• Other: _____

Circle student's usual symptoms.

Moderate

• Headache

• Blurry vision

• Behavior change

• Weakness

• Slurred Speech

• Poor coordination

• Confusion

• Other_____

Circle student's usual symptoms.

Severe

• Loss of consciousness

• Seizure

• Inability to swallow

Circle student's usual symptoms.

Actions Needed

Notify School Nurse or Trained Diabetes Personnel. If possible, check blood sugar, per Diabetes Medical Management Plan. When in doubt, always TREAT FOR HYPOGLYCEMIA.

Mild

• Student may/may not treat self.

• Provide quick-sugar source.

3-4 glucose tablets

or

4 oz. juice

or

6 oz. regular soda

or

3 teaspoons of glucose gel

• Wait 10 to 15 minutes.

• Recheck blood glucose.

• Repeat food if symptoms persist or blood glucose is less than_____.

• Follow with a snack of carbohydrate and protein (e.g., cheese and crackers).

Moderate

• Someone assists.

• Give student quick-sugar source per MILD guidelines.

• Wait 10 to 15 minutes.

• Recheck blood glucose.

• Repeat food if symptoms persist or blood glucose is less than_____.

• Follow with a snack of carbohydrate and protein (e.g., cheese and crackers).

Severe

• Don’t attempt to give anything by mouth.

- Position on side, if possible.
- Contact school nurse or trained diabetes personnel.
- Administer glucagon, as prescribed.
- Call 911.
- Contact parents/guardian.
- Stay with student.

Quick Reference Emergency Plan for a Student with Diabetes

Hyperglycemia (High Blood Sugar)

Student's Name

Grade/Teacher

Date of Plan

Emergency Contact Information:

Mother/Guardian

Home phone Work phone Cell

Father/Guardian

Home phone Work phone Cell

School Nurse/Trained Diabetes Personnel Contact Number(s)

Causes of Hyperglycemia

- Too much food
- Illness
- Too little insulin
- Infection
- Decreased activity
- Stress

Onset

- Over time—several hours or days

Symptoms

Mild

• Thirst

• Frequent urination

• Fatigue/sleepiness

• Increased hunger

• Blurred vision

• Weight loss

• Stomach pains

• Flushing of skin

• Lack of concentration

• Sweet, fruity breath

• Other: _____

Circle student's usual symptoms.

Moderate

• Mild symptoms plus:

• Dry mouth

• Nausea

• Stomach cramps

• Vomiting

• Other:_____

Circle student's usual symptoms.

Severe

- Mild and moderate symptoms plus:
- Labored breathing
- Very weak
- Confused
- Unconscious

Circle student's usual symptoms.

Actions Needed

- Allow free use of the bathroom.
- Encourage student to drink water or sugar-free drinks.
- Contact the school nurse or trained diabetes personnel to check urine or administer insulin, per student's Diabetes Medical Management Plan.
- If student is nauseous, vomiting, or lethargic, ____ call the parents/guardian or ____ call for medical assistance if parent be reached.

Glucagon Administration Training Documentation Check-List for School Personnel

Employee
Name:_____Date:_____

School:_____

As a school employee who has volunteered to provide emergency medical assistance to students with diabetes who are experiencing severe hypoglycemia, it is necessary that you receive adequate training and document that you have been trained to provide this assistance. The person providing the training must be a school nurse, public health nurse, registered nurse, or physician. In addition to the first training, you will receive periodic review and retraining annually. If for any reason you feel that you are not adequately trained, need a review, and are unable to continue to provide this assistance, or have any questions, immediately contact your school nurse, trainer, and/or supervising site or district administrator. If you hear from the student's parent/guardian or physician that any of the written orders for care have changed, immediately contact your school nurse, other trainer or supervising site or district administrator for clarification regarding your role in the changing needs for the student.

Skill	Date Received Training
Reads physician's written orders for the student	
Reads Performance Standards for the Training and Supervision of School Personnel Providing Emergency Medical Assistance to Pupils with Diabetes Experiencing Severe Hypoglycemia	
Watches video or power point presentation	
Understands diabetes basics	
States common symptoms of hypoglycemia	
Reviews procedures for blood glucose monitoring	
Reviews treatment for mild to moderate hypoglycemia	
States purpose of glucagon	
States when glucagon should be used	

I certify that the above employee has been trained to administer glucagon in accordance with the “Performance Standards for the Training and Supervision of School Personnel in Providing Emergency Medical Assistance to Pupils with Diabetes Experiencing Severe Hypoglycemia” and is competent to respond appropriately in the event such an emergency.

_____

Signature of School Nurse/Trainer Date

_____

Printed Name of School Nurse/Trainer

I certify that I have received the training above and feel that I am competent to provide emergency assistance to a student experiencing severe hypoglycemia. I agree that if I have any questions or learn of any changes in the physician’s written orders for the student, I will immediately contact the school nurse, other trainer or supervising site or district administrator.

_____

Signature of Designated Trained School Personnel Date

Authorizing Statute: Section 49414.5 of the California Education Code

49414.5. (a) In the absence of a credentialed school nurse or other licensed nurse onsite at the school, each school district may provide school personnel with voluntary emergency medical training to provide emergency medical assistance to pupils with diabetes suffering from severe hypoglycemia, and volunteer personnel shall provide this emergency care, in accordance with standards established pursuant to subdivision (b) and the performance instructions set forth by the licensed health care provider of the pupil. A school employee who does not volunteer or who has not been trained pursuant to subdivision (b) may not be required to provide emergency medical assistance pursuant to this subdivision.

(b) (1) The Legislature encourages the American Diabetes Association to develop performance standards for the training and supervision of school personnel in providing emergency medical assistance to pupils with diabetes suffering from severe hypoglycemia. The performance standards shall be developed in cooperation with the department, the California School Nurses Organization, the California Medical Association, and the American Academy of Pediatrics. Upon the development of the performance standards pursuant to this paragraph, the State Department of Health
Services' Diabetes Prevention and Control Program shall approve the performance standards for distribution and make those standards available upon request.

(2) Training established pursuant to this subdivision shall include all of the following:

(A) Recognition and treatment of hypoglycemia.

(B) Administration of glucagon.

(C) Basic emergency follow-up procedures, including, but not limited to, calling the emergency 911 telephone number and contacting, if possible, the pupil's parent or guardian and licensed health care provider.

(3) Training by a physician, credentialed school nurse, registered nurse, or certificated public health nurse according to the standards established pursuant to this section shall be deemed adequate training for the purposes of this section.

(4) (A) A school employee shall notify the credentialed school nurse assigned to the school district if he or she administers glucagon pursuant to this section.

(B) If a credentialed school nurse is not assigned to the school district, the school employee shall notify the superintendent of the school district, or his or her designee, if he or she administers glucagon pursuant to this section.

(5) All materials necessary to administer the glucagon shall be provided by the parent or guardian of the pupil.

(c) In the case of a pupil who is able to self-test and monitor his or her blood glucose level, upon written request of the parent or guardian, and with authorization of the licensed health care provider of the pupil, a pupil with diabetes shall be permitted to test his or her blood glucose level and to otherwise provide diabetes self-care in the classroom, in any area of the school or school grounds, during any school-related activity, and, upon specific request by a parent or guardian, in a private location.

(d) For the purposes of this section, the following terms have the following meanings:

(1) "School personnel" means any one or more employees of a school district who volunteers to be trained to administer emergency medical assistance to a pupil with diabetes.

(2) "Emergency medical assistance" means the administration of glucagon to a pupil who is suffering from severe hypoglycemia.