

**ARKANSAS DEPARTMENT OF EDUCATION AND ARKANSAS STATE
BOARD OF NURSING RULES GOVERNING THE ADMINISTRATION OF
INSULIN AND GLUCAGON TO ARKANSAS PUBLIC SCHOOL STUDENTS
DIAGNOSED WITH DIABETES**

June 2016

1.00 REGULATORY AUTHORITY

- 1.01 These rules shall be known as the Arkansas Department of Education and Arkansas State Board of Nursing Rules Governing the Administration of Insulin and Glucagon to Arkansas Public School Students Diagnosed With Diabetes.
- 1.02 These rules are enacted pursuant to the Arkansas State Board of Education's authority under Ark. Code Ann. §§ 6-11-105, 6-18-711, 17-87-103 and 25-15-201 et seq.
- 1.03 These rules are enacted pursuant to the Arkansas State Board of Nursing's authority under Ark. Code Ann. §§6-18-711, 17-87-203, 17-87-103 and 25-15-201 et seq.

2.00 PURPOSE

- 2.01 The purpose of these rules is to set forth protocols and procedures for the administration of insulin and glucagon by trained volunteer school personnel to Arkansas public school students diagnosed with diabetes.

3.00 DEFINITIONS

- 3.01 "Diabetes" – a group of metabolic disorders characterized by hyperglycemia resulting from defects in insulin secretion, insulin action, or both.
- 3.02 "Emergency Situation" – circumstance in which students with low blood glucose cannot be treated with a glucose-containing substance by mouth because the student has an altered mental status, is having a seizure or has high blood glucose requiring emergency administration of insulin to prevent complications.
- 3.03 "Glucagon" – an injectable hormone prescribed by a licensed healthcare practitioner that stimulates the release of glucose in the blood. Glucagon is

dispensed as a “Glucagon Emergency Kit” or a “Glucagon Emergency Kit for Low Blood Sugar.”

- 3.04 “Insulin” – a hormone that regulates the metabolism of glucose and other nutrients. It is generally given by injection or through a subcutaneous insulin delivery system. It is prescribed by a licensed healthcare practitioner, e.g. Medical Doctor, Doctor of Osteopathy, Advanced Practice Registered Nurse with prescriptive authority, or a Registered Nurse Practitioner or Physician Assistant who works under physician-approved protocols.

- 3.05 “Licensed Healthcare Practitioner” – includes, but is not limited to, Medical Doctors, Doctor of Osteopathy, Advanced Practice Registered Nurse with prescriptive authority, and Registered Nurse Practitioners, or Physician Assistants who work under physician-approved protocols.

- 3.06 “Licensed School Nurse Employed by a School District” – those nurses employed by an Arkansas public school district or open-enrollment public charter school who hold the following licenses or certificate:
 - 3.06.1 Registered Nurse (RN);

 - 3.06.2 Advanced Practice Registered Nurse (APRN); or

 - 3.06.3 Diabetes Nurse Educator.

 - 3.06.4 This definition does not include License Practical Nurses (LPNs). LPNs may assist in the provision of training under these rules. However, training under these rules must be performed by Registered Nurses, Advance Practice Registered Nurses or Diabetes Nurse Educators.

- 3.07 “Non-scheduled dose of insulin” – an additional or corrective dose of insulin to treat hyperglycemia or to cover a rise in blood glucose levels.

- 3.08 “Other Healthcare Professional” – includes the following:
 - 3.08.1 Registered Nurse (RN);

 - 3.08.2 Advanced Practice Registered Nurse (APRN);

 - 3.08.3 Diabetes Nurse Educator;

- 3.08.4 Medical Doctor (MD);
 - 3.08.5 Registered Nurse Practitioner;
 - 3.08.6 Doctor of Osteopathy;
 - 3.08.7 Physician Assistant;
 - 3.08.8 Pharmacist; and
 - 3.08.9 Certified Diabetes Educator.
- 3.09 “Scheduled dose of insulin” – a dose of insulin administered at regular times during the school day.
- 3.10 “Trained Volunteer School Personnel” – Licensed or classified personnel employed by an Arkansas public school district or open-enrollment public charter school who volunteer and successfully complete training for the administration of insulin and/or glucagon to students diagnosed with diabetes.

4.00 GENERAL REQUIREMENTS

- 4.01 Upon written request of a parent or guardian of a student with diabetes and written authorization by the treating physician of the student, a student, in the classroom, in a designated area at the school, on school grounds, or at a school-related activity may:
- 4.01.1 Perform blood glucose checks;
 - 4.01.2 Administer insulin through the insulin delivery system the student uses;
 - 4.01.3 Treat hypoglycemia and hyperglycemia; and
 - 4.01.4 Possess on his or her person the necessary supplies and equipment to perform diabetes monitoring and treatment functions.
- 4.02 A student shall have access to a private area to perform diabetes monitoring and treatment functions upon request of the parent or guardian of a student, as outlined in the student’s health plan.

- 4.03 A school district shall strive to achieve the following staffing ratios for students with diabetes at each public school of at least:
- 4.03.1 One (1) care provider (volunteer school personnel) for a public school with one (1) full-time licensed registered nurse; and
- 4.03.2 Three (3) care providers (volunteer school personnel) for a public school without one (1) full-time licensed registered nurse.
- 4.04 The school district may recruit and identify public school personnel to serve as care providers (volunteer school personnel) to administer insulin and/or glucagon when a licensed registered nurse is not available. A school district shall not require or pressure a parent or guardian of a student with diabetes to provide diabetes care at school or a school-related activity.
- 4.05 Trained volunteer school personnel designated as care providers in a health plan that covers diabetes management and is based on the orders of a treating physician and who have been trained by a licensed registered nurse employed by a school district or other healthcare professional, may administer insulin and/or glucagon to students diagnosed with diabetes.
- 4.06 The training listed in Sections 4.05 and 6.00 of these rules shall be conducted at least annually, regardless of whether a volunteer has previously completed training. Nothing in these rules prohibits training from being conducted more often than annually.
- 4.07 No trained volunteer school personnel designated as care providers pursuant to these rules may administer insulin and/or glucagon to a student diagnosed with diabetes unless the parent or guardian of the student first signs a written authorization allowing the administration of insulin and/or glucagon to the student. The trained volunteer school personnel designated as a care provider shall be incorporated into the health plan of a student.
- 4.08 The trained volunteer shall be released from other duties during a scheduled dose of insulin for the time designated in the student's health plan.
- 4.09 During glucagon or non-scheduled insulin administration, other qualified staff shall assume the regular duties of the trained volunteer. Once other qualified staff has relieved the trained volunteer from his/her regular duties, the trained volunteer shall remain released until a parent, guardian, or medical personnel has arrived.

- 4.10 When a school nurse is available and on site during an emergency situation, the school nurse shall administer insulin and/or glucagon to the student, when necessary. Volunteer school personnel who are designated as care providers and trained to administer insulin and/or glucagon shall provide insulin and/or glucagon injections only in the absence or unavailability of a school nurse.
- 4.11 The training outlined in these rules is intended to be provided to volunteer school personnel. No school personnel shall be required, pressured or otherwise subjected to duress in such a manner as to compel their participation in training. Prior to receiving training, volunteers must sign a written acknowledgement indicating their desire to volunteer.

5.00 PROTECTION FROM LIABILITY

A school district, school district employee, or an agent of a school district, including a healthcare professional who trained volunteer school personnel designated as care providers and care providers, shall not be liable for any damages resulting from his or her actions or inactions under these rules or under Ark. Code Ann. § 17-87-103.

6.00 TRAINING OF VOLUNTEERS

- 6.01 Training under these rules shall include, at a minimum, the following components:
- 6.01.1 Overview of diabetes;
 - 6.01.2 Blood glucose monitoring;
 - 6.01.3 What insulin and glucagon are and how insulin and glucagon work;
 - 6.01.4 When, how and by whom insulin and/or glucagon may be prescribed;
 - 6.01.5 The requirements of Arkansas law pertaining to the administration of insulin and/or glucagon injections to Arkansas public school students diagnosed with diabetes;
 - 6.01.6 How to calculate carbohydrate intake (insulin training only);

- 6.01.7 How to calculate appropriate insulin dosage based on carbohydrate intake (insulin training only);
 - 6.01.8 When insulin and/or glucagon should be administered, how insulin and/or glucagon should be prepared, the dosage and side effects of insulin and/or glucagon, and follow-up care after insulin and/or glucagon is administered;
 - 6.01.9 How insulin and/or glucagon should be stored, including identifying the expiration date and need for replacement;
 - 6.01.10 The role of the school nurse in the administration of insulin and/or glucagon and the delegation of the administration of insulin and/or glucagon; and
 - 6.01.11 The signs of hyperglycemia and hypoglycemia in students with diabetes, including techniques and practices used to prevent the need for emergency insulin and glucagon.
- 6.02 Visual and audio aids may be used during the training required under these rules, but at least one individual listed in Sections 3.06 and 3.08 of these rules must be physically present to provide the training.
 - 6.03 Before a volunteer may be deemed to have successfully completed the training required under these rules, a person listed in Sections 3.06 and 3.08 must sign a certification indicating that the volunteer has successfully completed all aspects of training and that the volunteer has successfully demonstrated proficiency of procedures involving the administration of insulin and/or glucagon. No person listed in Sections 3.06 and 3.08 shall sign such a certification unless such person, in his or her professional judgment, believes that a volunteer has successfully completed all aspects of training and that the volunteer has successfully demonstrated mastery of procedures involving the administration of insulin and/or glucagon.
 - 6.04 The Arkansas State Board of Nursing and the Arkansas Department of Education, in collaboration with the Arkansas School Nurses Association and diabetic education experts, shall identify and approve education programs that meet the requirements of Section 6.01 of these rules. Training under these rules shall be given according to the education programs approved under this section.

- 6.04.1 The Arkansas State Board of Nursing and the Arkansas Department of Education shall maintain and publish a list of approved education programs that meet the requirements of Section 6.01 of these rules. The list of approved education programs may be published on the websites of the Arkansas State Board of Nursing and the Arkansas Department of Education.
- 6.04.2 The Arkansas State Board of Nursing and the Arkansas Department of Education, in collaboration with the Arkansas School Nurses Association and diabetic education experts, shall at least annually review the requirements associated with the administration of glucagon and shall, if necessary, recommend for adoption by the Arkansas State Board of Nursing and the Arkansas State Board of Education any revisions to these rules.

7.00 RECORDS

- 7.01 Records of volunteer training shall be kept on file at each school.
- 7.02 For each student diagnosed with diabetes who attends the school, the school district shall maintain a copy of the health plan a list of volunteer school personnel who are designated as care providers and trained to administer insulin and/or glucagon, and a copy of the parent's or guardian's signed authorization. The list of volunteer school personnel who are designated as care providers and trained to administer insulin and/or glucagon and a copy of the parent's or guardian's signed authorization shall be updated yearly and attached to the student's Individualized Health Plan (IHP).
- 7.03 The list of volunteer school personnel who are designated as care providers and trained to administer insulin and/or glucagon shall only include the names of such personnel who successfully complete the required training as set forth in Section 6.00 of these rules. The list of volunteer school personnel trained to administer insulin and/or glucagon for each school should be published and made known to all school personnel.
- 7.04 The principal of each school, in conjunction with each school nurse, shall properly maintain all such records.

FINANCIAL IMPACT STATEMENT

PLEASE ANSWER ALL QUESTIONS COMPLETELY

DEPARTMENT Arkansas Department of Education

DIVISION Learning Services

PERSON COMPLETING THIS STATEMENT Jennifer Davis

TELEPHONE NO. 501-682-4227 **FAX NO.** 501-682-4249 **EMAIL:** jennifer.davis@arkansas.gov

To comply with Ark. Code Ann. § 25-15-204(e), please complete the following Financial Impact Statement and file two copies with the questionnaire and proposed rules.

SHORT TITLE OF THIS RULE ADE and ASBN Rules Governing the Administration of Insulin and Glucagon to Arkansas Public School Students Diagnosed with Diabetes

- 1. Does this proposed, amended, or repealed rule have a financial impact? Yes No

- 2. Is the rule based on the best reasonably obtainable scientific, technical, economic, or other evidence and information available concerning the need for, consequences of, and alternatives to the rule? Yes No

- 3. In consideration of the alternatives to this rule, was this rule determined by the agency to be the least costly rule considered? Yes No

If an agency is proposing a more costly rule, please state the following:

- (a) How the additional benefits of the more costly rule justify its additional cost;

- (b) The reason for adoption of the more costly rule;

- (c) Whether the more costly rule is based on the interests of public health, safety, or welfare, and if so, please explain; and;

- (d) Whether the reason is within the scope of the agency's statutory authority; and if so, please explain.

4. If the purpose of this rule is to implement a federal rule or regulation, please state the following:

- (a) What is the cost to implement the federal rule or regulation?

Current Fiscal Year

General Revenue _____
Federal Funds _____
Cash Funds _____
Special Revenue _____
Other (Identify) _____

Next Fiscal Year

General Revenue _____
Federal Funds _____
Cash Funds _____
Special Revenue _____
Other (Identify) _____

Total 0

Total 0

(b) What is the additional cost of the state rule?

Current Fiscal Year

Next Fiscal Year

General Revenue _____

General Revenue _____

Federal Funds _____

Federal Funds _____

Cash Funds _____

Cash Funds _____

Special Revenue _____

Special Revenue _____

Other (Identify) _____

Other (Identify) _____

Total 0

Total 0

5. What is the total estimated cost by fiscal year to any private individual, entity and business subject to the proposed, amended, or repealed rule? Identify the entity(ies) subject to the proposed rule and explain how they are affected.

Current Fiscal Year

Next Fiscal Year

\$ 0

\$ 0

6. What is the total estimated cost by fiscal year to state, county, and municipal government to implement this rule? Is this the cost of the program or grant? Please explain how the government is affected.

Current Fiscal Year

Next Fiscal Year

\$ 0

\$ 0

7. With respect to the agency's answers to Questions #5 and #6 above, is there a new or increased cost or obligation of at least one hundred thousand dollars (\$100,000) per year to a private individual, private entity, private business, state government, county government, municipal government, or to two (2) or more of those entities combined?

Yes No

If YES, the agency is required by Ark. Code Ann. § 25-15-204(e)(4) to file written findings at the time of filing the financial impact statement. The written findings shall be filed simultaneously with the financial impact statement and shall include, without limitation, the following:

- (1) a statement of the rule's basis and purpose;
- (2) the problem the agency seeks to address with the proposed rule, including a statement of whether a rule is required by statute;
- (3) a description of the factual evidence that:
 - (a) justifies the agency's need for the proposed rule; and

- (b) describes how the benefits of the rule meet the relevant statutory objectives and justify the rule's costs;
- (4) a list of less costly alternatives to the proposed rule and the reasons why the alternatives do not adequately address the problem to be solved by the proposed rule;
 - (5) a list of alternatives to the proposed rule that were suggested as a result of public comment and the reasons why the alternatives do not adequately address the problem to be solved by the proposed rule;
 - (6) a statement of whether existing rules have created or contributed to the problem the agency seeks to address with the proposed rule and, if existing rules have created or contributed to the problem, an explanation of why amendment or repeal of the rule creating or contributing to the problem is not a sufficient response; and
 - (7) an agency plan for review of the rule no less than every ten (10) years to determine whether, based upon the evidence, there remains a need for the rule including, without limitation, whether:
 - (a) the rule is achieving the statutory objectives;
 - (b) the benefits of the rule continue to justify its costs; and
 - (c) the rule can be amended or repealed to reduce costs while continuing to achieve the statutory objectives.