



Train the Trainer Course

Curriculum to Teach Unlicensed Diabetic Assistant (UDA)

How to Assist With Care of the Diabetic Student in the School Setting



**Alabama Board of Nursing
Alabama State Department School Nurse Consultants**

Background

- In the US, diabetes is on the rise among children and youth younger than 20 years, with an estimated 215,000 having the disease (Type 1 or Type 2) or about 0.26% of this age group.¹
- A national estimate of diabetes prevalence found that 0.079% of US children aged nine or younger have diagnosed diabetes, as do 0.280% in the 10 - 19 age group.
- The American Academy of Pediatrics (AAP), National Association of School Nurses (NASN) and the American Nurses Association (ANA) offer: When a school nurse is not available at all times, trained and supervised UAP who have the required knowledge, skills, and composure should deliver specific school health services under the guidance of a licensed RN.
- Diabetes is generally a self-managed disease and many students with diabetes are able to perform most of their own diabetes care tasks; such students should be permitted to do so in the school setting.

Background

- Diabetes is generally a self-managed disease and many students with diabetes are able to perform most of their own diabetes care tasks; such students should be permitted to do so in the school setting.
- However, some students, because of age, inexperience, or other factors need help with some or all of diabetes care tasks and all students will need help in the event of a diabetes emergency.
- Experts agree the school nurse should be the key coordinator and primary provider of care.



Background

- Experts also agree that the school nurse should coordinate the training of an adequate number of school personnel to ensure that if the school nurse is not present, there is at least one adult present who is trained to perform these procedures in a timely manner. This is needed in order to enable full participation in school activities
- These school personnel need not be health care professionals, literature provides support for the contribution unlicensed staff make in schools when there is adequate training and supervision.⁹
- Purpose of training program is to provide the RN with the tools to equip school personnel to provide care to the student with diabetes when the administration of insulin and glucagon is delegated by a RN to a UDA.



Safe at School Act 2014-437

- Section 3 (a) No later than the beginning of the 2015-2016 school year, the ALSDE, in consultation with the Alabama Board of Nursing, shall develop guidelines for the training of school employees in the care needed for students with diabetic medical needs according to the student's Individual Health Care Plans, the medical authorization of which are limited to permitting the administration of injectable medication specific to his or her diabetes.



Safe at School Act 2014-437

- Each local board of education shall ensure that diabetes training programs are provided for all school nurses and unlicensed diabetic assistants (UDAs) at school under its jurisdiction.
- Section 5(a)
 - The LEA shall ensure that each student in the school or system receives appropriate care as specified in the IHP.
 - The lead nurse of the school system may recommend the placement of a school nurse based on the overall health needs of that student.
 - School employees shall not be required to serve as(UDAs).

Rescind: Attorney General Opinion 2006-127



2006 - 127

TROY KING
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August 11, 2006

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**THIS OPINION HAS BEEN WITHDRAWN
12/13/13**

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Education, Boards of – Schools – Students –
Health Care - Nurses

To comply with the Alabama Board of Nursing Standards of Nursing Practice, a board of education has the authority to adopt reasonable rules and regulations that place students at schools other than a school in the students' attendance district to provide the students with the necessary nursing services to accommodate their health-care needs. The board of education retains the authority to transfer a student who requires nursing services to a school with a full-time nurse over the parent's or guardian's objection to the transfer.



NEW ABN Administrative Code: Delegation of Insulin and
Glucagon Administration in the School Setting
610-X-7-.10 (2015)

- Approved new rule specifying the school nurse role in delegation of insulin and glucagon administration in the school setting.
- A copy of approved amended rule may be found on the Boards website, www.abn.alabama.gov, under “Laws” and the “Proposed Rule Changes.”



NEW Alabama Board of Nursing
610-X-7-.10 (2015)

Delegation of Insulin and Glucagon Administration in the School Setting

**(610-X-7-.10
School Setting.**

Delegation Of Insulin And Glucagon Administration In The

(1)

DEFINITIONS

(a) Glucagon: a hormone that raises the level of glucose in the blood and is administered by injection to individuals to treat severe hypoglycemia that is indicated by the inability to eat food or drink, unconsciousness, unresponsiveness and/or seizures or convulsions.

(b) Insulin: a hormone made and released by the pancreas that allows glucose to enter the cells where it is used for energy. Students with type 1 diabetes and some students with type 2 diabetes need to administer insulin at regular times and take insulin to cover carbohydrate intake to correct hyperglycemia.

(c) Medication Administration and Safety: See Chapter 610-X-6-.07.

(d) School setting: preschool through 12th grade in a public or private school or school activity sponsored by such a school, in which the student is a direct participant.

(e) Trained, Unlicensed Medication Assistant: a school employee who volunteers to receive delegation of administration of insulin and glucagon in the school setting and receives the approved training.



NEW Alabama Board of Nursing
610-X-7-.10 (2015)

Delegation of Insulin and Glucagon Administration in the School Setting

610-X-7-.10-2 GENERAL PRINCIPLES

(2) GENERAL PRINCIPLES

(a) The injection of insulin or glucagon is a nursing task that may be delegated in accordance with the requirements of Act 2014-437 and the student's individualized health plan (IHP). The selection of the type of insulin and dosage levels shall not be delegated.

(b) An Individualized Health Plan (IHP) shall be developed for any student diagnosed with diabetes who is in the school setting as provided for in Alabama Act No 2014-437.

(c) Delegation of tasks for students with diabetes shall be confined to procedures that do not require nursing assessment, judgment, evaluation, or complex skills.



NEW Alabama Board of Nursing
610-X-7-.10 (2015)

Delegation of Insulin and Glucagon Administration in the School Setting

610-X-7-.10-2 GENERAL PRINCIPLES (cont'd)

(d) Factors the school nurse shall consider and may include in the IHP are:

1. Age of onset and current age of student with diabetes
2. Recent hospitalization
3. Most recent hemoglobin A1C (HgA1C)
4. Recent change in type of insulin, delivery method, and dosage.
5. If and when glucagon was required.
6. Comorbidities or other chronic illnesses
7. Participation in sports or other school-sponsored activities
8. Orders from a legally authorized prescriber
9. Carbohydrate counting
10. Blood glucose monitoring
11. Activation or suspension of an insulin pump
12. Usage of insulin pens
13. Self-administration evaluation
14. Student's comprehension and adherence to treatment
15. Parental comprehension and adherence to treatment



NEW Alabama Board of Nursing
610-X-7-.10 (2015)

Delegation of Insulin and Glucagon Administration in the School Setting

610-X-7-.10-2 GENERAL PRINCIPLES (cont'd)

16. Emergency protocol related to glucagon administration
 17. Student's overall health needs
 18. Insulin to carbohydrate ratios and correction factors
 19. Symptoms and treatment of hypoglycemia and hyperglycemia
 20. Ketone testing
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- (e) Teaching school personnel about diabetes does not constitute delegation.
 - (f) Insulin and glucagon administration delegation is limited to:
 1. The student's Individual Health Plan,
 2. Trained, Unlicensed Medication Assistants who have received training and competency validation for each student assigned to them.



NEW Alabama Board of Nursing
610-X-7-.10 (2015)

Delegation of Insulin and Glucagon Administration in the School Setting

610-X-7-.10-2 GENERAL PRINCIPLES (cont'd)

3. Specific students
4. Specific identified time frame
- (g) The delegation shall include documentation of administration of glucagon and insulin and appropriate reporting to the school nurse.
- (h) If the local education agency determines that school nurses shall provide the care to students with diabetes, delegation may not be required.

NEW Alabama Board of Nursing
610-X-7-.10 (2015)

Delegation of Insulin and Glucagon Administration in the School Setting

(3) **PROCEDURE**

(a) The school nurse shall validate the competency of the trained, unlicensed medication assistant to whom delegation of administration of insulin and glucagon is given

(b) Insulin injection by the Trained, Unlicensed Medication Assistant receiving the delegation shall only occur when consistent with the IHP.

(c) Dosages of insulin may be injected by the Trained, Unlicensed Medication Assistant as designated in the IHP.

(d) Non-routine and /or large~~r~~ correction dosages of insulin may be given by the Trained, Unlicensed Medication Assistant only after consulting with the school nurse, parent or guardian, as designated in the IHP and after verifying and confirming the type and dosage of insulin being injected.

NEW Alabama Board of Nursing
610-X-7-.10 (2015)

Delegation of Insulin and Glucagon Administration in the School Setting

(3) **PROCEDURE (CONT.)**

(e) When the student is not capable of self-administration, routine daily meal boluses (routine correction dosages) of insulin, based on carbohydrate counts and blood glucose levels, may be administered by the Trained, Unlicensed Medication Assistant as designated in the IHP.

(f) Training of the Trained, Unlicensed Medication Assistants shall occur prior to any delegation of administration of glucagon and insulin.

(g) The school nurse shall follow the training guidelines developed by the State Department of Education in consultation with the Alabama Board of Nursing.

(h) The local education agency, in consultation with the school principal, shall identify any volunteer in each school to the school nurse for possible training.

(i) An annual report of the number of Trained, Unlicensed Medication Assistants in each school and the delegation of administration of insulin and glucagon to specific Trained, Unlicensed Medication Assistants shall be provided to the Board of Nursing by the Lead Nurse of each school system.

Author: Alabama Board of Nursing

Statutory Authority: Code of Ala. 1975, §34-21-2(c)(21).

History: New Rule: Filed March 13, 2015; effective April 17, 2015.

Alabama Diabetic Curriculum Review:

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- Introduction
- Background
- Alabama Laws and Regulations
- Protocol for Training
- Curriculum Overview

Alabama Diabetic Curriculum Review:

Table of Contents

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 - Introduction to Diabetes
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 - Physical Activity
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Alabama Diabetic Curriculum Review:

Table of Contents

- **Procedures for Management of the DM Student**
 - Monitoring Blood Glucose Levels
 - Hypoglycemia
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 - Insulin Basics

Alabama Diabetic Curriculum Review:

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- **Module II: Skills Learning Objectives**

- Training Materials Needed

- Appendix 1 – Glucagon Training Curriculum
 - Appendix 3 – Individualized Healthcare Plan Packet
 - Appendix 3 - Handouts
 - Appendix 4 – Competency and Skills Checklists
 - Appendix 5 Staff Training Resources add Training Sign in Sheet
 - Appendix 6 - Resources

Alabama Diabetic Curriculum Review: Protocol for Training

- Parameters of Training
 - Qualification of instructional personnel
 - Registered Nurse, current AL nursing license, experience in management of diabetes in children
 - Successfully completed ALSDE/ABN required Train the Trainer Course
 - Unlicensed Diabetes Assistant Training
 - Successful completion of the Alabama Diabetic Curriculum based on knowledge and skills competency
 - Skills maintained with annual training
 - Training sessions no less than 2 hours or until competency is demonstrated
 - All training materials will be update annually

Alabama Diabetic Curriculum Review:

Protocol for Training

- **Levels of Training**

- Tier I

- School personnel will receive training that provides basic understanding of diabetes
 - Conducted annually by licensed professional nurse

- Tier II

- Classroom teachers and all personnel who “need to know”
 - All training contained in Tier 1 plus additional training on how to carry out their student specific individual roles and responsibilities/what to in case on diabetic emergency
 - Review of IHP

Alabama Diabetic Curriculum Review:

Protocol for Training

- **Levels of Training**

- Tier III

- One or more *volunteer school staff member(s)*
 - *Training consists of diabetes and routine emergency care for each student with diabetes from a licensed registered nurse (RN)*

Alabama Diabetic Curriculum Review:

Curriculum Overview

- *Diabetes Care Tasks At School: What Key Personnel Need to Know – School Training Modules*
- *Helping the Student with Diabetes Succeed. National Diabetes Education Program available online @*
<http://ndep.nih.gov/publications/PublicationDetail.aspx?PubId=97#main>
- *Understanding Diabetes (aka the Pink Panther Book) UCD Barbara Davis Center for Childhood Diabetes, available online*
at:<http://www.ucdenver.edu/academics/colleges/medicalschoo/centers/BarbaraDavis/OnlineBooks/books/Pages/UnderstandingDiabetes.aspx>
- *Curriculum to Teach Unlicensed School Personnel How to Assist with Medications in the School Setting. Alabama State Department of Education & Alabama Board of Nursing (2013).*

(Please note this is the foundational document for the teaching program)

Alabama Diabetic Curriculum Review:

Content Design

- The content of the training curriculum has been organized into two modules:
- *Module 1* – contains knowledge that the trainees need in order to anticipate and respond to the needs of students with diabetes.
- *Module 2* - contains the specific skills the trainees need to perform for a particular student with diabetes.
- All trainees must demonstrate accurate understanding of Module 1 content as well as demonstrate mastery of skills in Module 2.
- Each component within the curriculum includes learning objectives, training resources, pre/post-tests and/or skills checklists for assessing and documenting the trainees' knowledge and capability in performing tasks.

Alabama Diabetic Curriculum Review:

Appendices

- **Appendix 1 – Glucagon Training Curriculum**
 - Glucagon Training Curriculum
- **Appendix 2 – IHP**
 - Form Instructions IHP
 - Individualized Healthcare Plan
 - Provider/Parent Authorization
 - Agreement UDA
 - Agreement Student Independently Managing Their Diabetes
- **Appendix 3 – Handouts**
 - Carbohydrate Counting and Correction Dosage Calculation Handout
 - Continuous Glucose Monitoring Device
 - Glucagon Administration Handout
 - Insulin Administration by Pen Handout
 - Insulin Administration by Pump Handout
 - Insulin Administration by Syringe Handout
 - Safe at Schools Act# 2104-437
 - Universal Precautions Handout
 - Urine Ketone Testing Handout

Alabama Diabetic Curriculum Review:

Appendices

- **Appendix 4 – Competency and Skills Checklists**
 - Carbohydrate Counting and Correction Dosage Checklist
 - Diabetes Management Checklist
 - Glucagon Administration Checklist
 - Glucagon Competency Checklist
 - Glucose Monitoring Checklist
 - Insulin Administration by Pen Checklist
 - Insulin Administration by Pump Checklist
 - Insulin Administration by Syringe Checklist
 - Urine Ketones Testing Checklist

Alabama Diabetic Curriculum Review:

Appendices

- **Appendix 5 – Staff Training Resources**
 - Delegation to Train UDA
 - Diabetic Delegation Decision-Making Grid
 - Module 2 – NY Glucagon Training Slides
 - New – Proposed ABN Admin Code 610-X-7-.10
 - Post Test/Answer Key
 - UDA Training List
 - Sign-in Training Roster
 - Tier1/Tier 2 PowerPoint
 - Train the Trainer PowerPoint