

## *Iowa School Nurse Organization*

### **POSITION STATEMENT**

#### **School Nurse Role in Care and Management of the Student with Diabetes**

##### **History:**

Diabetes is a common chronic disease of childhood. Since establishment of the Americans with Disabilities Act (ADA), the Individuals with Disabilities Education Act (IDEA), and Section 504, children with chronic diseases and disabilities are ensured free and equal access to public education. Removing barriers within the educational system may include the provision of special health services such as supervision and intervention to assist the student effectively manage his/her disease. At present, research-based procedures and guidelines directing care and management of students with diabetes are lacking to guide Iowa school administrators, nurses, and other personnel.

##### **Rationale:**

Schools must ensure full access to instruction and provide a safe environment for all students. Students with health impairments cannot be excluded from participation in academic courses or school-sponsored extracurricular activities. The student with diabetes may require assistance in order to achieve optimal medical management and full access. It is important for the school nurse to determine the competency of the student with diabetes to direct self-care and the immediate availability of professional nursing staff to provide assistance when needed.

The purpose of this position statement is twofold: to assist school nurses improve communication between the parent(s), school personnel, and the health care provider and also to provide direction for school nurses when establishing district-level management strategies for student(s) with diabetes. These guidelines may also be used to address delegation issues that may arise while providing care for the student with diabetes.

##### **Delegation Determination:**

Ethical and legal mandates (*NASN's Scope of Practice and Professional Standards of School Nursing* and *Iowa's Nurse practice act*) dictate that registered professional school nurses (RSN) are ultimately responsible to each student for the quality of school health services delivered. It is

the responsibility of the RSN to determine whether delegation of nursing care is appropriate. The following delegation and supervisory determinations are minimal requirements:

1. The RSN validates required health care provider's orders (including emergency orders), parents/guardian authorization, and any other legal documentation necessary to implement school health services.
2. The RSN conducts an initial nursing assessment.
3. The RSN determines what services are required for the diabetic student during the school day and during school sponsored extra-curricular activities.
4. Through use of the Delegation-Decision Making Grid, the RSN determines if required task(s) is (are) delegable to a licensed practical nurse (LPN) or unlicensed assistive personnel (UAP). The RSN also must evaluate each designated staff member's competency to safely perform the identified task(s). If the RSN determines a nursing task is delegable and the UAP is competent, the RSN determines the amount of training required by the UAP.
5. The RSN creates a written Individualized Health Care Plan (IHP)/Emergency Plan (ER) to direct the provision of health services.
6. The RSN determines the amount and type of ongoing RSN supervision and health assessment necessary for the student's safety.
7. The RSN instructs the UAP in appropriate documentation of student diabetic care. The RSN documents activities appropriate to each of the nursing actions listed above.

**Delegation Determined Unsafe for Student:**

After consultation with the student, family, health care provider, other members of the school's diabetic team, and appropriate AEA consultants, the RSN may determine that the level of care required by the student cannot be safely provided through the current health service delivery model. In this event, the RSN should refer the student and family back to the initial medical diabetic assessment team and, with parental consent, assist them to reassess the student's total needs and explore alternative options for a safe and appropriate educational environment. If the educational environment cannot be modified to meet the safety needs of the diabetic student, the RSN should:

1. Write a memorandum to his/her immediate supervisor explaining the situation in specific detail including:
  - a. Recommendations for safe provisions of care in the school; or
  - b. The reason the care or procedure should not be performed in school and the rationale to support this.
2. Maintain a copy of the memo for the RN's personnel file.
3. Allow the supervisor a reasonable period of time to initiate action to safeguard the student.
4. If such action does not occur, forward a copy of the memo to the following, as indicated: the Iowa Board of Nursing (address), the district superintendent, and the Iowa Department of Education School Nurse Consultant.
5. Regularly notify his/her supervisor and others, as appropriate, that the unsafe situation continues to exist until such time as the issue is resolved.

### **Conclusion:**

As professional school nurses, our obligation is to promote the health and safety of all children entrusted to our care. The nursing process assists us in this charge. Shortages of qualified staff or funding should never be used as a rationale to delegate nursing tasks. Delegation should only be considered an option after careful assessment and planning for student needs.

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Iowa Code Chapter 135; 641 I.A.C. 79.2

Iowa Code § 143.1

Iowa Code Chapter 152, .1(2)(c); 655 I.A.C. 4, 4.6(c); 6, 6.2(5), 6.3(1), 6.3(6), 6.6(1), 6.6(2), 7

Iowa Code Chapter 256, .7(24); 281 I.A.C. 12.3(4), (11); 12.4(12); 12.8

Iowa Code Chapter 256B; 281 I.A.C. 41.12(11), 41.51, 41.96(1), .25(3), .51, .96

Iowa Code Chapter 272; 282 I.A.C. 15.3(14), 22

Iowa Code § 279.13

Iowa Code § 280.23