



POSITION STATEMENT

Blood Sugar Monitoring in the School Setting

HISTORY:

Numerous students with diabetes attend school and require monitoring procedures to obtain/maintain optimal blood sugar levels. Blood glucose monitoring utilizes a drop of blood touched to a test strip and a meter that reads and displays a current level of blood glucose. Medical studies show that management of near normal glucose levels will prevent or slow the development of diabetes complications. SNOW supports self-management of diabetes, while considering the individual status of each student.

DESCRIPTION OF ISSUE:

Each student with diabetes is unique in regard to his or her disease process, developmental and intellectual abilities, and required level of assistance with blood sugar monitoring. Academic productivity may be impaired if a student with diabetes is unable to monitor blood sugar levels promptly on an "as needed" basis in the least restrictive educational setting. SNOW recognizes that the Occupational Safety and Health Administration (OSHA) regulations on bloodborne pathogens should apply to the school setting and all school personnel should adhere to local policies regarding these regulations.

RATIONALE: Timely blood sugar monitoring and prompt intervention may prevent life threatening diabetic emergencies, in particular, hypoglycemic episodes. The school nurse is qualified to determine what level of assistance is required to competently perform, interpret, and intervene in blood sugar monitoring. Easy access to blood sugar monitoring at any given time is encouraged within the school setting.

CONCLUSION:

It is the position of SNOW that school nurses supervise the management and treatment of blood sugar monitoring within the school setting. The school nurse, parent, student, and health care provider should evaluate the self-management of blood sugar monitoring on a case-by-case basis. An individual health care plan including an emergency plan should be written by the school nurse and maintained for all students with diabetes. Training in recognizing symptoms of abnormal blood sugar levels should be provided to appropriate school staff. Direction may include assistance by staff with the blood sugar monitoring procedure, recording of results, and intervention as ordered by the student's health care provider.

School districts must establish direction in handling episodes of low blood sugar in students and staff members. State laws, the nurse practice act, and district policies may determine where the monitoring procedure will occur and may specify other staff members' ability to assist with the procedure. These determinations should be done on a case-by-case basis, taking into consideration student safety, proximity of the student's

classroom to the health room, and the availability of the school nurse and other appropriately trained staff.

References/Resources:

American Diabetes Association (2001). Care of children with diabetes in the school and day care setting. *Diabetes Care*, 24(supplement 1) S108-112.

Gerber, M.V., Kalb, K.M., Luehr, R.E., Miller, W.R., Silkworth, C.K., & Will, S.I. (1993) *The school nurse's source book of individualized health care plans*. North Branch, MN: Sunrise River Press.

Grabeel, J. (1997) *Nursing Practice Management: Compendium of Individualized Healthcare Plans* Scarborough, ME: NASN

Hootman, J. (1996) *Quality nursing interventions in the school setting: Procedures, models, and guidelines*. Scarborough, ME: NASN

KinderCare Settlement Agreement Re: Diabetes Finger-Prick Tests (1996)
www.usdoj.gov:80/crt/ada/kinder1.htm

Roche Diagnostics (1998) *Accu-Check Blood Glucose Monitor & Test Strips Users Manual* Indianapolis, IN

Individuals with Disability Education Act (IDEA) and Section 504 of the Rehabilitation Act of 1973 *School Bill of Rights for Children with Diabetes*

Adopted: September 2002