

## Nursing Support Services (NSS) Frequently Asked Questions – Establishing a Delegated Care Plan for Diabetes Care in the School Setting

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The purpose of this document is to provide you with answers you may need when you are considering a delegated care plan for your child to support he/she in the school setting.

### **What do I need to consider when choosing an NSS delegated care plan for my child?**

Participation in a diabetes delegated care plan is voluntary<sup>1</sup>. It is one way that your child can be supported with their diabetes care at school because he/she is not able to do his/her diabetes care on his/her own.

Care given at school may look different than the care we provide at home. The care at school will focus on safe diabetes care and decreasing the amount of times our child's learning is interrupted at school.

The school staff cannot give any care that is not written in the delegated care plan that we signed. It's important that you have a Physician and/or a diabetes team that you can ask for advice and support in making changes to your child's diabetes care as you need. You will need your child's Physician to review and sign the Diabetes Medication Administration Form<sup>2</sup> at least once a year.

It is the family's role to provide support to the school staff any time they reach out with a concern about a child's diabetes care. The delegated care plan guides the school staff when to call. The expectation is that someone is always available (family or designate) to answer the phone and/or to be able to come to the school to support the student if needed.

The family's role is to provide support to the school staff, as needed, and to feel confident in the delegated care plan which manages your child's routine diabetes care in the school setting. The NSS delegated care plan is the property of NSS and cannot be used outside the act of delegation as it has been written for this purpose only.

### **Are there any other options than the NSS delegated care plan?**

Some families feel ready or want to be fully responsible for their child's diabetes care at school. Every child with Diabetes must have a Medical Alert Plan and Diabetes Support Plan<sup>3</sup> completed on an annual basis. For those children and families who choose to participate in a delegated care plan, pages 1 and 2 of the Medical Alert and Diabetes Support Plan are completed. These pages provide contact information as well as guide the school staff on how to recognise and treat low blood sugar. Once a child is independent and may only require reminders, then page 3 of the Diabetes Support Plan is added which details the type of support the child requires from school staff. The setup of a Medical Alert Plan and Diabetes Support Plan is handled by the family and the school. NSS's role does overlap with the Medical Alert Plan when child is on or transitioning off of a delegated care plan to a diabetes support plan as needed.

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<sup>1</sup> Consent to treatment/procedures policy (PHSA). [Consent Policy](#)

<sup>2</sup> Link to the [Diabetes Medication Form](#)

<sup>3</sup> Link to the [Diabetes Support Plan & Medical Alert Information](#)

Alternatively, for families who wish to manage their child's diabetes care on their own in the school setting, when their child is still dependent on an adult for their care, they would need to discuss this request directly with their school's administrator.

### What is the goal of NSS and of the delegated care plan? What kind of support can it provide?

NSS's goal is to help a student become able to do his/her diabetes care to the level that his/she is able to for their age, functional and cognitive ability, maturity and experience with their diabetes.

NSS Coordinators are available to train and monitor school staff to perform, or to supervise a student who is still dependent for their medical care needs, through a process called "delegation".

The support/assistance that is provided through "delegation" is within 3 areas:

1. Routine blood glucose monitoring (BGM) or supervision of a child/youth that's not completely independent in the skills involved in this monitoring.
2. Monitoring for signs and symptoms of hypo/hyperglycemia.
3. Providing fast acting carbohydrates as needed.
4. Administration of rapid insulin via pump or insulin pen, or supervision of child/youth that is not yet fully independent in the psychomotor skills involved in insulin pump or pen operation.

The goal of the delegated care plan is to provide safe diabetes care to a child so he/she can be at school to learn.

### What is delegation? Who is involved?

Delegation "means sharing authority with other care providers to provide a particular aspect of care"<sup>4</sup>. Under CRNBC regulation, school staff is an unregulated care provider because the tasks that the NSS Coordinators delegate, are tasks that are primarily done by nurses and are outside the role and training of the school staff.

The NSS Coordinator can only delegate specific nursing tasks, and have to follow the responsibilities and accountabilities set out by the College of Registered Nurses of BC (CRNBC) policy. As an NSS Coordinator determines if a delegation is appropriate, he/she takes into consideration the child's specific needs, the specific tasks they need to support with, and the environment from which they would be cared within. The decision to delegate is made by the child's NSS Coordinator and he/she is responsible for both the decision and for ongoing supervision to assess and ensure the school staff is able to perform the delegated task.

### How does the process of establishing an NSS delegated care plan begin?

It starts with a referral<sup>5</sup> from your child's Physician and/or Nurse Practitioner (NP) that knows his/her condition and care needs. He/she needs to agree<sup>6</sup> that your child can be safely cared for on a delegated care plan in the school setting.

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<sup>4</sup> (Jan 2013). CRNBC Practice Standard for Registered Nurses and Nurse Practitioners. Delegating Tasks to Unregulated Care Providers;

<sup>5</sup> See referral process: [NSS Delegated Care Referral Process](#)

<sup>6</sup> Initially through the referral to NSS and yearly through the Diabetes Medication Administration Form

### What directs and supports NSS in providing diabetes care to children in the school setting?

NSS follows the Tri-ministerial agreement and provincial standards<sup>7</sup> that are in place to guide the roles and responsibilities of parents/guardians, school staff<sup>8</sup>, boards of education, and health authorities. You can find a copy of these standards at: [Ministry of Education Type 1 Diabetes in school setting](#)

NSS also has its own principles and philosophy of care for Diabetes in the school. You can read more about this on the NSS website at: [NSS Principles and Philosophy of Care for Type 1 Diabetes in the School Setting](#)

### Who are the key people involved in supporting my child's diabetes care in the school setting if I choose a delegated care plan? What are their roles?

#### Your **NSS Coordinator**:

- determines if a delegation is appropriate.
- sets up the care plan with you and reviews it every year.
- teaches the school staff about your child's delegated care plan.
- supervises and ensures school staff are capable of carrying out the delegated tasks and following the care plan safely and competently.
- makes any changes needed to the care plan.
- checks-in with School and you to see if everything is going well.

#### The **School Administrator**:

- provides the school staff members (primary and secondary person) and supports their attendance at education and meetings as needed.
- the individual the NSS Coordinator speaks to if there is a concern with a school staff member.

#### The **School Staff**:

- assigned and taught how to follow your child's delegated care plan in school.
- nonmedical people who are trained in specific tasks for your child's care based upon his/her care plan.
- reach out to the NSS Coordinator if they have an education need, or a concern/question about a student's care plan.
- reach out to you the family (as per the delegated care plan) if they need support with your child's care on the day-to-day.

#### You, the **Family**:

- works with your NSS Coordinator to set up and review every year your child's care plan.
- responds to a school staff's call during school hours.

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<sup>7</sup> Ministries of Health, Education and Children and Family Development (March, 2015). *Provincial Standards: Supporting Students with Type 1 Diabetes in the School Setting*. Vancouver, BC: Author. [Ministry of Education Type 1 Diabetes in school setting](#)

<sup>8</sup> "school staff" refers to as any school staff member who is trained to provide delegated care to the student, for example: Education Assistant, teacher or administration staff etc.

- brings any care changes needed directly to the NSS Coordinator who will then update the care plan, communicate with the school staff and provide training as needed.
- prepares and labels your child's food and snacks daily.
- Provides all supplies needed for diabetes care in the school (and regularly re-stocks) such as fasting acting sugars, blood glucose meter, etc.
- track and trend your child's overall BG levels and take concerns to their Physician/Diabetes team<sup>9</sup>. To support you a tool has been developed that will be filled out by the school staff weekly and sent home on Fridays for your review.
- attends school and assess and/or take over their child's care as per the care plan.
- prepares the Medical Alert and Diabetes Support Plan every year and educates all appropriate (non-delegated) school staff at school .

### Is there ever a time when my child's delegated care plan might need reviewing or be "paused"? Could the agreement ever be at risk?

If your NSS Coordinator is ever worried about your child's safety while he/she is on a delegated care plan (eg. consistent low BGs weekly), he/she will inform you right away. You will be asked to provide confirmation from your Physician and/or NP (within a specified time frame) that your child is safe to continue on the delegated care plan.

Your child's care plan would only be paused if there is significant risk to his/her safety to continue to be on the delegated care plan. It would mean that you as a parent/designate would need to be the one providing the care to your child in the school (as the school staff would not be capable to be doing so) until confirmation from your Physician and/or Nurse Practitioner could be obtained and a revised care plan put in place as needed.

If at any time the conditions set out in the consent (and in the provincial standards) are not followed it will be important to sit down together with the NSS Coordinator, the School Principal and you the family to discuss the issues and to reach solutions together. The delegated care plan may be at risk of being withdrawn if an appropriate and joint resolution cannot be reached.

### When would my child no longer need to be on a delegated care plan?

When a child has reached their goal of independence in managing their diabetes care in the school setting he/she would be transitioned off the NSS delegated care plan and the Medical Alert and

Diabetes Support Plan, that have has been used all along, will be left in place to support school staff with your child's Diabetes management.

If at any time you no longer feel a delegated care plan is what you need for your child, you are able to stop the care plan by letting your NSS Coordinator and School know.

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<sup>9</sup> Diabetes team – the health care team (could include Diabetes Educator, Clinic Nurse, Dietitian, Endocrinologist, Pediatrician, Nurse Practitioner, General Practitioner etc.) that is managing a student's overall diabetes care

### How often will my child be able to receive insulin when on a delegated care plan in the school setting?

Insulin is a medication that needs to be handled with significant care and needs the support of a specific care plan when being given by school staff. The *Diabetes Medication Administration Form*<sup>10</sup>, needs to be signed off every year by your Physician and/or NP, which lets the NSS Coordinator know that your child's diabetes can be safely managed at the school and insulin can be used.

If your child is on a **pump care plan**, as per the provincial standards, insulin will only be given to your child every 2 hours – at recess, lunch and two hours after lunch - at school.

If your child is on a **Multiple Daily Injection (MDI) care plan**, as per the provincial standards, insulin will only be given to our child once a day at school at lunchtime.

### Who do we call if we are worried about the school staff's ability to follow our child's care plan?

You can call your NSS Coordinator at any time if you are worried about the school staff's ability to follow the delegated care plan that you put in place.

### Who do we call if we need changes to our child's delegated care plan?

Call your NSS Coordinator, within one week, if there are any changes in your child's diabetes care. Changes in your child's diabetes care cannot be made by the non-medical school staff until your NSS Coordinator has reviewed and changed your child's care plan and communicated/trained the school staff.

### What if we are thinking about using any new technology like Continuous Glucose Monitoring (CGM)?

If you are considering using a technology, let your NSS Coordinator know. Depending on the use of the technology, once approved, NSS then integrates it into a child's plan of care accordingly, the most recent integration being the Dexcom G5 CGM where NSS has now created care plans that can support the use of sensor glucose (SG) along with blood glucose (BG). The Dexcom G5/G6 CGM is Health Canada approved<sup>11</sup> to replace finger pokes in most circumstances (non-adjunctive claim). NSS has a principles and philosophy of care for the use of CGM Technology<sup>12</sup> and a Q&A<sup>13</sup> specific to CGM in the school. You can read more about this on the NSS website at: [NSS Technology Information](#).

### What happens if we want to use the alarm settings on a technology that is not approved for replacement of finger-pokes (e.g. Dexcom G4 or Medtronic Enlite)?

If you want to use a CGM technology that is not approved for finger-poke replacement, NSS has a care plan option that will enable you to use the low alert/alarm only. If your child's CGM low alert/alarm

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<sup>10</sup> Access the [Diabetes Medication Form](#) here.

<sup>11</sup> [Health Canada approval](#); [Health Canada Medical Devices](#)

<sup>12</sup> [NSS CGM Principles of Care](#)

<sup>13</sup> [NSS CGM Q&A](#)

goes off during school, the school staff will acknowledge/snooze the alert/alarm, do a BG finger-poke, and follow your child's diabetes care plan.

If you choose this option, your responsibilities will be to:

1. contact your NSS Coordinator to set up this option,
2. teach the school staff how to acknowledge the low alert/alarm on your child's device,
3. turn off all other alerts/alarms during school hours, and
4. set the low snooze alert/alarm to 30 minutes during school hours.

School staff will be documenting and monitoring alert/alarm frequency to support and facilitate a positive and safe school experience with an optimal learning environment.