

# **Blood Glucose Monitoring in the Classroom**

## **Memorandum to Parents**

According to the American Diabetes Association, the ages at which children are able to perform self-care tasks for diabetes management are individual and variable. School personnel, the parent/guardian, the student and the health care team should agree upon the extent of diabetes self-care. When a prescribing health professional, school personnel, parent/guardian, student and school nurse agree that self-care of blood glucose monitoring in the classroom is appropriate for an individual student, the procedure must be done safely, carefully and accurately. St. Croix Preparatory Academy may allow students to self-monitor blood glucose in the classroom following the criteria listed below.

1. The parent/guardian/family must provide the following to the school nurse:
  - A written order from the prescribing healthcare professional
  - Written authorization from the parent/guardian
  - The appropriate diabetic supplies including but not limited to a glucometer, test strips, lancets, sharps disposal and diabetic snacks
2. The student will:
  - Demonstrate competency in doing blood glucose monitoring/recording
  - Demonstrate age-appropriate diabetic management and self-care skills
  - Appropriately complete and sign the “Student Agreement”
  - Follow-up as indicated on the agreement
3. The school nurse will:
  - Perform an assessment of the student’s knowledge and skills needed to safely manage his/her diabetes
  - Intervene on the student’s behalf by communicating with the parent/guardian and/or healthcare professional
  - Complete an Individual Health Plan and/or Emergency Care Plan as required/necessary

To ensure a safe learning environment for all students and to ensure the safety and optimal health management for the student with diabetes, the following competencies must be demonstrated by the student to do blood glucose testing in the classroom:

- Accurate blood glucose monitoring procedure
- An understanding of own symptoms of hypoglycemia and hyperglycemia and appropriate corrective measures
- An appropriate method of recording test results
- A plan for safely storing equipment and snacks
- An understanding of bloodborne pathogens and the appropriate disposal of used materials

Families, physicians and school nurses/school personnel working together assure safe and successful self-care for diabetes management during the school day. Thank you for your cooperation. If you have any questions, please contact your school nurse.

**Self-Blood Glucose Monitoring in the Classroom  
Parent/Student/Health Professional/School Nurse  
Agreement**

**To Be Completed by Prescribing Health Professional**

It is my professional opinion that \_\_\_\_\_ is capable of self-blood glucose monitoring in the classroom.

Comments: \_\_\_\_\_

\_\_\_\_\_  
Health Care Professional Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Phone number

**To Be Completed by Parent/Guardian**

I hereby give my permission for my child to do self-blood glucose monitoring in the classroom. I have read my son's/daughter's contract for blood glucose monitoring in the classroom and agree to be supportive of his/her plan in fostering independence for diabetes management. I authorize reciprocal release of information related to my child's health/medications between the school nurse and the prescribing health professional/clinic.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

Note: If the school nurse does not concur with the health care professional's instructions after assessing the competencies of the student, the school nurse will contact the health care professional to attempt to agree upon a plan. In the event an agreement is not reached, the parents may refer the case to the Administration at St. Croix Preparatory Academy for resolution. Permission for self-testing may be suspended if the student is unable to maintain the procedural safeguards established in the agreement. If there is disagreement related to this procedure, the care may be referred to SCPA Administration for resolution.

### Student Agreement

I choose to do blood glucose monitoring in the classroom and agree to the following responsibilities:

- \* I will follow my healthcare professional's management plan.
- \* I will do my blood glucose testing in an appropriate area in the classroom as discussed with my teacher and the school nurse.
- \* I will be responsible for doing the necessary maintenance checks on my equipment.
- \* I will be responsible for maintaining a supply of recommended snacks and testing supplies in an appropriate area of the classroom as discussed with my teacher and the school nurse.
- \* I will maintain a written log of test results and **notify the health office immediately whenever blood glucose levels are not in my target range.**
- \* I will provide the necessary receptacles for safely disposing of contaminated equipment in the classroom.
- \* I will not share my equipment or snacks with other students.
- \* I will not interfere with the learning of my classmates when doing this procedure.

I understand non-compliance with any part of this agreement could create an unsafe learning environment for myself and my classmates. Permission for self-blood glucose monitoring in the classroom may be suspended if I am unable to maintain the procedures/safeguards established above.

I understand this agreement will be renewed on an annual school year basis.

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date

### To Be Completed by Licensed School Nurse

- This student has demonstrated mastery of appropriate knowledge of diabetes self-management and techniques for blood glucose testing in the classroom
- This student needs reinforcement of diabetes management and self-care skills and will be reassessed prior to allowing self-blood glucose monitoring in the classroom.
- This student may do self-blood glucose testing in the classroom and should check in with me \_\_\_\_\_ daily \_\_\_\_\_ weekly \_\_\_\_\_ monthly AND whenever he/she has blood glucose out of target range.

Target range: \_\_\_\_\_ to \_\_\_\_\_

\_\_\_\_\_  
Signature of Licensed School Nurse

\_\_\_\_\_  
Date