

*Diabetes: Toolkit for Training Staff  
as Trained Diabetic Personnel  
(TDP)*

A resource guide for Missouri school nurses

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The purpose of this presentation is to educate school nurses about effective diabetes management and to provide them with the resources to educate school personnel.

This will enable schools to ensure a safe learning environment for students with diabetes

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*Why do Schools Need a  
Training Program for TDP?*

- More than 15,000 youth under age 20 are newly diagnosed each year in the U.S. with type 1 diabetes
- Poor diabetes control in youth is linked to increased health complications (kidney, neurological, etc.)
- Schools play an important role in the health outcomes for youth with type 1 diabetes
- Current research reports that schools are not prepared to provide care and support for these students
- Outdated school policies, lack of school cooperation, lack of qualified nursing staff, and poorly trained school staff contribute to the daily difficulties youth encounter while trying to manage their diabetes care at school

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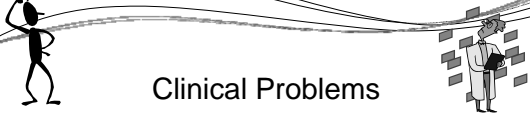
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### Clinical Problems

- Dangerous hypoglycemic episodes at school
- Poor parent confidence in school's ability to manage care for their children with diabetes
- Lack of consistency in care across health care and educational settings

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### Diabetes Management Basic Principles:

- Diabetes management is 24/7 and does not go away while a child attends school
- Training non-medical school staff helps children and families overcome barriers and discrimination at school.



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### *The Role of the School Nurse In Diabetes Management & TDP*



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## School Nurse Role



- Due to the clinical knowledge required, **school nurses must take ultimate responsibility** for implementing a program for diabetes management at school.
- **Train (or oversee training of), assess competence, and monitor** trained diabetic personnel.
- **Collaborate with other co-workers** and agencies as necessary to provide health care services.
- **Promote a culture** of diabetes education, awareness and sensitivity within the school climate.
- **Be knowledgeable about federal, state, and local laws and regulations** that pertain to managing diabetes at school.

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## Position Statements



- NASN Position Statement on **Diabetes**
- NASN Position Statement on **Delegation**
- NASN Position Statement on Students with **Chronic Health Conditions**
- American Diabetes Association's Position Statement: **"Care of Children with Diabetes in the School and Day Care Setting"**
- American Association of Diabetes Educators Position Statement

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## Missouri Laws

- **Missouri Nurse Practice Act**
- **State Board of Nursing Positions**
- **Missouri Revised Statutes, Chapter 537**  
*"Good Samaritan law"*



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*How to Implement a  
TDP Program Utilizing the  
ADA Safe at School  
Training Modules*



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**My Background: Beginnings**

- Personal interest in diabetes
- Experience working with students with type 1 diabetes (Pre-K through 5<sup>th</sup> grade) for past 10 years in schools
- Great diversity and complexity – hard to achieve a perfect plan of care with diabetes
- Began graduate work on master's degree in 2008, chose to focus on childhood type 1 diabetes
- Worked with health services manager in Parkway School District to address this topic district-wide, with a focus on elementary-age students

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**Ready-Made Program from  
the ADA:**

Safe at School Campaign begun in 2006 supports training of non-medical staff and believes:

- **All children with diabetes** deserve to feel safe at school
- **All school staff members** should receive training that provides a basic understanding of diabetes
- **A small group of school staff members** should receive training in student-specific routine and emergency care

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## Steps for an Effective TDP Training Program

1. Gain approval/ support for training program
2. Solicit volunteers (minimum 1-2 if full-time nurse; 3 or more if no full-time nurse)
3. Obtain training equipment
4. Conduct training of volunteers
5. Provide volunteers with informational binder/ handouts/ completion certificate
6. Document training
7. Provide information for buildings
8. Periodic review/ mock drills/ train new volunteers as needed

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## Gain approval/ support for training program

- Discussions with health services manager/ district superintendent
- Meetings with representatives from the ADA
- Surveys sent out to nurses/ nurse assistants/ sub nurses to assess for knowledge gaps and readiness for a training program within the district
- Presentations to district nurses; school board

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## Solicit volunteers



- With proper supervision and training, and where state laws do not prohibit it, nonmedical personnel can be trained as TDP.
- Trained diabetes personnel may include school staff secretaries, teachers, principals, health aides, licensed practical nurses, etc.
- If a school has a nurse, the nurse will continue to take the lead in providing diabetes care (both routine and emergency).
- Nurse should retain the right to deny training anyone who does not willingly want to be trained.

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## Obtain training equipment



- ADA training modules CD/ DVD should be obtained.
- It is recommended that trainers utilize hands-on equipment that correspond to the modules (i.e. glucagon trainers, syringes, glucose meters, etc.).
- Practice supplies may be available through a variety of venues, including school districts, school health services departments, Missouri Department of Health and Senior Services, the American Diabetes Association, local area hospitals, pharmaceutical companies, and private donations.

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## Conduct Training: Module Topics

- Diabetes Basics
- Diabetes Medical Management Plan
- Hypoglycemia
- Hyperglycemia
- Blood Glucose Monitoring
- Glucagon Administration
- Insulin Basics
- Insulin by Syringe and Vial
- Insulin by Pen
- Insulin by Pump
- Ketones
- Nutrition and Physical Activity
- Legal Considerations




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## Recommended Training Guideline

### Full-time school nurse available:

- It is recommended that 2 hour (at minimum) training sessions per building be done with up to four volunteer TDP at one time.
- Training Topics:  
Diabetes Basics; Glucagon; Insulin by Syringe/Vial; Hypoglycemia; Insulin by Pump; Blood Glucose Monitoring.

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## Recommended Training Guideline

### Full-time school nurse not available:

- It is recommended that 3-4 hour (at minimum) training sessions per building be done with up to four volunteer TDP at one time.
- All thirteen of the training modules and corresponding videos should be used.

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## Provide information to TDPs

- Training binders containing copies of PowerPoint handouts should be distributed
- Completion certificate and documentation of training
- List of phone numbers of trainer and nurse(s) to call for guidance
- Student-specific information
- Protocols



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## Document training

- **Document, document, document!** This is the number one most essential component to the delegation process.
- Staff Training Record form should be completed and signed by the school nurse or healthcare trainer to document training.

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## Provide information for buildings

Provide appropriate buildings that have TDP with a certificate to be prominently displayed in a visible place, recognizing those staff which have been trained in diabetes care tasks in that building.



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## Periodic review/ mock drills/ train new volunteers

- Nurse should work with district officials to determine an appropriate way to conduct on-going training.
- Mock-drills may be considered as an effective way to reinforce learned skills.



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## *Protocols, Tools and Resources*

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### Protocol: assist student

Student name: \_\_\_\_\_  
 Date: \_\_\_\_\_  
 Time: \_\_\_\_\_  
 Trained Diabetic: \_\_\_\_\_  
 Personnel: \_\_\_\_\_  
 Signature: \_\_\_\_\_

**Diabetic student does not feel "well" or does not appear to feel "well". Before checking temperature or assisting student in other ways, blood sugar should be checked.**

- See Protocol: check blood sugar
  - Student's blood sugar was checked per protocol and was within range, but student still does not feel "well". Call Diabetes Trainer for consult OR call parent to discuss.
- Student faints or passes out
  - Emergency! Administer glucagon. Have someone call, in this order: 911, parent, and Diabetes Trainer



*Recognizing "an evolution change in behavior" may be the first sign of low blood sugar.*

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### Protocol: check blood sugar

Student name: \_\_\_\_\_  
 Date: \_\_\_\_\_  
 Time: \_\_\_\_\_  
 Trained Diabetic: \_\_\_\_\_  
 Personnel: \_\_\_\_\_  
 Signature: \_\_\_\_\_

**Student feels "low" OR Routine time to check. Insert strip in meter, confirm control number, help student obtain blood sample.**

- Number is above target range (will be in doctor's orders)  
Record number here: \_\_\_\_\_
  - Allow and encourage free use of bathroom and extra fluids
  - If number is above 300, call Diabetes Trainer for further instruction  
RN called: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_
- Number is within target range (will be in doctor's orders)  
Record number here: \_\_\_\_\_
  - No further action
- Number is below target range (will be doctor's orders)  
Record number here: \_\_\_\_\_
  - Have student eat immediate juice or snack. Re-check blood sugar after 10-15 minutes
  - Call Diabetes Trainer  
RN called: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_
  - Have student resume class or send to lunch (if applicable) once number within target range



*Don't forget to record blood sugar numbers.*

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### Protocol: giving insulin

Student name: \_\_\_\_\_  
 Date: \_\_\_\_\_  
 Time: \_\_\_\_\_  
 Trained Diabetic: \_\_\_\_\_  
 Personnel: \_\_\_\_\_  
 Signature: \_\_\_\_\_

**Routine time to administer insulin is usually at or right after eating lunch. Determine what student did eat or will eat, write it in here:**


\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- Student is wearing an insulin pump.  
Name of pump: \_\_\_\_\_
  - Call Diabetes Trainer for further instruction  
RN called: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_
- Student has an insulin pen
  - After discussing with RN, the following units of insulin were administered to student: \_\_\_\_\_ units.
- Student has bottle of insulin
  - Call Diabetes Trainer before administering insulin



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**Toolkit**

- Steps for an Effective TDP Training Program
- Protocols
- Sample survey for district nurses
- TDP Pre-test survey
- TDP Post-test survey
- Sample letter to solicit volunteers
- Program Proposal and budget list

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**Toolkit**

- TDP sample training outline
- Sample letter to parent, giving permission for TDP care
- Staff training record
- Completion certificate
- Building posting
- Training binder inserts
- Diabetes Medical Management Plan

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**Resources**

- American Diabetes Association  
<http://www.diabetes.org/>
- *“Helping the Student with Diabetes Succeed: A Guide for School Personnel”* developed by the National Diabetes Education Program (NDEP)  
<http://ndep.nih.gov/publications/PublicationDetail.aspx?PubId=97#main>
- Juvenile Diabetes Research Foundation  
<http://www.jdrf.org/>

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## Resources

- "Legal Issues in School Health Services"  
(Schwab & Gelfman, 2001)
- *School Nursing: A Comprehensive Text*  
(Selekman, 2006)
- Lily Pharmaceuticals- free glucagon training kit –  
1-800-545-5979

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## Video: Safe at School Campaign



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*Questions?*

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