

DEPARTMENT OF HEALTH, ARKANSAS STATE BOARD OF NURSING

SUBJECT: Chapter Nine: Insulin, Glucagon and Medication for Adrenal Insufficiency or Adrenal Crisis

DESCRIPTION: The Arkansas State Board of Nursing is amending its rules relating to the administration of glucagon, insulin, and medication for adrenal crisis in accordance with Act 1050 of 2021 and rules promulgated by the Board of Education.

PUBLIC COMMENT: A public hearing was held on February 28, 2024. The public comment period expired on March 8, 2024. The agency provided the following summary of the comments it received and its response thereto:

Commenter: Janice Ivers, National Park College (Attended public comment hearing)

Comment: Mrs. Ivers asked if “LPNs are able to perform” based on the Definition of Terms, Licensed School Nurse Employed by a School District, and General Requirements (E).

Response: Mrs. Tedford stated Chapter 9 Rules are mirrored from the Department of Education Rules, which defined terms. As to General Requirements, if the LPN is an employee, they should fall under the term public school personnel.

The proposed effective date is pending legislative review and approval.

FINANCIAL IMPACT: The agency indicated that the amended rule does not have a financial impact.

LEGAL AUTHORIZATION: The Arkansas State Board of Nursing has the power and responsibility to promulgate whatever rules it deems necessary for the implementation of Title 17, Chapter 87 of the Arkansas Code, concerning nurses. *See* Ark. Code Ann. § 17-87-203(1)(A). Further, pursuant to Ark. Code Ann. § 17-87-103(11)(E), the State Board of Education and the Arkansas State Board of Nursing shall promulgate rules necessary to administer Ark. Code Ann. § 17-87-103(11), which exempts from the requirement of a nursing license certain trained volunteer school personnel who may administer glucagon or insulin, or both, to a student diagnosed with diabetes, as outlined in the statute.

**QUESTIONNAIRE FOR FILING PROPOSED RULES WITH
THE ARKANSAS LEGISLATIVE COUNCIL**

DEPARTMENT _____
 BOARD/COMMISSION _____
 BOARD/COMMISSION DIRECTOR _____
 CONTACT PERSON _____
 ADDRESS _____
 PHONE NO. _____ EMAIL _____
 NAME OF PRESENTER(S) AT SUBCOMMITTEE MEETING _____

 PRESENTER EMAIL(S) _____

INSTRUCTIONS

In order to file a proposed rule for legislative review and approval, please submit this Legislative Questionnaire and Financial Impact Statement, and attach (1) a summary of the rule, describing what the rule does, the rule changes being proposed, and the reason for those changes; (2) both a markup and clean copy of the rule; and (3) all documents required by the Questionnaire.

If the rule is being filed for permanent promulgation, please email these items to the attention of Rebecca Miller-Rice, miller-ricer@blr.arkansas.gov, for submission to the Administrative Rules Subcommittee.

If the rule is being filed for emergency promulgation, please email these items to the attention of Director Marty Garrity, garritym@blr.arkansas.gov, for submission to the Executive Subcommittee.

Please answer each question completely using layman terms.

1. What is the official title of this rule?

2. What is the subject of the proposed rule? _____
3. Is this rule being filed under the emergency provisions of the Arkansas Administrative Procedure Act? Yes No

If yes, please attach the statement required by Ark. Code Ann. § 25-15-204(c)(1).

If yes, will this emergency rule be promulgated under the permanent provisions of the Arkansas Administrative Procedure Act? Yes No

4. Is this rule being filed for permanent promulgation? Yes No

If yes, was this rule previously reviewed and approved under the emergency provisions of the Arkansas Administrative Procedure Act? Yes No

If yes, what was the effective date of the emergency rule? _____

On what date does the emergency rule expire? _____

5. Is this rule required to comply with a *federal* statute, rule, or regulation? Yes No

If yes, please provide the federal statute, rule, and/or regulation citation.

6. Is this rule required to comply with a *state* statute or rule? Yes No

If yes, please provide the state statute and/or rule citation.

7. Are two (2) rules being repealed in accord with Executive Order 23-02? Yes No

If yes, please list the rules being repealed.

If no, please explain.

N/A - these changes are amendments only and not a new rule.

8. Is this a new rule? Yes No

Does this repeal an existing rule? Yes No

If yes, the proposed repeal should be designated by strikethrough. If it is being replaced with a new rule, please attach both the proposed rule to be repealed and the replacement rule.

Is this an amendment to an existing rule? Yes No

If yes, all changes should be indicated by strikethrough and underline. In addition, please be sure to label the markup copy clearly as the markup.

9. What is the state law that grants the agency its rulemaking authority for the proposed rule, outside of the Arkansas Administrative Procedure Act? Please provide the specific Arkansas Code citation(s), including subsection(s).

10. Is the proposed rule the result of any recent legislation by the Arkansas General Assembly?
Yes No

If yes, please provide the year of the act(s) and act number(s).

11. What is the reason for this proposed rule? Why is it necessary?

12. Please provide the web address by which the proposed rule can be accessed by the public as provided in Ark. Code Ann. § 25-19-108(b)(1).

13. Will a public hearing be held on this proposed rule? Yes No

If yes, please complete the following:

Date: _____

Time: _____

Place: _____

Please be sure to advise Bureau Staff if this information changes for any reason.

14. On what date does the public comment period expire for the permanent promulgation of the rule? Please provide the specific date. _____

15. What is the proposed effective date for this rule? _____

16. Please attach (1) a copy of the notice required under Ark. Code Ann. § 25-15-204(a)(1) and (2) proof of the publication of that notice.

17. Please attach proof of filing the rule with the Secretary of State, as required by Ark. Code Ann. § 25-15-204(e)(1)(A).

18. Please give the names of persons, groups, or organizations that you anticipate will comment on these rules. Please also provide their position (for or against), if known.

19. Is the rule expected to be controversial? Yes No

If yes, please explain.

FINANCIAL IMPACT STATEMENT

PLEASE ANSWER ALL QUESTIONS COMPLETELY.

DEPARTMENT _____
BOARD/COMMISSION _____
PERSON COMPLETING THIS STATEMENT _____
TELEPHONE NO. _____ **EMAIL** _____

To comply with Ark. Code Ann. § 25-15-204(e), please complete the Financial Impact Statement and email it with the questionnaire, summary, markup and clean copy of the rule, and other documents. Please attach additional pages, if necessary.

TITLE OF THIS RULE _____

1. Does this proposed, amended, or repealed rule have a financial impact?
 Yes No

2. Is the rule based on the best reasonably obtainable scientific, technical, economic, or other evidence and information available concerning the need for, consequences of, and alternatives to the rule?
 Yes No

3. In consideration of the alternatives to this rule, was this rule determined by the agency to be the least costly rule considered? Yes No

If no, please explain:

(a) how the additional benefits of the more costly rule justify its additional cost;

(b) the reason for adoption of the more costly rule;

(c) whether the reason for adoption of the more costly rule is based on the interests of public health, safety, or welfare, and if so, how; and

(d) whether the reason for adoption of the more costly rule is within the scope of the agency’s statutory authority, and if so, how.

4. If the purpose of this rule is to implement a *federal* rule or regulation, please state the following:
 - (a) What is the cost to implement the federal rule or regulation?

Current Fiscal Year

General Revenue _____
Federal Funds _____
Cash Funds _____
Special Revenue _____
Other (Identify) _____

Total \$0.00 _____

Next Fiscal Year

General Revenue _____
Federal Funds _____
Cash Funds _____
Special Revenue _____
Other (Identify) _____

Total \$0.00 _____

(b) What is the additional cost of the state rule?

Current Fiscal Year

General Revenue _____
Federal Funds _____
Cash Funds _____
Special Revenue _____
Other (Identify) _____

Total _____

Next Fiscal Year

General Revenue _____
Federal Funds _____
Cash Funds _____
Special Revenue _____
Other (Identify) _____

Total _____

5. What is the total estimated cost by fiscal year to any private individual, private entity, or private business subject to the proposed, amended, or repealed rule? Please identify those subject to the rule, and explain how they are affected.

Current Fiscal Year

\$ _____

Next Fiscal Year

\$ _____

6. What is the total estimated cost by fiscal year to a state, county, or municipal government to implement this rule? Is this the cost of the program or grant? Please explain how the government is affected.

Current Fiscal Year

\$ _____

Next Fiscal Year

\$ _____

7. With respect to the agency's answers to Questions #5 and #6 above, is there a new or increased cost or obligation of at least one hundred thousand dollars (\$100,000) per year to a private individual, private entity, private business, state government, county government, municipal government, or to two (2) or more of those entities combined?

Yes No

If yes, the agency is required by Ark. Code Ann. § 25-15-204(e)(4) to file written findings at the time of filing the financial impact statement. The written findings shall be filed simultaneously with the financial impact statement and shall include, without limitation, the following:

- (1) a statement of the rule's basis and purpose;
- (2) the problem the agency seeks to address with the proposed rule, including a statement of whether a rule is required by statute;
- (3) a description of the factual evidence that:
 - (a) justifies the agency's need for the proposed rule; and
 - (b) describes how the benefits of the rule meet the relevant statutory objectives and justify the rule's costs;
- (4) a list of less costly alternatives to the proposed rule and the reasons why the alternatives do not adequately address the problem to be solved by the proposed rule;
- (5) a list of alternatives to the proposed rule that were suggested as a result of public comment and the reasons why the alternatives do not adequately address the problem to be solved by the proposed rule;
- (6) a statement of whether existing rules have created or contributed to the problem the agency seeks to address with the proposed rule and, if existing rules have created or contributed to the problem, an explanation of why amendment or repeal of the rule creating or contributing to the problem is not a sufficient response; and
- (7) an agency plan for review of the rule no less than every ten (10) years to determine whether, based upon the evidence, there remains a need for the rule including, without limitation, whether:
 - (a) the rule is achieving the statutory objectives;
 - (b) the benefits of the rule continue to justify its costs; and
 - (c) the rule can be amended or repealed to reduce costs while continuing to achieve the statutory objectives.

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CHAPTER NINE
INSULIN, ~~AND~~ GLUCAGON ~~ADMINISTRATION~~ AND
MEDICATION FOR ADRENAL INSUFFICIENCY OR
ADRENAL CRISIS

SECTION I
PURPOSE AND AUTHORITY

A. REGULATORY AUTHORITY

1. ~~These rules shall be known as the Arkansas Department of Education Division of Elementary and Secondary Education and Arkansas State Board of Nursing Rules Governing the administration of Insulin and Glucagon by school personnel to Arkansas Public School Students diagnosed with diabetes.~~
2. These rules are enacted pursuant to the Arkansas State Board of Education's authority and the Arkansas State Board of Nursing's authority under Ark. Code Ann. §§ 6-11-105, 6-18-711, 6-18-718, 17-87-103, and 17-87-203. ~~25-15-201 et seq.~~
3. ~~These rules are enacted pursuant to the Arkansas State Board of Nursing's authority under Ark. Code Ann. §§ 6-18-711, 17-87-203, 17-87-103 and 25-15-201 et seq.~~

B. PURPOSE

The purpose of these rules is to set forth protocols and procedures for the administration of insulin, ~~and~~ glucagon, and medication for adrenal insufficiency or adrenal crisis by a student or trained volunteer school personnel ~~to Arkansas public school students diagnosed with diabetes.~~

HISTORY: Amended: June 4, 2021; **2023**

SECTION II
DEFINITION OF TERMS

- A. ADRENAL CRISIS – means a sudden, severe worsening of symptoms associated with adrenal insufficiency, which can lead to circulatory collapse, heart and organ failure, brain damage, and death.
- B. ADRENAL INSUFFICIENCY:
 1. means a chronic medical condition in which the adrenal glands do not produce enough of the necessary hormones to respond to stressors such as illness and injury; and
 2. the hormones involved help maintain and regulate key functions of the body such as blood pressure, metabolism, the immune system, and how the body responds to stress.
- C. DIABETES – means a group of metabolic disorders characterized by hyperglycemia resulting from defects in insulin secretion, insulin action, or both.
- D. EMERGENCY DOSE MEDICATION – (for purposes of adrenal crisis) means intramuscular hydrocortisone sodium succinate.

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- E. EMERGENCY SITUATION** – **means a** circumstance in which students with low blood glucose cannot be treated with a glucose-containing substance by mouth because the student has an altered mental status, is having a seizure or has high blood glucose requiring emergency administration of insulin to prevent complications.
- F. GLUCAGON** – **means an injectable a** hormone prescribed by a licensed healthcare practitioner that stimulates the release of glucose in the blood. Glucagon is dispensed as a “Glucagon Emergency Kit” or a “Glucagon Emergency Kit for Low Blood Sugar.” ~~A “licensed healthcare practitioner” includes, but is not limited to, Medical Doctors, Doctors of Osteopathy, Advanced Practice Registered Nurses with prescriptive authority, and Registered Nurse Practitioners or Physician Assistants who work under physician approved protocols.~~
- G. INSULIN** - **A means a** hormone that regulates the metabolism of glucose and other nutrients. It ~~is~~ generally **is** given by injection or through a subcutaneous insulin delivery system. It is prescribed by a licensed healthcare practitioner, ~~e.g. Medical Doctor, Doctor of Osteopathy, Advanced Practice Registered Nurse with prescriptive authority or Registered Nurse Practitioner or Physician Assistant who work under physician approved protocols.~~
- ~~1. Non-scheduled dose of insulin—an additional or corrective dose of insulin to treat hyperglycemia or to cover a rise in blood glucose levels.~~
 - ~~2. Scheduled dose of insulin—a dose of insulin administered at regular times during the school day.~~
- H. LICENSED HEALTHCARE PRACTITIONER** – **includes, but is not limited to, Medical Doctors, Doctors of Osteopathy, Advanced Practice Registered Nurses with prescriptive authority, Registered Nurse Practitioners, and Physician Assistants who work under physician-approved protocols.**
- I. LICENSED SCHOOL NURSE EMPLOYED BY A SCHOOL DISTRICT**– **means** those nurses employed by an Arkansas public school district or open-enrollment public charter school who hold the following licenses or certificate:
- 1 Registered Nurse (RN);
 - 2 Advanced Practice Registered Nurse (APRN); or
 - 3 Diabetes Nurse Educator.
 - 4 This definition does not include License Practical Nurses (LPNs). LPNs may assist in the provision of training under these rules. However, training under these rules must be performed by Registered Nurses, Advance Practice Registered Nurses or Diabetes Nurse Educator.
- J. NON-SCHEDULED DOSE OF INSULIN** – **means an additional or corrective dose of insulin to treat hyperglycemia or to cover a rise in blood glucose levels.**
- K. OTHER HEALTHCARE PROFESSIONAL** – includes the following:
1. Registered Nurse (RN);
 2. Advanced Practice Registered Nurse (APRN);
 3. Diabetes Nurse Educator;
 4. Medical Doctor (MD);
 5. Registered Nurse Practitioner;
 6. Doctor of Osteopathy;
 7. Physician Assistant;
 8. Pharmacist; and
 9. Certified Diabetes Educator.

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~~DIABETES—A group of metabolic disorders characterized by hyperglycemia resulting from defects in insulin secretion, insulin action or both.~~

- L. SCHEDULED DOSE OF INSULIN – means a dose of insulin administered at regular times during the school day.
- M. STRESS DOSE MEDICATION – (for purposes of adrenal insufficiency) means oral hydrocortisone.
- N. **TRAINED VOLUNTEER SCHOOL PERSONNEL** – means licensed or classified personnel employed by an Arkansas public school district or open-enrollment public charter school who volunteer and successfully complete training for the administration of:
 - 1. insulin, ~~and/or~~ glucagon, or both to students diagnosed with diabetes; and
 - 2. an emergency dose medication to a public-school student who is diagnosed with an adrenal insufficiency using the appropriate delivery equipment when a public school nurse is unavailable.

History: Amended: 2023

**SECTION III
GENERAL REQUIREMENTS**

- A. Upon written request of a parent or guardian of a student with diabetes and written authorization by the treating physician of the student, a student, in the classroom, in a designated area at the school, on school grounds, or at a school-related activity may:
 - 1. Perform blood glucose checks;
 - 2. Administer insulin through the insulin delivery system the student uses;
 - 3. Treat hypoglycemia and hyperglycemia; and
 - 4. Possess on his or her person the necessary supplies and equipment to perform diabetes monitoring and treatment functions.
- B. A student shall have access to a private area to perform diabetes monitoring and treatment functions upon request of the parent or guardian of a student, as outlined in the student’s health plan.
- C. A public-school employee may volunteer to be trained to administer and may administer glucagon to a student with Type I diabetes in an emergency situation as permitted under ACA §17-87-103(11).
- D. A school district shall strive to achieve the following staffing ratios for students with diabetes at each public school, at least:
 - 1. One (1) care provider (volunteer school personnel) for a public school with one (1) full-time licensed registered nurse; and
 - 2. Three (3) care providers (volunteer school personnel) for a public school without one (1) full-time licensed registered nurse.
- E. The school district may recruit and identify public-school personnel to serve as care providers (volunteer school personnel) to administer insulin, ~~and/or~~ glucagon, or both when a licensed registered nurse is not available. A school district shall not require or pressure a parent or guardian of a student with diabetes to provide diabetes care at school or a school-related activity.
- F. Trained volunteer school personnel designated as care providers in a health plan that covers diabetes management and is based on the orders of a treating physician, and have been trained by a licensed

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- registered nurse employed by a school district or other healthcare professional, may administer insulin, ~~and/or~~ glucagon, or both to students diagnosed with diabetes.
- G. The training listed in Sections III. ~~E.~~ F. and V. of these rules shall be conducted at least annually, regardless whether a volunteer has previously completed training. Nothing in these rules prohibits training from being conducted more often than annually.
- H. No trained volunteer school personnel designated as care providers pursuant to these rules may administer insulin, ~~and/or~~ glucagon, or both to a student diagnosed with diabetes unless the parent or guardian of the student first signs a written authorization allowing the administration of insulin, ~~and/or~~ glucagon, or both to the student. The trained volunteer school personnel designated as a care provider shall be incorporated into the health plan of a student.
- I. 13251The trained volunteer shall be released from other duties during a scheduled dose of insulin for the time designated in the student’s health plan.
- J. During glucagon or non-scheduled insulin administration, other qualified staff shall assume the regular duties of the trained volunteer. Once other qualified staff have relieved the trained volunteer from his/her regular duties, the trained volunteer shall remain released until a parent, guardian or medical personnel has arrived.
- K. When a school nurse is available and on site during an emergency situation, the school nurse shall administer insulin, ~~and/or~~ glucagon, or both to the student, when necessary. Volunteer school personnel who are designated as care providers and trained to administer insulin, ~~and/or~~ glucagon, or both shall ~~administer~~ ~~provide~~ insulin, ~~and/or~~ glucagon, or both ~~injections~~ only in the absence or unavailability of a school nurse.
- L. The training outlined in these rules is intended to be provided to volunteer school personnel. No school personnel shall be required, pressured or otherwise subjected to duress in such a manner as to compel their participation in training. Prior to receiving training, volunteers must sign a written acknowledgement indicating their desire to volunteer.

History: Amended: 2023

**SECTION IV
PROTECTION FROM LIABILITY**

A school district, school district employee, or an agent of a school district, including a healthcare professional who trained volunteer school personnel designated as care providers and care providers, shall not be liable for any damages resulting from his or her actions or inactions under these rules or under Ark. Code Ann. § 17-87-103.

**SECTION V
TRAINING OF VOLUNTEERS**

- A. Training under these rules shall include, at a minimum, the following components:
1. Overview of diabetes;
 2. Blood glucose monitoring;
 3. What insulin and glucagon are and how insulin and glucagon work;
 4. When, how and by whom insulin, ~~and/or~~ glucagon, or both may be prescribed;

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5. The requirements of Arkansas law pertaining to the administration of injections of insulin, and/or glucagon, or both ~~injections~~ to Arkansas public school students with a diagnosis of diabetes;
 6. How to calculate carbohydrate intake (insulin training only);
 7. How to calculate appropriate insulin dosage based on carbohydrate intake (insulin training only);
 8. When insulin, ~~and/or~~ glucagon, or both should be administered, how insulin, ~~and/or~~ glucagon, or both should be prepared, the dosage and side effects of insulin, ~~and/or~~ glucagon, or both and follow-up care after insulin, ~~and/or~~ glucagon, or both is administered;
 9. How insulin, ~~and/or~~ glucagon, or both should be stored, including identifying the expiration date and need for replacement;
 10. The role of the school nurse in the administration of insulin, ~~and/or~~ glucagon, or both and the delegation of the administration of insulin, ~~and/or~~ glucagon, or both; and
 11. The signs of hyperglycemia and hypoglycemia in students diagnosed with diabetes, including techniques and practices used to prevent the need for emergency insulin and glucagon.
- B. Visual and audio aids may be used during the training required under these rules, but at least one individual listed in Sections II. ~~D I~~ and II. ~~E K~~ of these rules must be physically present to provide the training.
- C. Before a volunteer may be deemed to have successfully completed the training required under these rules, a person listed in Sections II. ~~D I~~ and II. ~~E K~~ must sign a certification indicating that the volunteer has successfully completed all aspects of training and that the volunteer has successfully demonstrated proficiency of procedures involving the administration of insulin, ~~and/or~~ glucagon, or both. No person listed in Sections II. ~~D I~~ and II. ~~E K~~ shall sign such a certification unless such person, in his or her professional judgment believes that a volunteer has successfully completed all aspects of training and that the volunteer has successfully demonstrated mastery of procedures involving the administration of insulin, ~~and/or~~ glucagon, or both.
- D. The Arkansas State Board of Nursing and the ~~Arkansas Department of Education~~ Division of Elementary and Secondary Education, in collaboration with the Arkansas School Nurses Association and diabetic education experts, shall identify and approve education programs that meet the requirements of Section V.A of these rules. Training under these rules shall be given according to the education programs approved under this section.
1. The Arkansas State Board of Nursing and the ~~Arkansas Department of Education~~ Division of Elementary and Secondary Education shall maintain and publish a list of approved education programs that meet the requirements of Section V. A of these Rules. The list of approved education programs may be published on the websites of the Arkansas State Board of Nursing and the ~~Arkansas Department of Education~~ Division of Elementary and Secondary Education.
 2. The Arkansas State Board of Nursing and the ~~Arkansas Department of Education~~ Division of Elementary and Secondary Education, in collaboration with the Arkansas School Nurses Association and diabetic education experts, shall review at least annually ~~review~~ the requirements associated with the administration of insulin, ~~and/or~~ glucagon, or both and shall, if necessary, recommend for adoption by the Arkansas State Board of Nursing and the Arkansas State Board of Education ~~Division of Elementary and Secondary Education~~ any revisions to these rules.

History: Amended: 2023

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**SECTION VI
RECORDS**

- A. Records of volunteer training shall be kept on file at each school.
- B. For each student diagnosed with diabetes who attends the school, the school district shall maintain a copy of the student's individualized Healthcare Plan, ~~health plan~~, a list of ~~volunteer~~ school personnel who have volunteered and been ~~are designated as care providers and~~ trained to administer insulin, ~~and/or glucagon, or both~~, and a copy of the written authorization of the student's parent, guardian, or person acting in loco parentis, ~~parent's or guardian's signed authorization~~. The list of volunteer school personnel ~~who are designated as care providers and trained to administer insulin and/or glucagon~~, and a copy of the ~~parent's or guardian's signed~~ written authorization shall be updated ~~yearly~~ annually and attached to the student's Individualized Healthcare Plan (~~IHP~~).
- C. The list of volunteer school personnel ~~who are designated as care providers and trained to administer insulin and/or glucagon~~ shall ~~only~~ include only the names of ~~such~~ personnel who successfully completed d the required training as set forth in Section V. of these rules. The list of volunteer school personnel ~~trained to administer insulin and/or glucagon for each school~~ should be published and made known to all school personnel.
- D. The principal of each school, in conjunction with each school nurse, shall properly maintain all such records.

Effective March 26, 2016
Amended: 2023

SECTION VII
ADMINISTRATION OF MEDICATION
FOR ADRENAL INSUFFICIENCY OR ADRENAL CRISIS

A. SELF-ADMINISTRATION OF A STRESS DOSE MEDICATION BY A PUBLIC SCHOOL STUDENT

- 1. Self-administration of a stress dose medication by a public school student with adrenal insufficiency while the student is at his or her public school, on his or her public school grounds, or at an activity related to his or her public school may be permitted:**
 - a. With the authorization of the public school student's parent, legal guardian, or person standing in loco parentis and the public school student's treating physician; and**
 - b. The public school student's parent, legal guardian, or person standing in loco parentis provides written authorization for the public school student to carry a stress dose medication while he or she is at public school, an on-site school-related activity, or an off-site school-sponsored activity.**
- 2. The written authorization required in Section VII. A. shall be:**
 - a. Valid only for the duration of the school year for which it is provided; and**
 - b. Renewed:**
 - 1). For each subsequent school year for which the parent, legal guardian, or person standing in loco parentis intends to authorize the self-administration of a stress dose medication; and**
 - 2). If the public school student transfer to another public school in this state.**
- 3. A parent, legal guardian, or person standing in loco parentis who provides written authorization under Section VII. A. shall:**
 - a. Include with his or her written authorization written orders from his or her public school student's treating physician that the public school student:**

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- 1). Is capable of completing the proper method of self-administration of the stress dose medication; and
- 2). Has been instructed on the details of his or her medical condition and the events that may lead to an adrenal crisis.
- b. Sign an Individualized Healthcare Plan developed by the school nurse for the public school in which his or her child with an adrenal insufficiency is enrolled that outlines the plan of care for his or her child and includes without limitation notification of the self-administration of a stress dose medication to the:
 - 1). School nurse;
 - 2). Teacher of the class in which the public school student is enrolled during an adrenal crisis; and
 - 3). Administrator of the public school.
- 4. A parent, legal guardian, or person standing in loco parentis who provides written authorization for his or her child's self-administration of a stress dose medication shall sign a statement:
 - a. Acknowledging the public school district is not liable as a result of any injury arising from the self-administration of a stress dose medication by the public school student; and
 - b. Indemnifying and holding harmless the public school employees and public school district in which his or her child is enrolled against any claims arising as a result of the self-administration of a stress dose medication by the public school student.

B. ADMINISTRATION OF AN EMERGENCY DOSE MEDICATION BY VOLUNTEER PUBLIC SCHOOL PERSONNEL

- 1. Public school personnel may volunteer to and may be permitted to administer an emergency dose medication to a public school student who is diagnosed with an adrenal insufficiency with the authorization of the parent, legal guardian, or person standing in loco parentis of the public school student:
 - a. If the public school personnel are trained to administer an emergency dose medication using the appropriate delivery equipment;
 - b. If a public school nurse is unavailable;
 - c. At school, on school grounds, or at a school-related activity; and
 - d. If the public school student's parent, legal guardian, or person standing in loco parentis provides written authorization for the trained public school personnel to administer an emergency dose medication while the public school student is at a public school, and on-site school related activity, or an off-site school-sponsored activity.
- 2. The written authorization required in Section VII. B. shall be:
 - a. Valid only for the duration of the school year for which it is provided; and
 - b. Renewed:
 - 1). For each subsequent year for which the parent, legal guardian, or person standing in loco parentis intends to authorize trained public school personnel to administer an emergency dose medication to his or her child; and
 - 2). If the public school transfers to another public school in this state.
- 3. A parent, legal guardian, or person standing in loco parentis who provides written authorization under Section VII. B. shall:
 - a. Include with his or her written authorization written orders from his or her public school student's treating physician that the public school student requires the administration of an emergency dose medication under certain conditions; and
 - b. Sign an Individualized Healthcare Plan developed by the school nurse for the public school in which his or her child with an adrenal insufficiency is enrolled that:
 - 1). Outlines the plan of care for his or her child; and
 - 2). Includes without limitation a description of the required care following the administration of an emergency dose medication while the public school student is at school, an on-site school-related activity, or an off-site school-sponsored activity.

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4. A parent, legal guardian, or person standing in loco parentis who provides written authorization for the administration by trained public school personnel of an emergency dose medication to his or her child shall sign a statement:
 - a. Acknowledging the public school district is not liable as a result of any injury arising from the administration of an emergency dose medication by trained public school personnel; and
 - b. Indemnifying and holding harmless the public school employees and the public school district in which his or her child is enrolled against any claims arising as a result of the administration of an emergency dose medication by trained public school personnel.
5. Education and training on the treatment of adrenal insufficiency and adrenal crisis shall be conducted annually to public school personnel who volunteer to administer an emergency dose medication by the school nurse for the public school at which the public school personnel are employed and shall include without limitation:
 - a. General information about adrenal insufficiency and the associated triggers;
 - b. Recognition of signs and symptoms of a public school student experiencing an adrenal crisis;
 - c. The types of medications for treating adrenal insufficiency and adrenal crisis; and
 - d. The proper administration of medication used to treat an adrenal crisis.
6. The Division shall develop guidance and education for school nurses to train volunteer public school personnel as required under Section VII. B.

C. RECORDS

1. Records of volunteer training shall be kept on file at each school.
2. For each student diagnosed with an adrenal insufficiency who attends a school, the school district shall maintain a copy of the student's Individualized Healthcare Plan, a list of school personnel who have volunteered and been trained to administer an emergency dose medication, and a copy of the written authorization of the student's parent, guardian, or person acting in loco parentis. The list of volunteer school personnel and a copy of the written authorization shall be updated annually and attached to the student's Individualized Healthcare Plan.
3. The list of volunteer school personnel shall include only the names of personnel who successfully completed the required training as set forth in Section VII. B. This list of volunteer school personnel should be published and made known to all school personnel.
4. The principal of each school, in conjunction with each school nurse, shall properly maintain all such records.

Adopted: 2023

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**CHAPTER NINE
INSULIN, GLUCAGON AND MEDICATION FOR ADRENAL
INSUFFICIENCY OR ADRENAL CRISIS**

SECTION I

PURPOSE AND AUTHORITY

A. REGULATORY AUTHORITY

1. These rules are enacted pursuant to the Arkansas State Board of Education’s authority and the Arkansas State Board of Nursing’s authority under Ark. Code Ann. §§ 6-11-105, 6-18-711, 6-18-718, 17-87-103, and 17-87-203.

B. PURPOSE

The purpose of these rules is to set forth protocols and procedures for the administration of insulin, glucagon, and medication for adrenal insufficiency or adrenal crisis by a student or trained volunteer school personnel.

HISTORY: Amended: June 4, 2021; 2023

SECTION II

DEFINITION OF TERMS

- A. ADRENAL CRISIS** – means a sudden, severe worsening of symptoms associated with adrenal insufficiency, which can lead to circulatory collapse, heart and organ failure, brain damage, and death.
- B. ADRENAL INSUFFICIENCY:**
1. means a chronic medical condition in which the adrenal glands do not produce enough of the necessary hormones to respond to stressors such as illness and injury; and
 2. the hormones involved help maintain and regulate key functions of the body such as blood pressure, metabolism, the immune system, and how the body responds to stress.
- C. DIABETES** – means a group of metabolic disorders characterized by hyperglycemia resulting from defects in insulin secretion, insulin action, or both.
- D. EMERGENCY DOSE MEDICATION** – (for purposes of adrenal crisis) means intramuscular hydrocortisone sodium succinate.
- E. EMERGENCY SITUATION** – means a circumstance in which students with low blood glucose cannot be treated with a glucose-containing substance by mouth because the student has an altered mental status, is having a seizure or has high blood glucose requiring emergency administration of insulin to prevent complications.
- F. GLUCAGON** – means a hormone prescribed by a licensed healthcare practitioner that stimulates the release of glucose in the blood. Glucagon is dispensed as a “Glucagon Emergency Kit” or a “Glucagon Emergency Kit for Low Blood Sugar.”

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- G. INSULIN** - means a hormone that regulates the metabolism of glucose and other nutrients. It generally is given by injection or through a subcutaneous insulin delivery system. It is prescribed by a licensed healthcare practitioner.
- H. LICENSED HEALTHCARE PRACTITIONER** – includes, but is not limited to, Medical Doctors, Doctors of Osteopathy, Advanced Practice Registered Nurses with prescriptive authority, Registered Nurse Practitioners, and Physician Assistants who work under physician-approved protocols.
- I. LICENSED SCHOOL NURSE EMPLOYED BY A SCHOOL DISTRICT**– means those nurses employed by an Arkansas public school district or open-enrollment public charter school who hold the following licenses or certificate:
- 1 Registered Nurse (RN);
 - 2 Advanced Practice Registered Nurse (APRN); or
 - 3 Diabetes Nurse Educator.
 - 4 This definition does not include License Practical Nurses (LPNs). LPNs may assist in the provision of training under these rules. However, training under these rules must be performed by Registered Nurses, Advance Practice Registered Nurses or Diabetes Nurse Educator.
- J. NON-SCHEDULED DOSE OF INSULIN** – means an additional or corrective dose of insulin to treat hyperglycemia or to cover a rise in blood glucose levels.
- K. OTHER HEALTHCARE PROFESSIONAL** – includes the following:
1. Registered Nurse (RN);
 2. Advanced Practice Registered Nurse (APRN);
 3. Diabetes Nurse Educator;
 4. Medical Doctor (MD);
 5. Registered Nurse Practitioner;
 6. Doctor of Osteopathy;
 7. Physician Assistant;
 8. Pharmacist; and
 9. Certified Diabetes Educator.
- L. SCHEDULED DOSE OF INSULIN** – means a dose of insulin administered at regular times during the school day.
- M. STRESS DOSE MEDICATION** – (for purposes of adrenal insufficiency) means oral hydrocortisone.
- N. TRAINED VOLUNTEER SCHOOL PERSONNEL** – means licensed or classified personnel employed by an Arkansas public school district or open-enrollment public charter school who volunteer and successfully complete training for the administration of:
1. insulin, glucagon, or both to students diagnosed with diabetes; and
 2. an emergency dose medication to a public-school student who is diagnosed with an adrenal insufficiency using the appropriate delivery equipment when a public school nurse is unavailable.

History: Amended: 2023

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SECTION III
GENERAL REQUIREMENTS

- A. Upon written request of a parent or guardian of a student with diabetes and written authorization by the treating physician of the student, a student, in the classroom, in a designated area at the school, on school grounds, or at a school-related activity may:
 - 1. Perform blood glucose checks;
 - 2. Administer insulin through the insulin delivery system the student uses;
 - 3. Treat hypoglycemia and hyperglycemia; and
 - 4. Possess on his or her person the necessary supplies and equipment to perform diabetes monitoring and treatment functions.
- B. A student shall have access to a private area to perform diabetes monitoring and treatment functions upon request of the parent or guardian of a student, as outlined in the student's health plan.
- C. A public-school employee may volunteer to be trained to administer and may administer glucagon to a student with Type I diabetes in an emergency situation as permitted under ACA §17-87-103(11).
- D. A school district shall strive to achieve the following staffing ratios for students with diabetes at each public school, at least:
 - 1. One (1) care provider (volunteer school personnel) for a public school with one (1) full-time licensed registered nurse; and
 - 2. Three (3) care providers (volunteer school personnel) for a public school without one (1) full-time licensed registered nurse.
- E. The school district may recruit and identify public-school personnel to serve as care providers (volunteer school personnel) to administer insulin, glucagon, or both when a licensed registered nurse is not available. A school district shall not require or pressure a parent or guardian of a student with diabetes to provide diabetes care at school or a school-related activity.
- F. Trained volunteer school personnel designated as care providers in a health plan that covers diabetes management and is based on the orders of a treating physician, and have been trained by a licensed registered nurse employed by a school district or other healthcare professional, may administer insulin, glucagon, or both to students diagnosed with diabetes.
- G. The training listed in Sections III. F. and V. of these rules shall be conducted at least annually, regardless whether a volunteer has previously completed training. Nothing in these rules prohibits training from being conducted more often than annually.
- H. No trained volunteer school personnel designated as care providers pursuant to these rules may administer insulin, glucagon, or both to a student diagnosed with diabetes unless the parent or guardian of the student first signs a written authorization allowing the administration of insulin, glucagon, or both to the student. The trained volunteer school personnel designated as a care provider shall be incorporated into the health plan of a student.
- I. 13251The trained volunteer shall be released from other duties during a scheduled dose of insulin for the time designated in the student's health plan.
- J. During glucagon or non-scheduled insulin administration, other qualified staff shall assume the regular duties of the trained volunteer. Once other qualified staff have relieved the trained volunteer from his/her regular duties, the trained volunteer shall remain released until a parent, guardian or medical personnel has arrived.

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- K. When a school nurse is available and on site during an emergency situation, the school nurse shall administer insulin, glucagon, or both to the student, when necessary. Volunteer school personnel who are designated as care providers and trained to administer insulin, glucagon, or both shall administer insulin, glucagon, or both only in the absence or unavailability of a school nurse.
- L. The training outlined in these rules is intended to be provided to volunteer school personnel. No school personnel shall be required, pressured or otherwise subjected to duress in such a manner as to compel their participation in training. Prior to receiving training, volunteers must sign a written acknowledgement indicating their desire to volunteer.

History: Amended: 2023

SECTION IV
PROTECTION FROM LIABILITY

A school district, school district employee, or an agent of a school district, including a healthcare professional who trained volunteer school personnel designated as care providers and care providers, shall not be liable for any damages resulting from his or her actions or inactions under these rules or under Ark. Code Ann. § 17-87-103.

SECTION V
TRAINING OF VOLUNTEERS

- A. Training under these rules shall include, at a minimum, the following components:
 - 1. Overview of diabetes;
 - 2. Blood glucose monitoring;
 - 3. What insulin and glucagon are and how insulin and glucagon work;
 - 4. When, how and by whom insulin, glucagon, or both may be prescribed;
 - 5. The requirements of Arkansas law pertaining to the administration of injections of insulin, glucagon, or both to Arkansas public school students with a diagnosis of diabetes;
 - 6. How to calculate carbohydrate intake (insulin training only);
 - 7. How to calculate appropriate insulin dosage based on carbohydrate intake (insulin training only);
 - 8. When insulin, glucagon, or both should be administered, how insulin, glucagon, or both should be prepared, the dosage and side effects of insulin, glucagon, or both and follow-up care after insulin, glucagon, or both is administered;
 - 9. How insulin, glucagon, or both should be stored, including identifying the expiration date and need for replacement;
 - 10. The role of the school nurse in the administration of insulin, glucagon, or both and the delegation of the administration of insulin, glucagon, or both; and
 - 11. The signs of hyperglycemia and hypoglycemia in students diagnosed with diabetes, including techniques and practices used to prevent the need for emergency insulin and glucagon.
- B. Visual and audio aids may be used during the training required under these rules, but at least one individual listed in Sections II. I and II. K of these rules must be physically present to provide the training.
- C. Before a volunteer may be deemed to have successfully completed the training required under these rules, a person listed in Sections II. I and II. K must sign a certification indicating that the volunteer has successfully completed all aspects of training and that the volunteer has successfully demonstrated proficiency of procedures involving the administration of insulin, glucagon, or both. No person listed in Sections II. I and II. K shall sign such a certification unless such person, in his or her professional

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- judgment believes that a volunteer has successfully completed all aspects of training and that the volunteer has successfully demonstrated mastery of procedures involving the administration of insulin, glucagon, or both.
- D. The Arkansas State Board of Nursing and the Division of Elementary and Secondary Education, in collaboration with the Arkansas School Nurses Association and diabetic education experts, shall identify and approve education programs that meet the requirements of Section V.A of these rules. Training under these rules shall be given according to the education programs approved under this section.
1. The Arkansas State Board of Nursing and the Division of Elementary and Secondary Education shall maintain and publish a list of approved education programs that meet the requirements of Section V. A of these Rules. The list of approved education programs may be published on the websites of the Arkansas State Board of Nursing and the Division of Elementary and Secondary Education.
 2. The Arkansas State Board of Nursing and the Division of Elementary and Secondary Education, in collaboration with the Arkansas School Nurses Association and diabetic education experts, shall review at least annually the requirements associated with the administration of insulin, glucagon, or both and shall, if necessary, recommend for adoption by the Arkansas State Board of Nursing and the Arkansas State Board of Education any revisions to these rules.

History: Amended: 2023

SECTION VI
RECORDS

- A. Records of volunteer training shall be kept on file at each school.
- B. For each student diagnosed with diabetes who attends the school, the school district shall maintain a copy of the student's individualized Healthcare Plan, a list of school personnel who have volunteered and been trained to administer insulin, glucagon, or both, and a copy of the written authorization of the student's parent, guardian, or person acting in loco parentis. The list of volunteer school personnel and a copy of the written authorization shall be updated annually and attached to the student's Individualized Healthcare Plan.
- C. The list of volunteer school personnel shall include only the names of personnel who successfully completed the required training as set forth in Section V. of these rules. The list of volunteer school personnel should be published and made known to all school personnel.
- D. The principal of each school, in conjunction with each school nurse, shall properly maintain all such records.

Effective March 26, 2016
Amended: 2023

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SECTION VII
ADMINISTRATION OF MEDICATION
FOR ADRENAL INSUFFICIENCY OR ADRENAL CRISIS

A. SELF-ADMINISTRATION OF A STRESS DOSE MEDICATION BY A PUBLIC SCHOOL STUDENT

1. Self-administration of a stress dose medication by a public school student with adrenal insufficiency while the student is at his or her public school, on his or her public school grounds, or at an activity related to his or her public school may be permitted:
 - a. With the authorization of the public school student's parent, legal guardian, or person standing in loco parentis and the public school student's treating physician; and
 - b. The public school student's parent, legal guardian, or person standing in loco parentis provides written authorization for the public school student to carry a stress dose medication while he or she is at public school, an on- site school-related activity, or an off-site school-sponsored activity.
2. The written authorization required in Section VII. A. shall be:
 - a. Valid only for the duration of the school year for which it is provided; and
 - b. Renewed:
 - 1). For each subsequent school year for which the parent, legal guardian, or person standing in loco parentis intends to authorize the self-administration of a stress dose medication; and
 - 2). If the public school student transfer to another public school in this state.
3. A parent, legal guardian, or person standing in loco parentis who provides written authorization under Section VII. A. shall:
 - a. Include with his or her written authorization written orders from his or her public school student's treating physician that the public school student:
 - 1). Is capable of completing the proper method of self-administration of the stress dose medication; and
 - 2). Has been instructed on the details of his or her medical condition and the events that may lead to an adrenal crisis.
 - b. Sign an Individualized Healthcare Plan developed by the school nurse for the public school in which his or her child with an adrenal insufficiency is enrolled that outlines the plan of care for his or her child and includes without limitation notification of the self-administration of a stress dose medication to the:
 - 1). School nurse;
 - 2). Teacher of the class in which the public school student is enrolled during an adrenal crisis; and
 - 3). Administrator of the public school.
4. A parent, legal guardian, or person standing in loco parentis who provides written authorization for his or her child's self-administration of a stress dose medication shall sign a statement:
 - a. Acknowledging the public school district is not liable as a result of any injury arising from the self-administration of a stress dose medication by the public school student; and
 - b. Indemnifying and holding harmless the public school employees and public school district in which his or her child is enrolled against any claims arising as a result of the self-administration of a stress dose medication by the public school student.

B. ADMINISTRATION OF AN EMERGENCY DOSE MEDICATION BY VOLUNTEER PUBLIC SCHOOL PERSONNEL

1. Public school personnel may volunteer to and may be permitted to administer an emergency dose medication to a public school student who is diagnosed with an adrenal insufficiency with the authorization of the parent, legal guardian, or person standing in loco parentis of the public school student:

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- a. If the public school personnel are trained to administer an emergency dose medication using the appropriate delivery equipment;
 - b. If a public school nurse is unavailable;
 - c. At school, on school grounds, or at a school-related activity; and
 - d. If the public school student's parent, legal guardian, or person standing in loco parentis provides written authorization for the trained public school personnel to administer an emergency dose medication while the public school student is at a public school, and on-site school related activity, or an off-site school-sponsored activity.
2. The written authorization required in Section VII. B. shall be:
 - a. Valid only for the duration of the school year for which it is provided; and
 - b. Renewed:
 - 1). For each subsequent year for which the parent, legal guardian, or person standing in loco parentis intends to authorize trained public school personnel to administer an emergency dose medication to his or her child; and
 - 2). If the public school transfers to another public school in this state.
 3. A parent, legal guardian, or person standing in loco parentis who provides written authorization under Section VII. B. shall:
 - a. Include with his or her written authorization written orders from his or her public school student's treating physician that the public school student requires the administration of an emergency dose medication under certain conditions; and
 - b. Sign an Individualized Healthcare Plan developed by the school nurse for the public school in which his or her child with an adrenal insufficiency is enrolled that:
 - 1). Outlines the plan of care for his or her child; and
 - 2). Includes without limitation a description of the required care following the administration of an emergency dose medication while the public school student is at school, an on-site school-related activity, or an off-site school-sponsored activity.
 4. A parent, legal guardian, or person standing in loco parentis who provides written authorization for the administration by trained public school personnel of an emergency dose medication to his or her child shall sign a statement:
 - a. Acknowledging the public school district is not liable as a result of any injury arising from the administration of an emergency dose medication by trained public school personnel; and
 - b. Indemnifying and holding harmless the public school employees and the public school district in which his or her child is enrolled against any claims arising as a result of the administration of an emergency dose medication by trained public school personnel.
 5. Education and training on the treatment of adrenal insufficiency and adrenal crisis shall be conducted annually to public school personnel who volunteer to administer an emergency dose medication by the school nurse for the public school at which the public school personnel are employed and shall include without limitation:
 - a. General information about adrenal insufficiency and the associated triggers;
 - b. Recognition of signs and symptoms of a public school student experiencing an adrenal crisis;
 - c. The types of medications for treating adrenal insufficiency and adrenal crisis; and
 - d. The proper administration of medication used to treat an adrenal crisis.
 6. The Division shall develop guidance and education for school nurses to train volunteer public school personnel as required under Section VII. B.

C. RECORDS

1. Records of volunteer training shall be kept on file at each school.

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2. For each student diagnosed with an adrenal insufficiency who attends a school, the school district shall maintain a copy of the student's Individualized Healthcare Plan, a list of school personnel who have volunteered and been trained to administer an emergency dose medication, and a copy of the written authorization of the student's parent, guardian, or person acting in loco parentis. The list of volunteer school personnel and a copy of the written authorization shall be updated annually and attached to the student's Individualized Healthcare Plan.
3. The list of volunteer school personnel shall include only the names of personnel who successfully completed the required training as set forth in Section VII. B. This list of volunteer school personnel should be published and made known to all school personnel.
4. The principal of each school, in conjunction with each school nurse, shall properly maintain all such records.

Adopted: 2023