BC Children's Hospital
Provincial Health Services Authority

Nursing Support Services
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Nursing Support Services (NSS) Principles of Care for Type 1 Diabetes Delegated Care Plan in the School Setting Using Continuous Glucose Monitoring (CGM) and Flash Glucose Monitoring (FGM) Technology

1. Families must be competent in managing all of their child's diabetes-related technological devices.
2. In order for the family to learn the technology and be able to engage in development of the care plan, the childmust wear the C/FGM[1] for 14 days before entering into a C/FGM delegated care plan in the school.
3. The care plan in the school focuses on two main goals: 1) to prevent hypoglycemia and to 2) to minimize the need for bloodglucose (BG) testing.
4. A child must be able to carry their own C/FGM receiver/wand if they are using this technology for SG monitoring at school.
5. Wearing a C/FGM provides families with pattern data that they are able to use at the end of the school day to inform their child's management and treatment decisions.
6. Prior to the child coming to school each day, the C/FGM must have had one of its daily calibrations (if applicable for the device) occur beforeschool so that the device is ready to be used safely. This calibration cannot be done by the EA/nurse at the school.
7. If the C/FGM receiver fails or if the C/FGM has not been calibrated, the child's non-C/FGM care plan willbe initiated and used for the remainder of the day.
8. Hypoglycemic events requiring administration of fast-acting sugar will require a BGM at 15 minutes post low treatment administration to confirm the child has recovered to a safe glucose level. This is due to documented inaccuracy of the sensor as a result of a child's physiological response to hypoglycemia (Walsh & Roberts, 2016) and (Scheiner, 2016)[2].
9. Before the child comes to school, the family will turn off the following alarms (high alert, fall rate and rise rate).These alarms will be turned off during school hours because:
    a. There are documented findings demonstrating that students find that alarms are disruptive to their school environment,
    b. Students experience "alarm fatigue" resulting in burnout and reduced participation with CGM/FGM, and
    c. There is an established protocol for checking the CGM/FGM receiving device a minimum of every 2 hours.
10. As per the Provincial Standards: Supporting Students with Type 1 Diabetes in the School Setting (March 2015),the child's school is responsible for providing the supports (e.g. EA) necessary to provide safe care for the child.
11. If a family chooses to "remotely follow" their child while at school, they will be responsible for purchasing their own data plan.
12. If a family chooses to place their child on a delegated care plan, the care plan will describe when the EA must contact the family. Outside of this, it is recognized that the family entrusts the care of their child to the EA.
13. EAs are not permitted to use personal devices to monitor the child. This includes devices purchased by thefamily for the school staff to use.

[1] "for simplicity in this document, C/FGM is used to represent use of continuous and flash glucose monitors that are Health Canada approved for non-adjunctive (without finger poke) use."

[2] Walsh, J. & Roberts, R., (2016). *Pumping insulin* (6th ed). Torrey Pines Press.; Scheiner, G. (2015). *Practical CGM. A guide toimproving outcomes through continuous glucose monitoring*. American Diabetes Association: Virginia.