
Safe at School®: Facilitating Independence Case Study

Case: Latonya, entering the sixth grade, became independent with her diabetes care over the summer. Though she has been administering her insulin doses for many years, she now counts carbohydrates and calculates doses as well, and only occasionally asks for confirmation of her doses. Latonya is uncomfortable administering insulin in public places or around anyone other than her immediate family. Latonya and her mother would like to begin the school year by storing her diabetes supplies in the school nurse's office. This will relieve the stress of deciding where she will administer her insulin doses each day and give her access to the school nurse should she have questions or need support. She will otherwise remain independent in her care. The school administration expressed concerns that if Latonya visits the school nurse's office to store supplies and ask questions when needed, she cannot also manage her diabetes independently.

Discussion: Each child requires a different level of support from school nurses and/or trained non-clinical school staff. Schools should be prepared to support students as they gradually transition to independent diabetes self-management.

- Independence of self-care occurs in stages for each step of self-management (glucose monitoring, carbohydrate counting, insulin administration, and glucose management), as described in the Diabetes Medical Management Plan (DMMP). This requires schools to allow for an individualized and flexible approach to supervision and for students to conduct their care independently when appropriate.
- School nurses should be aware of all students living with diabetes. DMMPs should be completed for all students and updated annually, regardless of the level of independence of self-care, to ensure accurate and prompt emergency care.
- All students and families should be introduced to the resources and school support available to them and be provided instructions on accessing these resources if they need assistance during the school year..
- The level of independence of diabetes care is highly personal and influenced by many factors, such as the child's:
 - Age
 - Maturity level
 - Duration of diabetes
 - Glucose control
 - Ability to understand and respond to glucose readings
 - Accuracy in calculating and administering doses
 - Ability to make good nutritional choices and count carbohydrates
 - Resources available at home
 - Family expectations influenced by cultural norms

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- Some students may experience a change in circumstances which will sometimes necessitate more support from caregivers and school nurses. Examples may include the start of a new medical device, new and more demanding social or educational stressors at school, or a concerning and significant deterioration of glucose control. When students transition to independence, some deterioration in glucose control may occur as the students learn to make good choices and practice new self-management skills.
- The advent of remote monitoring of pumps and sensors has allowed parents to collaborate directly in the supervision and management of their children while attending school. This important advancement allows students to intervene in advance of a high or low blood glucose (blood sugar) reading and to remain in the classroom to avoid missing valuable instruction time.
- The school nurse and staff are uniquely qualified to assist students in their journey to independence. This includes allowing for care plans with different levels of school nurse involvement, from full support to situations like Latonya's, depending on the student's level of independence. As students assume more responsibility in their self-care, it is important to encourage and provide a welcoming environment where students and families feel supported and able to ask questions without risk of judgment or consequence.
- School nurses can further support these students transitioning to full independence by:
 - o Establishing expectations and a plan for communication between families and school staff in the event of remarkably high or low blood glucose levels, even if the student is independent in their care.
 - o Observing and celebrating good self-care practices by the student, such as thorough cleaning of fingers before fingerstick testing or having the appropriate diabetes management supplies on hand.
 - o Coaching young students to describe and articulate their symptoms so they can communicate their needs to their teachers and nurses.
 - o When the school nurse assists a student who is independent in their care, the school nurse should document that interaction. However, school nurses do not need to document routine aspects of care that the students are completing independently.
- If the school nurse does not agree with independent care by a certain student, they should discuss their concerns with that student's parent and/or health care provider.