

ARKANSAS REGISTER

Proposed Rule Cover Sheet



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Agency or Division Name _____

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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



Arkansas Department of Health

Arkansas State Board of Nursing

1123 S. University Ave., #800 • Little Rock, AR 72204 • (501) 686-2700 • Fax (501) 686-2714

Governor Sarah Huckabee Sanders

Renee Mallory, RN, BSN, Secretary of Health

Jennifer Dillaha, MD, Director

Sue A. Tedford, MNsc, APRN, Director

MEMORANDUM

TO: Legal Notices
Arkansas Democrat-Gazette

VIA EMAIL: legalads@ardemgaz.com

FROM: Leslie Suggs, Executive Assistant to the Director

DATE: February 7, 2024

RE: Legal Notice

Please run the following ad for three (3) consecutive days, beginning Saturday, February 10, 2024.

NOTICE OF AMENDING THE ARKANSAS STATE BOARD OF NURSING RULES

On Wednesday, February 28, 2024, at 10:30 a.m., the Arkansas State Board of Nursing (ASBN) will hold a public hearing in the ASBN Boardroom located at 1123 S. University Ave., Suite 312, in Little Rock, Arkansas, regarding the proposed revisions to the following:

ASBN Rules:

Chapter One- General Provisions

Chapter Two- Licensure: RN, LPN, and LPTN

Chapter Seven- Rules of Procedure

Chapter Eight- Medication Assistant-Certified

*Chapter Nine- Insulin, Glucagon, and Medication for Adrenal Insufficiency
or Adrenal Crisis*

Chapter Ten- Alternative to Discipline

Chapter Eleven- Full Independent Practice Credentialing Committee

Copies of the proposed *Rules* are available at the ASBN office or you may view them at www.arsbn.org. Written comments should be submitted to the Director, Arkansas State Board of Nursing, 1123 South University Ave.; Suite 800, Little Rock, AR 72204; no later than Friday, March 8, 2024.

Please email me at Leslie.Suggs@arkansas.gov to confirm that you received this notice and that it will begin running on Saturday, February 10, 2024, for three (3) consecutive days. Thanks for your kind assistance.



Arkansas Department of Health

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Governor Sarah Huckabee Sanders

Renee Mallory, RN, BSN, Secretary of Health

Jennifer Dillaha, MD, Director

Sue A. Tedford, MNsc, APRN, Director

MEMORANDUM

DATE: February 7, 2024

TO: Office of the Arkansas Secretary of State
register@sos.arkansas.gov

FROM: Leslie Suggs
Executive Assistant to the Director

RE: Proposed Changes to the *ASBN Rules*:
Chapter One- General Provisions
Chapter Two- Licensure: RN, LPN, and LPTN
Chapter Seven- Rules of Procedure
Chapter Eight- Medication Assistant-Certified
Chapter Nine- Insulin, Glucagon, and Medication for Adrenal Insufficiency or
Adrenal Crisis
Chapter Ten- Alternative to Discipline
Chapter Eleven- Full Independent Practice Credentialing Committee

Our public comment period concerning this matter ends on March 8, 2024. A public hearing at our office is scheduled to take place on February 28, 2024, at 10:30 a.m.

Following is a summary of the proposed changes:

Chapter 1

The definition of *Full Practice Authority/Full independent Practice* was updated to align with the changes from Act 872 of 2023; definition of *Program Outcomes* was added to aid consistency in measurement by Arkansas nursing education programs; and updated the rules to reflect current fees charged to licensees.

Chapter 2

Definition of terms and editorial changes were made for clarification and to align with Nurse Licensure Compact (NLC), "means" replaced "is"; (ICNLCA) was added; removed the definition of "Covert"; "terminate the active status" replaced "change the status"; "in a party state" was added; "Executive", "of the ICNLCA" and "approved to perform duties as delegated by the Commission" was added; "referred to in Article IV of the Interstate Commission of Nurse Licensure Compact Administrators Bylaws" was removed; "as defined in Article II e" was added; "any" replaced "a"; "the existence of" was added to clarify to the public that the investigative information is not in the data system; "determine" was replaced by "ascertain", "and member board notifications related to" was added; "and any" was replaced with "or" to align with statute and provide clarification; added new rule that defines full party state participation in the coordinated licensure system required by statute; "Date" was removed; "shall be" replaced "was";

Chapter 2 (cont.)

provision was amended to take into consideration the completion of the transition to the enhanced compact while maintaining an explanation for the licenses which remain in force from the prior compact; provision was amended to clarify that the legacy clause does not pertain to a licensee who changes primary state of residence after the implementation date; deleted the sections numbered 2, 3, and 4 as they are no longer relevant; "Recognition of" and "After January 19, 2018" was removed from title and "Implementation By" was added; "The Executive Director shall notify" was added and "shall be notified by the Commission" was removed to align with current language; "within twelve (12)" replaced "six (6)" to assists states in providing more time to gather the necessary information for implementation; "Executive" "the new party" "the new home" "remote" was added; "new state" "a Compact" "That was not a member of the prior Compact" "a party" "all other" "another party state" was removed to align with current language; "Multistate" was added, "multistate licensee" replaced "nurse", "within 60 days" replaced section; Section was moved to improve re readability; "party state shall" "identify a license" was added and "license issued by a party shall be" "identified" was removed; Sections were removed as they are in statute; "home state" was replaced with "primary state of residence" to align with military statutory requirements; "the" was removed "a new party state's: added; "request" "and all party state Compact Administrators shall be informed of the result" was removed ; "contact the Executive Director to request" "through the Executive Director" was added to align with current language; removed duplicate rule as covered in ACA 17-3-102; changed "expedited" to "automatic"; and added education and national certification and removed the one-year limitation for veteran application per Act 137.

Chapter 7

Added two application types "prescriptive authority, full practice authority or" into the definition of fraud and deceit (full practice authority and prescriptive authority) to include all application types received by the Board of Nursing.

Chapter 8

To align rules with current statute editorial correction to reference correct act was made; Deleted section due to the Advisory Committee being dissolved by Act 365 of 2023; to align rules with current statute, changed "expedited" to "automatic"; renumbered and technical corrections (substituted certification for licensure); Added education and national certification and removed the one-year limitation for veteran application per Act 137 of 2023.

Chapter 9

Chapter title was updated to align rules with statue and Board of Education rules removing "and" "administration", adding "and medication for adrenal insufficiency or adrenal crisis"; removed Sections to align with the State Board of Education rules; "and the Arkansas State Board of Nursing's authority" "6-18-718" "and medication for adrenal insufficiency or adrenal crisis" "student" were added; "25-15-201 et seq" "and" "to Arkansas public school students diagnosed with diabetes" were removed to align with the State Board of Education rules and Act 1050 of 2021; definitions for Adrenal Crisis, Adrenal Insufficiency, Diabetes, Emergency Dose Medication, Licensed Healthcare Practitioner, Non-scheduled Dose of Insulin, Scheduled Dose of Insulin,

Chapter 9 (cont.)

and Stress Dose Medication were added to align with the State Board of Education rules and Act 1050 of 2021; definitions of Emergency Situation, Glucagon, Insulin, Licensed School Nurse Employed by a School District, and Trained Volunteer School Personnel were updated to align with the State Board of Education rules; “and/or” is replaced with “or both”, “administer” replaces “provide”, “injections”, “Arkansas Department of Education”, “review”, and “Division of Elementary and Secondary Education” are removed; “student’s individualized Healthcare Plan” replaces “health plan”, “volunteer” “are designated as care providers and” are removed and “have volunteered and been” is added; “written authorization of the student’s parent, guardian, or person acting in loco parentis” replaces “parent’s or guardian’s signed authorization”; “who are designated as care providers and trained to administer insulin and/or glucagon” is removed; “only” is moved and “such” is deleted; “trained to administer insulin and/or glucagon for each school is removed to align with the State Board of Education rules; and Sections were added to align with the State Board of Education rules and Act 1050 of 2021.

Chapter 10

All references to “licensee” were changed to “individual”; added “certification” by the Board of Nursing in addition to licensure; deleted the term “nursing” in reference to practice type; changed “licensee” to “participant”; and changed the term “nurse” to “individual”.

Chapter 11

To align with Act 872 of 2023 added “Clinical Nurse Specialist” to qualified license types; updated definition of Full Independent Practice Authority to include Clinical Nurse Specialist; added the definition of Clinical Nurse Specialist; “collaborative practice” was deleted and “board required” “with a physician” was added to align with Act 872; and clarification of requirements for APRNs who have practiced in another state or territory was added.