



OFFICE OF STUDENT SUPPORT SERVICES  
89 WASHINGTON AVE., ROOM 318M EB  
ALBANY, NEW YORK 12234  
(518) 486-6090; FAX: (518) 474-8299  
<http://www.p12.nysed.gov/sss/>

SUBJECT: Clarification on Insulin Pumps

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A significant increase in questions from the field has prompted the State Education Department to provide clarification on the operation of students' insulin pumps, specifically related to the role of medically unlicensed school personnel. An insulin pump is a computer driven device to administer a continuous infusion of subcutaneous insulin. It replaces the need for frequent insulin injections. The pump is comprised of an infusion set (which includes small needle or plastic catheter) that is inserted into the skin, tubing or pod, and the pump itself. It is the responsibility of the parent/guardian to send all medications and equipment for medication administration into the school. For students who are on insulin pumps parent/guardians should provide the following to the school:

- sufficient insulin in the pump reservoir for the school day,
- medical provider orders which include a back-up plan in case the pump is not working or is out of insulin; such as administration of insulin by a syringe or an insulin pen, and
- an extra infusion set. The new infusion set could be connected to the pump and the tubing would not need to be primed or the reservoir filled.

**Licensed health professionals** are the only school personnel permitted to calculate insulin dosages, administer insulin, program the insulin pump, refill the reservoir, and change the infusion site because these are a component of medication administration. Unlicensed personnel **are not** permitted to perform these functions.

Routine reliance on the school nurse (a registered professional nurse) to refill an empty pump reservoir is not recommended. Although the school nurse is capable of learning to fill the reservoir or pod and prime the tubing, this is a technical skill which requires regular practice. In order to maintain competence in this skill a nurse would have to perform this task on a regular basis. As an example, if training is done in September but not needed until March, it is likely the nurse may not be proficient in the process. This is especially problematic if the tubing is not primed correctly, as it could lead to errors in insulin dosage and pump functioning.

**Self-directed students** have both a provider order and written parent/guardian permission stating they are self-directed and independent in their use of an insulin pump. Therefore, the self-directed student must be able to calculate their dosage and program the pump themselves.

**Unlicensed school personnel trained by a licensed health professional**

- may assist a self-directed student in programming their own pump by either verifying the accuracy of the student's math in calculating their own carbohydrate count; or by reading the pump screen to the student verifying the number input is the number the student intended to input.
- may be trained by a licensed health professional to administer emergency glucagon to a student who has emergency glucagon orders from their medical provider. See: <http://www.schoolhealthservicesny.com/uploads/Glucagon%20Memo%203-22-04.pdf>
- may perform blood glucose monitoring as outlined in the 2001 School Executive's Bulletin: <http://www.schoolhealthservicesny.com/uploads/Blood%20Glucose%20Monitoring-EMSC%20Bulletin.pdf> . The calculation of an insulin dose based on the blood glucose reading cannot be done by unlicensed school personnel and must be calculated by a licensed health professional.

Questions related to insulin pump use in schools should be directed to the State Education Department's Office of Student Support Services at 518-486-6090 or [studentsupportservices@mail.nysed.gov](mailto:studentsupportservices@mail.nysed.gov)