

Appendix 4 – Competency and Skills Checklists

Alabama State Department of Education
 Competency Checklist – Unlicensed Diabetic Assistant (UDA)
 Diabetes Management in the School Setting

Name of Unlicensed Diabetic Assistant: _____

School: _____

The successful completion of this checklist certifies that you are competent to assist the diabetic student in diabetic care while in the school setting. Return demonstration is required until competency is attained. This competency must be renewed annually and/or as needed throughout the year.

KNOWLEDGE SETS	Date	(Trainer Initials)	Comments
Describes what diabetes is: <ul style="list-style-type: none"> • Type I • Type II 			
Hypoglycemia and Hyperglycemia: <ul style="list-style-type: none"> • Verbalizes symptoms of hypoglycemia (mild, moderate, severe) • Verbalizes treatment for mild-moderate hypoglycemia • Verbalizes treatment of severe hypoglycemia. • Certified in glucagon training • Verbalizes symptoms of hyperglycemia • Verbalizes treatment of hyperglycemia 			
Verbalizes typical needs for the student with diabetes during school hours: <ul style="list-style-type: none"> • Bathroom • Water, snacks & blood glucose testing in classroom if appropriate • Field trip accommodations/plans • 504 and IHP • After school/extracurricular activities 			
Verbalizes who should be contacted if suspect a student with diabetes needs assistance: <ul style="list-style-type: none"> • Identifies school nurse & contact info • Identifies student's diabetes trained unlicensed medication assistants & contact info • Describes procedure for activating Emergency Medical Services (EMS) 			
Verbalizes location of orders-in the student specific IHP			
Blood Glucose Monitoring: <ul style="list-style-type: none"> • Verbalizes purpose of the blood glucose monitoring procedure • Understands and verbalize appropriate times to do monitoring according to IHP 			

<ul style="list-style-type: none"> • Identifies supplies needed to do blood glucose monitoring • Verbalizes and demonstrates the proper procedure to do a blood glucose monitoring 			
<p>Urine Ketones:</p> <ul style="list-style-type: none"> • Verbalizes purpose of urine ketone monitoring • Understands and verbalizes appropriate times to do urine ketone monitoring according to IHP • Verbalizes what, if anything, needs to be done for each level of ketones present • Verbalizes and demonstrates the proper procedure to do a urine ketone monitoring. 			
<p>Insulin administration via insulin pen</p> <ul style="list-style-type: none"> • Verbalizes the purpose of the procedure • Refers to and verbalizes from the IHP proper timing and dosing of insulin with insulin pen • Identifies supplies needed to deliver insulin with an insulin pen • Verbalizes and demonstrates the procedure for delivering insulin with an insulin pen 			
<p>Insulin administration via insulin syringe</p> <ul style="list-style-type: none"> • Verbalizes the purpose of this procedure • Refers to and verbalizes from the IHP proper timing and dosing of insulin with insulin syringe • Identifies supplies needed to deliver insulin with an insulin syringe • Verbalizes and demonstrates the procedure for delivering insulin with an insulin syringe 			
<p>Insulin Pumps</p> <ul style="list-style-type: none"> • Verbalizes understanding of proper use of student specific insulin pump • Demonstrates how to correctly enter carbohydrates into insulin pump • Demonstrates how to correctly scroll through screens/menus to properly use bolus calculator • Demonstrates how to properly give bolus using bolus calculator and verifies that dose calculations are within parameters as stated in IHP • Demonstrates how to check bolus history • Demonstrates how to disconnect pump at insertion site “by pulling site off like a “band-aid” in case of severe low blood sugar • Verbalizes understanding of need for increased monitoring of blood sugar when blood sugars are high as indicated in IHP • Verbalizes understanding of how to respond to pump alerts and alarms and when to contact parent and/or school nurse • Verbalizes and demonstrates understanding of continuous glucose monitoring if ordered with student’s insulin pump • Verbalizes and demonstrates blood glucose monitoring via fingerstick if student’s continuous glucose monitoring is out of range according to IHP. 			

Glucose Monitoring Skills Checklist

Staff member: _____

Initial Training Date: _____

Skill	RN initials	learner initials	Re-assessments		
			Date + initials x 2	Date + initials x 2	Date + initials x 2
I. State name and purpose of task and location of supplies					
II. Identify supplies					
A. IHP					
B. Meter (student's personal meter or meter provided by family)					
C. Manufacturer's instruction booklet, if available.					
D. Meter strips or cartridges					
E. Lancing device					
F. Disposable Gloves					
G. Tissue or cotton ball, adhesive bandage if needed					
H. Sharps container or disposal plan					
III. Preparation					
A. Review IHP					
B. Review Universal Precautions					
IV. Procedure					
A. Gather supplies					
B. Prepare work area					
C. Wash hands and put on gloves					
D. Student washes hands in warm, soapy water					
E. Turn meter on, insert strip and check codes (if applicable)					
F. Insert lancet and "cock" device. Puncture finger/alternative site with					
G. Apply blood to strip.					
H. Place cotton ball or tissue over lanced area.					
I. Read result (correctly)					
J. Remove strip and lancet, dispose of it properly.					
K. Dispose of other supplies appropriately.					
L. Inspect area for blood spills and follow district/program protocol for cleaning.					

Skill	RN initials	learner initials	Re-assessments		
			Date + initials x 2	Date + initials x 2	Date + initials x 2
M. Remove gloves, wash hands					
N. Follow IHP for action plan.					
O. Document procedure on student's individual treatment record.					

Staff member signature _____ Initials _____

School nurse signature: _____ Initials _____

**Alabama Department of Education
Competency Checklist – Unlicensed Diabetic Assistant
Glucagon Training**

Name of Unlicensed Diabetic Assistant: _____

School: _____

The successful completion of this checklist certifies that you are competent to provide emergency medical assistance to students with diabetes who are experiencing severe hypoglycemia. Return demonstration is required until competency is attained. This competency must be renewed annually and/or as needed throughout the year.

KNOWLEDGE SETS	Date	Demonstrated Competency Trainer Initials	Comments (Repeat competency date, if applicable)
Describes the importance of blood glucose control			
Reviews symptoms of hypoglycemia (mild, moderate, severe)			
Identifies treatment based on symptoms (mild, moderate, severe)			
Identifies treatment supplies (fast-acting glucose, carbohydrate/protein appropriate snacks, glucagon kit)			
States purpose of glucagon and when it should be used			
Understands side effects of glucagon and potential complications			
SKILLS SETS	Date	Demonstrated Competency Trainer Initials	Comments (Repeat competency date, if applicable)
Recognizes Symptoms of hypoglycemia			
Calls 911			
Positions student on side			
Demonstrates proper preparation of glucagon solution			
Demonstrates proper injection technique (clean site, inject at 90° apply pressure)			
Knows to keep student on side and remain with students until EMS assumes control			
Notifies parent/guardian			
Documentation of event			
Completes unusual occurrence report and sent to LEA's Lead Nurse			

I, _____ certify that on _____, I completed training Printed Name of UDA
Signature of UDA *Date*
 per the competency guidelines above and that I am competent to provide emergency medical assistance to students with diabetes who are experiencing severe hypoglycemia in the school setting. I agree to immediately notify the school nurse assigned or school administrator should I have questions, or need a refresher.

I, _____ certify that on _____, the above employee has completed training
 Printed Name of RN *Signature of RN* *Date*
 and is competent to assist in the care of diabetic students in the school setting.

Insulin Administration by Pen Skills Checklist

Staff member: _____ Initial Training Date: _____

Skill	RN initials	Learner initials	Re-assessments		
			Date + initials x	Date + initials x	Date + initials x
I. State name and purpose of task, and location of supplies					
II. Identify supplies					
A. IHP					
B. Insulin cartridge					
C. Insulin pen, pen needles, manufacturer's instruction booklet, if available					
D. Sharps disposal container					
E. Gloves, alcohol swabs, cotton balls					
III. Preparation					
A. Review IHP - determine the insulin dose from health care provider orders					
B. Review Universal Precautions					
C. Acquire blood glucose reading					
IV. Procedure					
A. Gather supplies					
B. Wash hands, put on gloves.					
C. Determine type of pen that is used: <ul style="list-style-type: none"> • Check cartridge level, to be sure it's the correct type, and expiration date has not passed • Prefilled disposable pen: cartridge is already in the pen. • Reusable pen: most of the time insulin cartridge will be in the pen. If not, load pen cartridge into pen. 					
D. Remove insulin pen cap, clean rubber stopper with another alcohol swab.					
E. Take out new packaged needle, remove its protective tab. Do not touch where the needle will attach to the pen.					
F. Carefully screw on the needle onto the end of the insulin pen and remove protective cap.					

Skill	RN initials	Learner initials	Re-assessments		
			Date + initials x	Date + initials x	Date + initials x
G. Prime the needle. 1. Pulling out plunger on the end of the pen and dialing the pen to '2'. 2. Point pen away from people and press the plunger until dose selector returns to zero. Liquid should come out of the needle; if it doesn't repeat priming process.					
H. Verify the dose 1. Recheck IHP 2. Check that the dose selector is set at zero, then dial number of units needed. 3. Check dialed dose on pen					
I. Verify dosage with another staff member.					
J. Use pen to inject insulin					
1. Assist the child in choosing the injection site and swab with alcohol, if used. The area should be clean. Injection sites should be rotated.					
2. Pinch skin and insert insulin pen needle at 45-90° angle.					
3. Push the injection button down completely to deliver insulin and count ten seconds with skin pinched and needle in place.					
4. Remove insulin pen from skin. Apply slight pressure to the injection site with cotton ball, if needed.					
K. Do not replace the protective needle cap; carefully unscrew pen needle to remove from pen and dispose of needle in sharps container. Remove gloves and wash hands.					
L. Put insulin pen cap back on pen for storage and return pen to storage area. (If insulin needs to be refrigerated, store entire pen in refrigerator.)					
M. Document procedure in student's individual treatment record.					

Staff member signature _____ Initials _____

School nurse signature _____ Initials _____

Insulin Administration by Pump Therapy Checklist

Staff member: _____ Initial Training Date: _____

Skill	RN initials	Learner initials	Re-assessments		
			Date + initials x 2	Date + initials x 2	Date + initials x 2
I. State name and purpose of task and location of supplies					
II. Identify supplies					
A. Student IHP					
B. Meter, lancets, strips, and alcohol wipes.					
C. Sharps container					
D. Disposable medical gloves					
E. Injectable insulin supply and syringes or insulin pen in event of pump or site failure.					
F. Extra batteries and other pump supplies (e.g., infusion set and inserter, reservoir and insulin) specific to student for pump maintenance.					
III. Preparation					
A. Review Universal Precautions					
B. Review student's IHP. 1. Determine the insulin dose from the HEALTH CARE PROVIDER ORDERS					
C. Acquire blood glucose reading.					
IV. Procedure					
A. Demonstrate basic operating functions of the pump based on manufacturer's instructions:					
1. Identify insertion set, tubing, and cartridge components of pump.					
2. Check pump status					
3. Identify the last bolus given					
4. Suspend the pump					
5. Verify the pump is not in 'no delivery' mode					
6. Change the batteries in the pump					
7. Check insulin reservoir and insertion site					

Skill	RN initials	Learner initials	Re-assessments		
			Date + initials x 2	Date + initials x 2	Date + initials x 2
<p>A. Demonstrate using pump to give bolus</p> <ul style="list-style-type: none"> • If using the insulin dose calculator (Bolus Wizard) function in the pump (if present), review how to look at pump dose calculations for dose of insulin, verify dose is within parameters and activate to administer dose. • If not using Wizard feature, demonstrate how to give a manual bolus based on the carbohydrate intake and blood glucose correction calculations • Document procedure on student's individual treatment record. 					
B. Troubleshoot pump malfunctions					
1. Describe symptoms of severe hypoglycemia and appropriate pump interventions.					
2. Describe symptoms of severe hyperglycemia and appropriate pump interventions.					

Staff member signature _____ Initials _____

School nurse signature _____ Initials _____

Urine Ketone Monitoring Skills Checklist

Staff member: _____ Initial Training Date: _____

Skill	RN initials	Learner initials	Re-assessments		
			Date + initials x 2	Date + initials x 2	Date + initials x 2
I. State name, purpose of task and location of supplies.					
II. Identify Supplies					
A. IHP					
B. Gloves					
C. Testing strips and comparison chart					
D. Cup for urine					
E. Protected testing area (e.g., waterproof disposable pad)					
F. Timing device (watch or clock with a second hand)					
III. Preparation					
A. Review Universal Precautions					
B. Review IHP					
IV. Procedure					
A. Gather supplies.					
B. Prepare work area.					
C. Wash hands puts on gloves					
D. Student collects urine					
E. Place cup of urine on protected area (waterproof disposable pad)					
F. Dip ketone testing strip in urine, tap off excess					
G. Time appropriately					
H. Compare strip to comparison chart, accurately read results					
I. Dispose of all supplies appropriately, remove and dispose of gloves, wash hands					
J. Follow IHP for action plan					
K. Document procedure on student's individual treatment record.					

Staff member signature _____ Initials _____

School nurse signature _____ Initials _____