Certification of Training in Glucagon Administration for Volunteer Personnel in Schools

Name of Volunteer Personnel: _____

School: _____

This document identifies you as a school employee who has volunteered to provide emergency medical assistance to students with diabetes who are experiencing severe hypoglycemia. This *Certification of Training in Glucagon Administration for Volunteer Personnel in Schools* provides documentation that you have received the "Glucagon Emergency Administration Training Tool" training by a registered nurse, demonstrated competency in carrying out the related procedures, and are adequately prepared to perform such duties in the case of a hypoglycemic emergency. This certification must be renewed on an annual basis, at minimum, with the opportunity to review procedures more frequently if requested or deemed necessary.

Hypoglycemia and Glucagon Administration Skills Checklist

KNOWLEDGE SETS	Date	Demonstrated Competency	Date	Demonstrated Competency	Date	Demonstrated Competency
Describes 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						
SKILL SETS – ADMINSTERING GLUCAGON	Date	Demonstrated Competency	Date	Demonstrated Competency	Date	Demonstrated Competency
Knows when to call 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 student until EMS assumes control.						

I certify that the above employee has been trained to administer glucagon in accordance with the "GLUCAGON EMERGENCY ADMINISTRATION TRAINING TOOL" and is competent to respond appropriately in the event of such an emergency.

_____

Signature of School Nurse/Trainer

_____

Printed Name of School Nurse/Trainer

_____

Signature of School Administrator

_____

Printed Name of School Administrator

I certify that I have received the training outlined above and believe that I am competent to provide emergency assistance to a student experiencing severe hypoglycemia. I understand that if I have any questions or learn of any changes in the physician's written orders for the student, I will immediately contact the school nurse and/or district administrator. If for any reason I feel that I am not adequately trained, need a review, or do not wish to continue to provide this assistance for any reason, I agree to immediately notify the school nurse or district administrator.

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Signature of Volunteer Trained Personnel **Date**