

Date

Patient Care Quality Office

(your specific Health Authority)

(Mailing Address):

(Insert your introduction, describing who you are and your nature of your individual complaint against Nursing Support Services ie) refusal to train staff for Glucagon administration, refusal to train staff for administration of insulin injections by syringe or pump bolus, discharge before parent/doctor deemed child was ready for discharge, refusal for direct care, lack of sufficient staff training which caused unsupervised low blood glucose, lack of response for continued high blood glucose, other unsafe conditions, lack of response to concerns in a timely manner, lack of supervision of staff, not following NSS guidelines and procedures as detailed in the 2012 NSS Program Guidelines.)

We believe that Nursing Support Services are in violation of our T1 children's rights and are responsible for delivering increasingly inadequate and inconsistent T1 Diabetes care. The current NSS T1 support guidelines restrict our children's learning outcomes and put not only their learning, but also their short-term, and long-term health at risk. (Insert which HA) Health Authority is responsible for allowing NSS to operate and we would like to file an official complaint, as we believe policy needs to be changed.

The current model creates a 3-tier system with regards to T1 diabetic care in schools.

1. Some children receive no support what so ever, depending on their age, and which school district and school they attend.
2. Some receive some level of basic support.
3. A select few have been able to arrange independent diabetes care plans (private diabetes management plans negotiated with school districts), which operate outside of NSS support. The latter tier represents the most optimum level of care that provides the **best** level of medical support and the **best** opportunity for learning outcomes. It is not cumbersome for schools.

NSS will not support these plans. The reason appears to be revolved around policy and inadequate Nursing staff training, not the student's health and learning. However, it is not explained this way.

School districts look to NSS for guidance. NSS policy is based on a management system that was devised for a 1950s discovery that allowed a regimen of twice daily injections. This antiquated regimen, which is still commonly prescribed, so kids can go to school, is the only care plan available.

It does not work for children who do not follow this regimen and yet we are told that they must fit a nursing model that does not work for them and not a plan that would meet children's needs. The unwillingness by NSS to adapt to the medical needs of a varied clientele is unthinkable in terms of appropriate medical practice, but also constitutes discrimination.

***The main issues needing review:***

- NSS Type 1 Diabetes Management Guidelines are inadequate, as they do not consider a child's individual care needs; they have not kept pace with current management technologies.
- The model is a cookie cutter –one plan fits all. They are also inconsistently delivered, as there appears to be no standardized level of care between schools and districts.

- NSS and most school districts refuse to allow staff to be trained to administer Glucagon, which can save the life of a Type 1 Diabetic child suffering from severe hypoglycaemia. Health Canada, the CDA, JDRF and BCCH all recommend using Glucagon for emergency hypoglycaemic treatment. Some lower mainland districts have recognized the potential liability for NOT providing this life-saving medication, and have allowed aides to be trained to administer Glucagon. NSS guidelines indicate that they are required to discuss the option of Glucagon with parents (to determine if it is in the best interest of the child) but consistently refuse to do so, subsequently ignoring their own guidelines.
- The policy with regards to discharge (from support) puts students at risk. NSS guidelines require discharge from care to be based on a student's level of self-management; instead, NSS consistently discharges based solely on age or grade. This is often done while disregarding the written recommendations for care from the child's medical specialist.
- NSS does not have the medical qualifications to be making the decisions they do with regards to children's Type 1 Diabetes care. They claim to review their guidelines annually, but Leah Dobell, Manager of Nursing Support Services, stated that it was only a few individuals, including " herself, and a couple of her colleagues" that reviewed policy. Leah Dobell is not a Certified Diabetes Educator, nor a Diabetes Nurse Clinician, nor an Endocrinologist nor a diabetes specialist. Yet, she feels that it is her place to make and implement policy concerning diabetic school care without consultation with parents.

A recent article published in the BC Medical Journal linked hyperglycemia to cognitive function in school-aged children.

It has been found that the school care plan regimen supported by NSS directly contributes to this problem. The current NSS care plan model does not allow for timely correction of high blood sugars, as school staff are not usually allowed to aid students in this way. Instead, it focuses mostly on avoiding lows by providing a regular feeding program that does not necessarily require blood sugar checks prior to food. A regimen like this is easy for schools, but harmful to kids.

27 leading B.C. endocrinologists and diabetes researchers endorsed this article and its call for a change to school policy concerning type 1 diabetic care.

***Requested Action:***

Consider the negative impact that Nursing Support Services policy and procedures are having on children with Type 1 Diabetes. My child's safety, educational outcomes, and long-term health are being adversely affected by insufficient medical support at school.

Thank you and I look forwards to hearing from the Patient Care Quality Office (or insert other closing as desired).

(Insert Name and Contact information)