Westerville City School District
Remote Continuous Glucose Monitoring Agreement

School year: _____

Student Name:_____ School:_____

Student Number:_____

I, _____, request that the school nurse and/or trained clinic personnel monitor my student's, _____, blood glucose during the school day via a continuous glucose monitor (CGM) (i.e. Dexcom) **remotely** on a district device located within the school health office or with designated school personnel.

The WCSD will take the following into account based on current[1] *American Diabetes Association CGM Monitoring in the School Setting* recommendations when data sharing and monitoring is requested by the parent/guardian. The goal will be to manage diabetes needs while also promoting student wellbeing and minimizing unnecessary interruptions in the school day. The school will follow the DMMP/provider orders to use the CGM for routine, periodic, and emergent blood glucose monitoring and ensure a timely response to CGM alarms.

Please carefully review and initial the following:

_____ I understand that the school district is not responsible for providing the CGM receiver or the Bluetooth device to transmit data. A district ipad will be kept in the school health clinic or with designated school personnel for data sharing and real-time monitoring (the "Monitoring Ipad"). Multiple students may be monitored on the same school device.

_____ I agree to prepare an electronic invitation to the school nurse via the CGM (i.e. Dexcom) share application and send it via email to the clinic email provided by my student's school nurse. Staff will not follow my student's blood glucose on their personal devices.

_____ I understand the district will allow student use of the District's wireless network. I understand that the availability of this monitoring service is subject to the availability and functionality of district Wifi. The District makes no warranties, guarantees, or promises regarding the availability of wireless data while on WCSD property or otherwise.

_____ I understand that students with a device capable of sharing data may share data real time with the parent/guardian as appropriate, subject to the availability of wireless network or the student's data plan. The parent/guardian may communicate directly with clinic staff via text to the Monitoring Ipad or phone call to the clinic. In order to further more efficient communications, any text messages should be accompanied by a phone call to the school office or clinic. Speaking directly with school staff is the best way to ensure communication is received in a timely manner.

[1] The most current recommendations are dated June 20, 2024.

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_____ I agree to work with the school nurse to determine a communication plan to provide actionable updates on trends throughout the school day, if needed, and to establish expectations regarding the frequency of such communications.

_____ I understand school staff, including the school nurse and trained delegated school personnel, will respond to low and high blood glucose alarms rather than the constantly fluctuating trends and numbers. Alarm settings on the Monitoring Ipad and guidelines will be set in accordance with the provider orders and as specified in the student's individualized health care plan. Health care providers may include trend arrows in treatment orders and parents/guardians may include arrows to guide treatment in the student's individualized health care plan developed with the school nurse.

_____ I understand parents/guardians are responsible for setting the CGM alarms and notifying the school nurse of the parameters. Alarms should be set for low blood glucose and high blood glucose when treatment/action is needed. This will help the student avoid alarm fatigue and enhance learning and participation. Frequent alarms or interventions related to the CGM sensor readings can be disruptive to class time for students.

_____ I acknowledge that my student is aware of the CGM alarms, alarms will remain set, and understands to notify their teacher, school nurse, or other WCSD staff when an alarm sounds.

_____ I understand school nurses and clinic staff will make best efforts to remotely monitor CGM readings. However, school staff are responsible for keeping all students safe in the school setting. The District does not guarantee the availability of continuous remote monitoring as a result of clinic caseload, related responsibilities, or in the event of a school-related emergency. I acknowledge that no WCSD employee is responsible for and/or will constantly monitor my student's glucose on the App/Program.

My signature below indicates that I acknowledge, understand, and agree to all terms outlined above. This agreement is active for one school year and may be terminated at any time by a parent/guardian.

Parent/Guardian Name: _____

Parent/Guardian Signature: _____ Date: _____

School Nurse Name:_____

School Nurse Signature:_____ Date: _____

8/2024