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July 2, 2003

TO: Barbara Zittel

FROM: Frank Muñoz

SUBJECT: Glucagon Meeting

In response to recent inquiries relating to glucagon injections, the New York State Education Department's Office of the Professions convened a meeting on June 23, 2003. Present at the meeting were: Frank Muñoz, Douglas Lentivech, Lawrence Mokhiber, Susan Naccarato, Laurene O'Brien, Dr. David Clark (Albany Medical Center), David Hoffman (DOH), and Maureen Spence (DOH). The specific inquiry presented to this panel was the legal ability of a licensed registered nurse to train unlicensed individuals in the injection of glucagon in emergency circumstances. Typically, this issue arises in school settings where a student known to have a diagnosis of diabetes is in attendance.

As a matter of background, two Departmental memoranda speak generally to this issue. A Q & A issued in 1998 by Johanna Duncan-Poitier, Lawrence Gloeckler and James Kadamus contains a statement that a registered nurse can train unlicensed individuals in the administration of injectable glucagon as a treatment for hypoglycemia. A June 2002 field memo from Johanna Duncan-Poitier and James Kadamus specifically allows school nurses to train unlicensed individuals in the administration of epi-pen injections, but also appears to generally confirm the practice of training unlicensed individuals in the administration of medications in certain emergency circumstances. That memo, recognizing the public protection interest in having persons trained in administering glucagon in settings where students with diabetic conditions are at risk, required:

1. that the training be premised upon the use of the injection only in emergency situations
2. that the person providing the training must possess adequate licensure, knowledge at preparation to adequately provide the training
3. that the training must be provided in a manner that is neither negligent nor grossly negligent, as defined in the Education Law and Rules of the Board of Regents.

The legal analysis that gave rise to this interpretation is premised upon the nature of SED's jurisdiction over professional licensees. Specifically, a licensee would not be subject to misconduct, *per se*, for providing such training because no particular misconduct rule would apply. The potential violation of aiding and abetting an unlicensed person in the practice would be lawful pursuant to the emergency exemption. The unlawful delegation violation would not apply to the

specific facts of this issue because the nurse would be providing general training rather than delegating a task that requires licensure to a specified individual.

There was general concurrence that the process of glucagon training, by a registered nurse, to a group of individuals who may encounter an emergency and need to administer glucagon would not, as a general rule, be a violation of the rules of professional conduct. This consensus was premised upon adherence to the three factors cited earlier and in conjunction with additional technical information provided at the meeting. This technical information included statistical analysis that showed no cases of mortality in the use of glucagon injections in addition to a description of the glucagon injections commonly used. The glucagon injection kit recommended by the American Diabetes Association is similar in design to auto injectors and would make the training of unlicensed individuals as well as the ultimate administration of glucagon much safer. The group recognized the use of the American Diabetes Association recommended kit as being a best practice standard.

In conclusion, the recommendation of the multi-agency panel is to permit licensed registered nurses to engage in the training of unlicensed individuals for the purposes of glucagon administration in emergency situations. This recommendation is subject to the parameters, guidelines and circumstances described herein.

cc: Johanna Duncan-Poitier
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Joseph Porter