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State School Legislation: Needed Protection for Students with Diabetes

By Shereen Arent, JD*

Diabetes requires management twenty-four hours a day, seven days a week. Constant management is needed to avoid the long-term complications of high blood glucose levels, including heart disease, kidney disease, amputations, and blindness, and the potentially life-threatening short-term complications of very high or very low blood glucose levels. Blood glucose levels outside of the student's target range can also severely hinder the student's ability to learn. All students with diabetes must be able to check blood glucose levels at school and to respond to levels that are either too high or too low. Some students are able to handle all aspects of routine diabetes care by themselves. Others, due to age or developmental level, will need help with these tasks. All students with diabetes will need help in emergency situations.

Those are the needs, but in reality they are often not met. The American Diabetes Association (ADA) hears from families of children with diabetes who face real barriers to diabetes care at school. Stories include children being excluded from their neighborhood schools, parents quitting jobs to be available to provide diabetes care at school, high school students who must miss valuable class time to check blood glucose levels, and students who are not permitted to participate in field trips or extracurricular activities. Parents are told that, were their child to become unconscious from severe hypoglycemia, no one would provide a life-saving injection of glucagon. In these schools, basic medical safety and equal educational opportunity does not exist for students with diabetes.

Parents are also frustrated with the lack of uniformity between schools. While some schools have a full-time school nurse and a well-established policy for diabetes care at school, another school in the same district may have no diabetes policy and be unwilling to make accommodations.

These basic safety issues and the lack of consistent treatment have led the American Diabetes Association to develop model state legislation for diabetes care at school. Its goal is to identify the major barriers to adequate school diabetes care in a given state and set up a means to overcome these barriers in a way that benefits the school system as well as students with diabetes. Thus, legislation, when needed, is adapted to the needs of an individual state.

Generally, diabetes school legislation calls for: (1) permitting students who are competent to do so to check their own blood glucose level wherever they are in conjunction with a school-related activity; and (2) requiring a set number of staff

members to be trained to administer blood glucose tests and insulin to students who need help as well as to administer glucagon in cases of severe hypoglycemia. Self-management and administering medication must be done pursuant to a health care plan signed by the student's personal health care team.

The rationale for allowing competent students to test and treat wherever they are is that it is medically much safer and minimizes the amount of instruction time students must miss for diabetes care. The rationale behind training school staff in certain diabetes care tasks is that this assistance must be available at all times for a student with diabetes to be medically safe. The best person for these important tasks is the school nurse. ADA supports efforts to increase the number of school nurses and would like to see a full-time nurse in every school building – a far cry from the current situation. Moreover, an even more fundamental problem exists. Even in schools with a full-time nurse, he or she generally isn't available for field trips or school-sponsored before and after school activities. Yet, diabetes care is needed at all times.

The bottom line is that adequate diabetes management at school cannot be accomplished without staff trained in proper diabetes care to supplement the school nurse. The ADA did not reach the conclusion that non-health care professionals can be competently trained to provide diabetes care tasks lightly. The Association's Position Statement: Care of Children with Diabetes in the School and Day Care Setting¹ is peer-reviewed and approved by ADA's Professional Practice Committee and the Executive Committee of the Association's Board of Directors. Additional review was sought from diabetes nurses, diabetes educators, and pediatric endocrinologists from around the country to make sure that the statement reflects broad consensus of the diabetes health care community.

Trained diabetes personnel are not intended to replace the school nurse or to undercut the crucial role that school nurses play in school diabetes management. The ADA has learned that it is important to be explicit about the role of the school nurse in diabetes school legislation and will make sure that role is included in future legislative efforts.

NASN and ADA share the most important fundamental concern: assuring the health, safety, and educational opportunity of students with diabetes. State school legislation offers one of many opportunities for our organizations to work together toward that goal. Open communication is key to preventing the political process from distorting our shared goals and values. Please let us know if you have concerns about school diabetes legislation. Help us to identify barriers to adequate diabetes care and, when legislation is appropriate, how we can fashion the legislation to better meet the needs of school nurses and the students with diabetes they care for. Please contact us at 703-549-1500 ext. 2108 or sarent@diabetes.org. Together we can make schools a safe – and welcoming – place for students with diabetes.

Editor's Note: As members of the National Association of School Nurses may be aware, the American Diabetes Association (ADA) has been supporting school diabetes legislation in a number of states. This article was written following a discussion NASN had with the author about NASN concerns related to such legislation in many states.

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¹ American Diabetes Association: Care of children with diabetes in the school and day care setting (Position Statement). *Diabetes Care* 25 (Suppl. 1):S122–S125, 2002.