

Safe at School: Meeting the Needs of Students with Diabetes

Position

The Kentucky Diabetes Network Inc., and the American Diabetes Association support the passage of legislation that: (1) requires school districts to train a minimum number of school personnel to administer insulin and provide other needed diabetes care to students at every school where a student with diabetes is enrolled; (2) prohibits limitations on school choice because of the absence of a school nurse or other trained school personnel to provide care at the student's home school; and (3) requires schools to permit capable students to provide self-care, anywhere, anytime. This legislation will enable Kentucky students with diabetes to have access to same opportunities as their peers.

Rationale

The management of diabetes in children is 24/7, including the many hours a child spends in the school setting which include the school day, school sponsored extra-curricular activities and field trips. Many districts in Kentucky only employ one nurse to be responsible for 4 or 5 different schools. Kentucky students with diabetes are currently being discriminated against by their schools districts due to the unavailability of the school nurse or other trained personnel to meet the individual needs of the student at the student's home school. The reality is that even a full-time school nurse cannot be in all places at all times. Unfortunately, some students with diabetes enrolled in Kentucky schools have been unfairly required to transfer to other schools in order to receive care needed during the school day and during their participation in school activities such as sports and field trips. In addition, some parents are unable to maintain employment due to their need to go to school to administer insulin to their child. In order for children to thrive, achieve academic success, and to be safe, there must be, in addition to a school nurse, trained school staff members available at all times to provide needed care to the individual students at their home school. This is a model of school diabetes care that has already been implemented and is working well in most school districts in the United States.

Background

Diabetes affects 1 in every 400 children and adolescents in the United States. Evolving technology and treatment options enable children with diabetes to achieve a high quality of life, but this requires knowledge and support from the child's school and access to trained personnel. Legislation would ensure that Kentucky students are not discriminated against by schools because of their diabetes and receive needed care by requiring school districts to develop protocols and practices and to train school personnel in order to establish effective diabetes care that is consistent with the following three precepts of safe diabetes care at school that are strongly supported by the diabetes health care professional community:

1. All school staff members who have responsibility for a child with diabetes should receive training that provides a basic understanding of diabetes and how to best meet the needs of a student with diabetes.
2. The school nurse holds the primary role of coordinating, monitoring, and supervising the care of a student with diabetes. However, the school nurse cannot be in all places at all times so a small group of school staff members should receive training from a qualified health care professional in routine and emergency diabetes care so that someone is always available to provide needed care. These staff members should be school personnel who have volunteered to do these tasks and do not need to be health care professionals.
3. Children possessing the necessary skills and maturity should be permitted to self manage their diabetes in the classroom or wherever they are in conjunction with a school-related activity.