

The Katrina Aftermath
American Diabetes Association
69th Scientific Sessions
June 2009

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Keeping Children Safe in School

Although there was nothing earth shattering at the meetings this year, there were several important sessions. The first upon which I think I should report was the first session on Saturday which was entitled "Keeping Children Safe in School". Many of the same old names presented but their message continues to be important. Dr. Larry Deeb, a former president of the ADA, spoke initially. He pointed out that there is discrimination in the schools frequently. He reported on doctors being asked to change insulin so that patients don't have to take shots at school (sound familiar?). He mentioned pumps that were removed because they were thought to be pagers. There have been field trips denied because the child did not bring a parent with him. Other children have been told to transfer to other schools because their school simply could not handle the diabetes. And of course people have been told multiple times that no one in the school is trained to give Glucagon. He mentioned that the national ADA receives 150 to 250 discrimination calls per month (I should mention that these are not all related to schools). He emphasized again that the ADA approach to school problems is first with education, then negotiation, then, if need be, litigation and finally legislation. He emphasized that diabetes care is a 24-hour/7 day a week proposition and that children cannot take a break when they are at school. There must be a smooth transition from home to school and there has to be access to equipment, medication and assistance. He reminded us that the school nurse, the school administrator and teacher are all part of the child's diabetes team and need to be considered that. He felt that parent's responsibilities included 1) to get a medical management plan, 2) to bring equipment, supplies and food to the school for the child, 3) to educate the school nurse and other staff of the child's individual needs, 4) to be accessible to the school, 5) to develop a 504 or IEP or some other plan for the school, 6) to encourage age and skill appropriate self care for the child and 7) to approach the school in the spirit of cooperation. The school's role is to 1) implement the diabetes management plan (DMMP), 2) to understand and comply with the law, 3) to work with the parents to develop the 504 plan, 4) to train school staff, 5) to provide resources for the school nurse, and 6) to communicate with the parents. The health care providers responsibilities include writing a DMMP, to be available to both the parent and the school, to help coordinate and facilitate training of the school staff and to be an advocate on behalf of the child. If we could all remember and meet these responsibilities, there would be very few problems at the school. He again mentioned the Safe at School program of the ADA. The basic rules are that children should be medically safe and should have the same access to educational opportunities as any other child. Crystal Jackson is the legal affairs coordinator for the national ADA. She said that her main job was to provide legal protection against discrimination. She emphasized that the laws that ensure the needs of children must be met. The Americans with Disability Act, specifically section 504 of the Rehabilitation Act, prohibits discrimination and prohibits

retaliation. The American Diabetes Association had the act amended in 2008 so that it now includes endocrine function. It was included that mitigating measures cannot be taken into consideration. The 504 plan applies to all public and private schools that receive federal assistance. Religious institutions are not covered but it does cover day care facilities. The school must 1) identify children with disabilities, 2) provide free and appropriate public education, 3) educate the child the same as any other child, 4) allow parental participation and 5) provide equal opportunity for children to participate in extra curricular and after hours programs. The IEP, the individualized education plan, is part of the Individual with Disabilities Education Act. Frequent swings in glucose levels would make any of our children eligible but we must demonstrate that it impacts their ability to learn and to progress academically. *I do not think we will have much trouble emphasizing that with most of our children.* Linda Siminerio, a nurse educator gave a talk on "Providing Diabetes Care Training, Skills and Resources to School Staff". Although she is an advocate of a DMMP for most children, at times the 504 plan may be more appropriate. The 504 plan requires that parents and schools agree on individual needs. It must be individualized, lead to prompt treatment for hypoglycemia, unrestricted access to snacks, water and bathrooms, no penalties for absences to diabetes, adherence to the care schedule, identified trained school personnel to provide for the child and provide extra time (if needed) on standardized testing (this includes SAT and AP tests). The IHP (individual health care plan) is developed by the school nurse and is based on the DMMP. It outlines the diabetes management strategies and personnel needs. During the discussion period, Crystal Jacobsen pointed out that schools must have food substitutions or modifications for children with special needs. She also highly recommended that the question of menu and carb counting be addressed in the 504 plan. She said that the key types of discrimination as far as she was concerned was failure to have a trained staff, school refusal to administer insulin or Glucagon, no coverage during field trips, refusal to permit blood glucose checks and school refusal to allow a student to attend. It was noted during the discussion that more than 13,000 children are diagnosed with Type I diabetes in the United States each year and that this is increasing by about 3% per year. Thus the schools are having a larger and larger impact and must be trained properly. During the discussion period, the Utah Board of Nursing was commended for its change to delegate non-nurses to give insulin in the school. It was nice that the Utah nurses were noted. *We have little flare ups every year either in individual schools or districts (Ogden comes to mind this year) but overall I think things continue to improve. Where schools basically refused to provide for our students in the past, this type of discrimination seems to be lessening and I really do think the schools are making a concerted effort to provide for their students. The message from the session, however, is that no one can relax and that we still have a long way to go.*