
Education Committee

ESSB 6641

Brief Description: Accommodating children with diabetes in schools.

Sponsors: Senate Committee on Education (originally sponsored by Senators McAuliffe and Thibaudeau).

Hearing Date: 2/26/02

Staff: Susan Morrissey (786-7111).

Background:

Diabetes is a chronic illness that results from failure of the pancreas to make insulin, a hormone used to convert sugar into energy. Without insulin, sugar accumulates in the bloodstream and will cause symptoms which can be fatal if not reversed.

It is estimated that one in 500 school-age children has diabetes which must be managed throughout the school day. Treatment includes receiving injections of insulin, testing blood sugar levels, and eating nutritious meals and snacks to prevent dangerous fluctuations in blood sugar levels. Some children can inject their own insulin and check their blood sugar levels. However, younger children are often not mature enough to manage their insulin needs throughout a school day. Most school districts do not have a school nurse in every school building to assist with diabetes management.

Schools are required by law to maintain safe conditions for children with diabetes. To assist school districts to that end, the Office of the Superintendent of Public Instruction (OSPI), in conjunction with the American Diabetes Association and the Washington State Task Force For Students with Diabetes, has developed some guidelines for working with students with diabetes. The guidelines recommend the development of an individual health plan for diabetic children. The school nurse and the child's parents must be included in the development of the plan. The nurse is responsible for establishing school treatment, disaster, and emergency plans; the coordination of the child's nursing care; and the training and supervision of school staff to monitor and treat the child's symptoms.

The guidelines permit parents to designate an unrelated adult to provide blood sugar testing and insulin administration, if the parents provide legal documents that transfer power of attorney for health care procedures to that designated adult. The parents are encouraged to also hold the district harmless and to absolve the district from responsibility for the costs

associated with the procedures done by the designated adult. The guidelines prohibit paid school staff from acting as that designated adult. In addition, the guidelines prohibit nonlicensed school staff from testing blood sugar levels or injecting insulin, or glucagon, a substance used in cases of extreme glucose deprivation.

Summary of Bill:

In public and private schools, at the request of their parents and with written orders from their health care providers, children with diabetes may test their blood sugar levels, administer glucose to themselves, and otherwise treat their illness at any time and during any school activity.

School personnel, who are called "school diabetes attendants," are authorized to provide the full range of preventive measures and treatments to diabetic children in public and private schools. Upon written request from parents or guardians, school diabetes attendants are permitted to perform blood glucose tests, administer insulin, treat symptoms of high and low blood sugar including administering glucagon, and keep records. A non-licensed employee who wishes to be a school diabetes attendant must first file a written letter of intent stating his or her willingness to do so and a refusal to file such a letter may not result in any disciplinary action.

School diabetes attendants are trained before the commencement of each school year, according to protocols established by the Nursing Care Quality Assurance Commission. The Nursing Care Quality Assurance Commission updates the guidelines every two years. The Superintendent of Public Instruction may work in cooperation with private organizations that have an expertise in diabetes to provide the training for attendants.

School diabetes attendants are encouraged to be available during regular school hours, during school-sponsored before and after school care programs, and during field trips and extra curricular activities. Attendants must work in cooperation with the school nurse if a school nurse is available.

Public school districts and private schools may provide training in the recognition and treatment of hypoglycemia to all bus drivers responsible for the transportation of children with diabetes.

School districts, private schools, volunteers, and employees who provide assistance or service in good faith using these procedures are not liable for civil damages.

Appropriation: None.

Fiscal Note: Requested on February 14, 2002.

Effective Date: The bill takes effect on July 1, 2002.