

FINAL BILL REPORT

ESSB 6641

C 350 L 02
Synopsis as Enacted

Brief Description: Accommodating children with diabetes in schools.

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

Senate Committee on Education
House Committee on Education

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, eating nutritious meals and snacks to prevent dangerous fluctuations in blood sugar levels. 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 and to that end the Office of Public Instruction has issued guidelines for managing diabetic children in schools. The guidelines prohibit nonlicensed staff from injecting insulin, or glucagon, a substance used in cases of extreme glucose deprivation. The guidelines also prohibit nonlicensed staff from testing blood sugar levels.

There is concern from families of diabetic children that schools inadequately provide for the safe supervision of diabetic children and that more adults in school buildings who can address symptoms and provide support to kids are needed.

Summary: School districts must adopt policies that describe the protocols that will be used to help students with diabetes management and treat their disease while the students are in school. A list of what protocols must, at a minimum, be addressed is included in the act. Each diabetic student shall have an individual health plan prepared that describes the protocols to be used with the student and the plan must be updated annually.

The Superintendent of Public Instruction and the Department of Health must develop a uniform policy regarding the training school districts must provide for staff on symptoms, treatment and monitoring of students with diabetes. Training is provided by a health care professional and may also be provided by a diabetes educator who is nationally certified.

Parents may designate an adult through proper legal procedures to assist the student in managing his or her diabetes. This parent-designated adult is defined in the act and must file a written letter showing their intent to act in that capacity. Parents, rather than the school, are responsible for the training of the parent-designated adult.

Immunity from liability is provided for persons who provide assistance or services under this section if the person acts in good faith and in compliance with the school's policies and the student's individual health plan.

Votes on Final Passage:

Senate	44	2	
House	93	1	(House amended)
Senate			(Senate refused to concur)
House	97	0	(House amended)
Senate	46	0	(Senate concurred)

Effective: July 1, 2002