How Diabetes Educators Can Create Smooth Sailing for Kids, Parents and School Personnel

Everyone Who Has Diabetes Deserves Fair Treatment throughout their life
- at work
- at school
- in daycare
- while driving
- in jail/prison
- in other parts of daily life

Disclosure to Participants

Notice of Requirements For Successful Completion
Learners must attend the full activity and complete the evaluation in order to claim continuing education credit/hours.

Conflict of Interest (COI) and Financial Relationship Disclosures:
- Presenter: N. “Chesney” Hoagland-Fuchs – No COI/Financial Relationship to disclose
- Presenter: Crystal Crismond Woodward (Jackson) – No COI/Financial Relationship to disclose
- Presenter: Sarah Butler – No COI/Financial Relationship to disclose

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Participants will be notified by speakers to any product used for a purpose other than for which it was approved by the Food and Drug Administration.
Legal Protections for People with Diabetes

- Recognize that discrimination is often based on fears and misunderstandings— not always on facts!
- Diabetes is considered a disability under federal law

Legal Protections For Students With Diabetes

Discrimination Occurs When a Student’s:

- Learning is compromised.
- Health is compromised.
- Legal rights are compromised.

Federal and State Laws to the Rescue

These laws can help level the playing field and ensure a safe and fair school environment for your patients

Federal laws
- Americans with Disabilities Act (ADA)
- Section 504 of the Rehabilitation Act of 1973 (504)
- Individuals with Disabilities in Education Act (IDEA)

State laws, regulations and guidelines

ADA and 504 - Civil Rights Laws

- Prohibit discrimination on the basis of disability.
- Also prohibit retaliation for asserting the right not to be discriminated against.
- NOT limited to disabilities that affect learning/ academic progress.
Definition of Disability

To be protected by ADA/504 the student must have a disability, defined as:
- a physical or mental impairment that substantially limits one or more of major life activities
- a record of such an impairment, or
- being regarded as having such an impairment.

This includes children with diabetes!

Substantial Limitation of Major Life Activities

- Endocrine function
- Caring for one’s self
- Performing manual tasks
- Eating

NEED NOT BE LEARNING!

Limit in Endocrine Function: Enough for 504 Eligibility

A diagnosis of diabetes is, by definition, a substantial limitation in endocrine function.
- Students with diabetes:
- do not need to exhibit any additional substantial limitations in major life activities.
- specifically, do NOT need to be limited in learning ability or educational progress.

Americans with Disabilities Act (ADA)

- Covered schools: public, private, schools and day care centers –
- Not covered: religious institutions (unless they receive federal funds then have legal obligations under 504)

Americans with Disabilities Act (ADA)

Requirements – Schools must: make reasonable changes in practices and policies to:
- avoid discrimination
- afford equal opportunity, unless doing so imposes an undue burden.

Section 504

- Covered schools: All public schools and private schools (including religious schools) that receive federal financial assistance.
- avoid discrimination
- afford equal opportunity, unless doing so imposes an undue burden.
Section 504

• Requirements – Schools must:
  – Identify children with disabilities.
  – Provide free and appropriate public education (FAPE).

Diabetes and IDEA

• A child with diabetes is covered if he or she needs special education and related services in order to benefit from an education. Diabetes must adversely interfere with academic performance.
• School must provide special education program and related services. Children must be educated in the least restrictive environment.

Section 504

• Requirements – Schools must:
  – Educate children with disabilities with other students as much as possible.
  – Allow parental participation in decisions.
  – Provide equal opportunity to participate in nonacademic and extracurricular activities.

Diabetes and IDEA

• Team that includes parents, special education experts, and school staff develop Individualized Education Program (IEP) which outlines plan to achieve specific educational goals.

Mitigating Measures

• ADA/504 covers students with diabetes even if they are successful in the medical management of their disease.
  – Schools cannot exclude students from eligibility because they use insulin or medication to manage their disease
  – The law recognizes that "mitigating measures" like insulin or medication administration do not "fix" the disability.

Diabetes and IDEA

• May be eligible if another disability – other than diabetes - that limits learning/academic progress
• Frequent swings in blood glucose adversely impact learning
• Students who qualify under IDEA are also covered by ADA/504, but do not need a separate 504 plan
Religious Schools

- Must comply with federal law if federal funds are received.
- May develop 504 Plans/IEPs for students.
- Sources of federal funds may include free or reduced breakfast and lunch programs, technology assistance or program grants, funding for textbooks and supplies.

State Laws and Regulations

- State and local laws and regulations (i.e. Board of Nursing regs) vary regarding who may perform various aspects of diabetes care.
- Often there is no statewide policy. Rather, policy is determined district by district.
- Some states have developed guidelines.
- Regardless of state and local laws, requirements of federal laws must be met.
- Some states have passed school diabetes care legislation or changed Board of Nursing regulations.

School Diabetes Care Laws

- Board of Nursing Regulations: Nevada, Colorado, Utah, Alaska, North Dakota

School Diabetes Care Plans

<table>
<thead>
<tr>
<th>Plan</th>
<th>What it covers</th>
<th>Who writes it</th>
</tr>
</thead>
<tbody>
<tr>
<td>504 Plan</td>
<td>Education plans - details both health care and educational related aids, services, accommodations, and special education services the student may need.</td>
<td>504 team</td>
</tr>
<tr>
<td>IEP Team</td>
<td>School nursing care plan – specifies how diabetes care as prescribed in the DMMP will be delivered in the school.</td>
<td>IEP team</td>
</tr>
<tr>
<td>ECP</td>
<td>Emergency Care Plan Resource/Tool for school staff - how to recognize and treat hypoglycemia</td>
<td>School nurse</td>
</tr>
</tbody>
</table>

Role of the Diabetes Health Care Provider

- Provide ongoing diabetes education to the family, patient and school
- Key coordinator and primary provider of care
- Complete DMMP/school diabetes order including self-management capabilities of patient
- Respond to inquiries about school diabetes management from the family and school as appropriate
- Be a resource for the school in terms of guidance, information and training school personnel
- Key advocate for your patient

Role of the School Nurse

- Leader of school diabetes team that includes: student, parent/guardian teachers, administrators, coaches, office staff, counselors, food service, bus drivers, and others
- Key coordinator and primary provider of care
- Trainer, supervisor and evaluator of school personnel
- Communication facilitator
- Key advocate for students
- A natural partner for success
Role of the School Principal/Administrator
- Understand and ensure compliance with federal and state laws applicable to students with diabetes
- Work with school nurse to identify school staff to be trained and allocate sufficient resources to help students
- Participate in school team meetings including 504/IEP Communication facilitator
- Promote a supportive learning environment
- Support and facilitate ongoing communication between family and school team

School Environment
- School is a critical environment for children with diabetes
- Obstacles to effective management of diabetes in school lead to:
  - Absenteeism
  - Depression/Stress
  - Poor academic performance
  - Poor quality of life
  
  (Pansier & Schultz, 2015)

Role of the Parent/Guardian/Family
- Notify school that child has diabetes
- Submit the signed DMMP/physician’s orders, supplies, medication and snacks to the school in a timely manner
- Provide accurate and current emergency contact information
- Attend school team meetings
- Be a resource for the school
- Inform school when child plans to participate in school-sponsored activities to ensure a trained school staff member will be available on-site

Whole School, Whole Community, Whole Child Model

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Framework for 21st Century School Nursing Practice™

(NASN, 2016)
Care Coordination

<table>
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<th>Case Management</th>
<th>Chronic Disease Management</th>
<th>Collaborative Communication</th>
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<td>Direct Care</td>
<td>Education</td>
<td>Interdisciplinary Teams</td>
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<td>Motivational Interviewing/ Counseling</td>
<td>Nursing Delegation</td>
<td>Student Care Plan</td>
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<tr>
<td>Student-centered Care</td>
<td>Student Self-empowerment</td>
<td>Transition Planning</td>
</tr>
</tbody>
</table>

(NASN, 2016; McClanahan & Weismuller, 2015; Engelke et al., 2008)

School Planning for Field Trips

- Covered under Section 504 and ADA regulations
- Request advanced notification for planning
- Assess: type of field trip activity, timing, location, student’s ability to self-manage
- Trained staff – emergency response
- Snacks/supplies
- Orders to cover management (e.g., insulin) for special circumstances
- Provide for documentation and confidentiality of health information while on the field trip

Care Coordination at School

- Improved quality of life
- Improved diabetes glucose control
- Improved ability to self-manage
- Improved readiness to learn, classroom participation, academic performance

(Pansier & Schulz, 2015; Engelke et al., 2008)

IHP Guides Development of Plans

National Diabetes Education Program (NDEP)

Helping the Student with Diabetes Succeed: A Guide for School Personnel

http://www.yourdiabetesinfo.org

- Level 1 training – all school staff
- Level 2 training – school staff who have contact with student
- Level 3 training - school staff who may be assisting the student with diabetes care tasks

Training: Right Direction & Communication

- School nurse and CDE collaborate to:
  - Facilitate the training
  - Evaluate unlicensed person’s competence
  - Evaluate student health outcomes
  - Emergency response plan
Training: Right Direction & Communication
• Training & guidance includes:
  – Skills checklist
  – Communication plan
  – Documentation process

Training: Ongoing Supervision
– Ongoing supervision – vital!
– Documentation of training, competence, & follow-up training
– Meet regularly with teachers/classroom aides to assess classroom management/questions
– Monitor BG logs, treatment records
– Review with student BG log, goals
– Assess student’s increase in ability for self-management

Training Tools
• Managing Diabetes at School: Tools for the School Nurse
  – Skills checklists, procedures, IHPs
  http://www.nasn.org

Training Tools
• Diabetes Care Tasks at School: What Key Personnel Need to Know

Position Statements
• AADE
  Management of Children with Diabetes in the School Setting, 2016
• ADA
  Diabetes Care in the School Setting: A Position Statement of the American Diabetes Association, 2015
• NASN
  Unlicensed Assistive Personnel: Their Role on the School Health Service Team, 2015
Federal Resources

Diabetes Management in Florida Schools
A Case Study

State Websites
• Colorado Kids With Diabetes Collaborative
  http://www.coloradokidswithdiabetes.org/
• New York State Dept. of Health
• Florida Dept. of Health and USF Collaborative
  http://sss.usf.edu/resources/topic/health/index.html

Why Was Change Required in Florida?

“Diabetes Schools”

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A Legislative Approach

- Approach was supported by RNs, ARNPs, MDs, and CDEs in the state of Florida
- Legislation signed into law by FL Governor on July 1, 2010
  - Ended Segregation of children with diabetes
  - Enabled students capable of doing so to carry diabetes supplies
  - Allowed trained school staff to provide diabetes care

Where Are We Now?

- Rights of students with diabetes in Florida schools are clearly defined
- Work in progress to ensure consistent application across school districts
- Continue to engage all stakeholders
- ADA is assessing opportunities to provide additional support
  - Training resources

Rulemaking Process in Tallahassee was Collaborative

- Florida Department of Education Rule 6A-6.0253(2)
- Rule Amendments since initial rulemaking in 2011

Development of State Guidelines was Collaborative

- Includes Samples of:
  - DMMP
  - IHP and ECP
  - Other Resources
- Includes guidance on type 2 diabetes in the school setting
- Includes guidance on delegation of diabetes care

Questions?