Ten-year-old Shane Reynolds used to miss significant chunks of class time whenever he had to go to his school’s front office to check his blood glucose. And when his reading was as low as 40 mg/dl, walking to the nurse’s office on the other side of the building could be difficult and dangerous. Shane’s grades suffered, too, as he struggled through exams and brought home mainly C’s on report cards.

Then Shane’s mom, Wendy Reynolds, consulted the American Diabetes Association and talked to the staff at his school, Mountain View Elementary in Purcellville, Va., about implementing a Section 504 Plan. The plan takes its name from Section 504 of the Rehabilitation Act of 1973, a federal civil rights law that prohibits discrimination against students with disabilities—including diabetes—and requires that schools provide accommodations that allow these students an equal opportunity to participate in school programs and activities and have their health care needs met.

“‘This school year has been a little rougher [than last year],’” Reynolds says. “‘Shane’s [blood glucose] numbers have been a little more volatile. I think he’s growing, and that makes it harder to manage his diabetes.’”

All kids go through periods of growth, both in size and in ability to manage their diabetes. And schools change, too, with shifts in budgets, staffing, and class schedules, just a few things that affect caring for a child’s diabetes.

So it’s vital to have a 504 plan and to keep it updated, says Linda Siminerio, RN, PhD, CDE, co-chair of the ADA Safe at School Working Group and director of the adult clinical services division of the University of Pittsburgh Diabetes Institute. “These things are living documents, and they absolutely need to be addressed every year at a minimum and when circumstances change,” Siminerio says. “One group we sometimes forget about, for instance, is teenagers who go on to high school. They may know how to take care of diabetes, but the school and the teachers are new, and class schedules are different.” Moreover, even if students have the ability to manage their diabetes, they will need to have someone designated to help in an emergency, which can be any trained staff member; 504 plans should be reviewed to ensure that contingency is addressed.

It can take a month or longer to set up a 504 plan, according to Ed Kraus, supervisor of the Center for Diabetes Research and Policy at Chicago-Kent College of Law and a member of ADA’s volunteer Legal Advocacy Subcommittee. The first step is to make sure a Diabetes Medical Management Plan, or DMMP, is already on file at school. This document is created by the child’s health care provider in consultation with the family, and lays out the student’s diabetes regimen at school, such as insulin dosages and administration times and when glucagon should be administered. The 504 plan then spells out how the school will handle certain situations, such as whether low blood glucose will excuse the child from taking an exam and allow a retest when his or her blood glucose levels are in target range.

In Shane’s case, setting up the 504 plan went smoothly. The DMMP was in place,
and his mother printed sample documents from ADA's Web site (box, right). The school convened a 504 team meeting, which typically includes a 504 coordinator, a parent or guardian, the school nurse, an administrator, a teacher, and a guidance counselor. Once a plan is written, everyone gets a chance to review the language before signing off. Then the parents may need to follow up to make sure it's working as intended.

Often, schools will meet your needs, Siminerio says, and may just need to be educated about what your child's requirements and rights are. Parents who face resistance at school have a tool at their disposal: the Americans with Disabilities Act Amendments Act (ADAAA), which went into effect in 2009. While most children with diabetes have been eligible for services under Section 504 and the original Americans with Disabilities Act of 1990, ADAAA makes it clear that people with diabetes are considered to have a disability and therefore are protected from discrimination and must be given accommodations. Parents seeking legal guidance can call ADA at 1-800-DIABETES (1-800-342-2383) for a packet of information and to request help from one of ADA's legal advocates.

Wendy Reynolds says that the response from her son's school eased her mind by clearly delineating the responsibilities of all the school staff members. The plan directs Shane's teachers to let him check his blood glucose in class. His teachers have walkie-talkies that connect them directly to the nurse and to an administrator in the front office. And now when Shane takes a quiz or test, his plan requires that he test his blood glucose and record the reading on his test paper. If he is out of his target range, he may delay taking the test or do it on another day.

“I want to teach Shane about his numbers and how they correlate with his grades, and I want the teacher to see there’s a connection between the test grade and how he was [with blood glucose levels],” says Reynolds. “And I wanted accommodations to be made so he could retake a test in school.”

These new strategies are working. Shane’s grades went from last year’s C’s to A’s. He no longer misses class time to go to the nurse’s office each time he needs to check his blood glucose with a meter.

And Reynolds is confident that the plan in place will keep her son safe at school. “As the parent, you’re not in control of what happens at school,” she says. “This is all about putting a system in place for my child while he’s away from my care.” ▲

Shane Reynolds, 10, played strong-side linebacker and running back for the Bengals in Purcellville, Va., in the 2009 football season.