An Altered State

Safe at School legislation has made life better for kids with diabetes in Texas

BY LINDSEY WAHOWIAK
At 13 years old, Liam Rhodes of Southlake, Texas, is something of a phenomenon among kids with type 1 diabetes. He’s never been sent out of a classroom to check his blood sugar. He’s never had to miss a field trip or eat his lunch in the nurse’s office. He’s always attended the school that’s convenient for him and his family. And trained staff members are prepared to help Liam in case of a blood glucose emergency should the school nurse be unavailable.

For many families of children with diabetes, that sounds like a pipe dream. But for Liam (right) and his family, it’s a reality. They live in Texas, a state that enacted legislation in 2005 protecting the rights of kids with diabetes in school. The law came about in part because of the American Diabetes Association’s Safe at School campaign’s advocacy efforts to make sure children are given the access to diabetes care and fair treatment they deserve while in school and at school activities.

At the time, Texas became one of just 11 states with laws in place to protect kids with diabetes. Since then, the struggles that some families used to face with adequate diabetes care in school are no longer an issue in the state, says Veronica De La Garza, advocacy director for the ADA in Texas.

Fighting for Fairness
The picture is grimmer in some states without Safe at School laws. Even though federal laws such as the Americans With Disabilities Act and Section 504 protect kids with diabetes from discrimination, kids in some states don’t receive needed care and are treated unfairly. In some schools, there is no one trained or available to help kids who can’t manage their diabetes on their own. Some schools require children with diabetes to check their blood glucose levels in the nurse’s office instead of as needed in the classroom. Schools sometimes prohibit kids with diabetes from taking part in extracurricular activities unless their parents or guardians are present. And in some places children are sent to “diabetes schools” when no one is authorized or available to provide diabetes care.

That’s why the Texas legislation was so pivotal for the welfare of children in the state. It meets three key Safe at School tenets:

★ Trained school personnel are permitted to administer an emergency injection of glucagon, a hormone that raises blood glucose levels during an episode of severe low blood glucose (hypoglycemia).

★ Trained school personnel are permitted to give or help give insulin.

★ Students capable of self-managing their diabetes are permitted to do so anywhere, anytime on campus or at school-sponsored events.

Kids with diabetes still should have a 504 plan, a legal document that outlines the needs of the child with diabetes and the responsibilities of school staff members to provide necessary accommodations and care. But the law makes providing such care truly possible. “The Texas Safe at School law enhances the ability of Texas schools to meet their 504 obligations,” says Crystal Jackson, director of the ADA’s Safe at School campaign. “It allows someone in addition to the school nurse to provide routine and emergency care to the student with diabetes. It gives parents the comfort they need that they’re sending their child off to a safe school environment.”

Change for the Better
Enshrining those rights in law helped make life much easier for kids with diabetes. The Houston Chronicle reported at the time of the law’s passage that some parents had to leave work several times a day to administer their child’s insulin. Other students missed “countless” hours of class because they were in the nurse’s office. Others weren’t allowed to leave the
ADA’s Safe at School campaign is a volunteer advocacy effort to make sure kids have access to diabetes care and fair treatment.

classroom, even when they felt they had dangerously low or high blood sugar.

Those situations have not been an issue for Liam and other kids who have attended Texas schools since the law was signed. “There’s never been anything that we’ve asked for that [Liam’s school] has said, ‘Oh, that’s not going to work,’” says Traci Rhodes, Liam’s mom. Liam was diagnosed with type 1 diabetes at 23 months old, and when he started kindergarten, he was already able to check his blood glucose himself. He also started on an insulin pump that year. Rhodes says that Liam’s school nurse was instrumental in encouraging him to manage on his own, which is supported by Texas law. And when he does need help, his teachers and other school staff are trained so they can step in and assist him.

Shayne Wormsbaker, of Keller, Texas, knows that these changes didn’t happen overnight. His son, Ashtyn, now 18, was diagnosed with type 1 diabetes when he was 8 years old—about a year before the law was passed. The Wormsbakers were worried diabetes would make life difficult for Ashtyn, particularly on school field trips and in the cafeteria. But once the law passed, Wormsbaker says the Keller Independent School District worked to address all their concerns.

“Two things really stick out to me about that time: The cafeteria was open to providing the carb count for their meals. My son wanted to eat with the other kids and have what they were having,” Wormsbaker says. He also remembers some kids who couldn’t go on field trips unless a parent was able to attend. That changed after the legislation and the school district responded. “They went out of their way to make accommodations to make sure there was a nurse that accompanied him and another child, and updated parents throughout the day.”

School Champions

That’s all part of the plan, and what makes Safe at School legislation so effective, says Cindy Parsons, RN, director of health services for the Keller district. Parsons oversees 40 registered nurses and nine licensed vocational nurses, who care for more than 100 kids with type 1 diabetes in the 34,000-student district. Parsons says the Keller district was “very supportive” of the Safe at School legislation and training non-nursing staff to provide diabetes management assistance to students who need it.

Even though most Keller schools have a full-time nurse on duty, Parsons says, “it is essential for the students to have a staff member trained and readily available to take care of the students’ needs during the day. Students are able to attend school, and parents are able to work.” So nurses trained

↓ SAFETY NET Essentials for your child’s 504 plan

The 504 plan is a legal document that lays out precisely your child’s diabetes needs and modifications and how the school will address those items. It’s important to have a 504 plan for your student, whether your state has Safe at School laws in place or not.

“Parents should proactively work with the school to put a 504 plan in place,” says Crystal Jackson, director of the ADA’s Safe at School campaign. Here she clarifies some school situations that are often misunderstood:

FIELD TRIPS AND EXTRACURRICULAR ACTIVITIES

Students must be permitted to participate in all school-sponsored field trips and extracurricular activities (such as sports, clubs, and enrichment programs) without restriction and with needed accommodations. Routine and emergency care during such activities—as outlined by the Diabetes Medical Management Plan (DMMP), or physician’s order—must be provided. The school nurse or other supervisory school personnel should make sure students’ diabetes supplies are accessible and available. Parents or guardians cannot be required to accompany students on field trips or any other school activity as a condition of students’ participation.
school employees, including teachers, office staff, and coaches, to meet the law’s requirements. It took about a year to implement, and “there was a little resistance from some school staff in the very beginning,” Parsons says. “But after they were educated, trained, and had a chance to work with individual students, they became more comfortable.”

The importance of the law was shown almost immediately, when then 11-year-old Sarah Myer had a seizure on her school bus in late 2005. Her bus driver, Corey Crane, had been trained to help Sarah in a diabetes emergency and also carried a folder (crafted by Sarah’s school nurse, Brandy Rose) outlining what to do. The steps he took saved Sarah’s life. Sarah’s family called Crane a hero in the Herald Democrat newspaper later that month.

In the near-decade that’s passed, diabetes awareness has only grown—and that’s a good thing, says Julie Blankenship, BSN, RN, district director of health services at McKinney (Texas) Independent School District. During training she’s provided, Blankenship says only one or two teachers have seemed uncomfortable learning to help students with diabetes. Overall, the changes have been positive. “The awareness for the student with diabetes regarding all facets of the school day has increased. Teachers now understand the role that blood glucose level plays in the thinking process,” she says. “Even the PTA/PTO moms are now aware of the significance of considering the student with diabetes in party planning and snacks.” And that’s leading to healthier, safer schools for all.

**ALTERNATE EXAM TIMES**

Students should not be required to take an exam when affected by high or low blood glucose levels. Students should be permitted to take the exam at another time without penalty. Extra time to finish an exam or classroom work should be provided without penalty if students need to take breaks to use the bathroom, get a drink of water, or to treat hypoglycemia or hyperglycemia.

**DIABETES-RELATED ABSENCES**

It is important for students to attend school regularly. Absences do happen, however, and students should not be penalized for missing school because of medical appointments and/or illness. Parents or guardians should provide documentation from a student’s health care provider if required by school policy.

Communication is key. If a student is absent, immediately follow up with the attendance office to confirm the absence is properly documented and contact the teachers to create a plan for making up missed work and exams.

For a guide to writing a 504 plan, visit diabetesforecast.org/504.

**WHEN THE SCHOOL NURSE ISN’T AVAILABLE**

The school should train school staff members to provide routine (insulin delivery, blood glucose monitoring, assistance with meals and snacks) and emergency (glucagon administration) care when a school nurse is not available to do so. This includes the times when students are on school campus as well as during all school-sponsored activities. The provided care should be in accordance with a student’s DMMP.

In addition, any school staff member who has supervisory responsibility for students should be trained with a general overview of diabetes and in how to recognize and treat hypoglycemia and hyperglycemia, plus how and when to get help. Bus drivers should also be informed about students’ diabetes and be prepared to take needed actions.