



*A Union of Professionals*

## Caring for Children with Diabetes – Questions and Answers

### **Q: What's wrong with having trained diabetes personnel in schools?**

**A.** First and foremost, this is a safety issue. Nonmedical personnel who have received just a few hours of training should not be required to care for a child with hypo- or hyperglycemia. Here's why:

- Insulin administration is performed by injection. Even a small overdose can lead to insulin shock, coma and, in rare cases, death. A study completed by the University of Iowa showed the likelihood of a medical error was **three times greater** when someone other than a school nurse was involved in administering the medication.
- Glucose can be administered safely in a gel form by gently rubbing it inside a student's mouth. "Trained diabetes personnel," however, would be trained to inject glucagon, which requires mastering a multi-step delivery system. Glucagon, while generally safe, can have side effects, including vomiting and the potential of aspiration of food particles and fluid. Nonmedical personnel in schools usually are not trained to deal with these contingencies.

The AFT's primary concern is for the safety and well-being of children in our schools. We can't expect non-healthcare staff to be trained to assess and treat students with diabetes after a brief training session (especially in emergency situations). Medical research shows that if medical personnel do not continually practice their skills, they are unable to maintain proficiency, which may lead to medical errors. "Trained diabetes personnel" cannot be expected to remain proficient in responding to emergencies because they are not in a position to continually practice their skills.

### **Q. If parents can be trained to care for their diabetic children, why can't school employees?**

**A.** It is true that parents who are not medical professionals are trained to care for their children with diabetes. However, a parent has much more invested in the care of that child and performs the tasks on a daily basis. At home, these children may be focused on and attentive to blood glucose readings and signs of low blood glucose.

This is very different from a teacher or school employee who may be responsible for dozens of children at one time in an environment that is distracting for both the nonmedical school employee and the diabetic student. To expect an employee to perform emergency medical procedures for which the employee was trained for only a few hours--and as long as eight months ago--is both unfair and unsafe.

### **Q. What happens to the student with diabetes in the event there is not a school nurse in the school?**

**A.** Every child with diabetes should have an individual health plan (IHP) that includes specific instructions on what to do in an emergency. In the event of hypoglycemia, juice or glucose gel can be administered when a school nurse is not available. Hypoglycemia can be treated and the student can return to class activities if there are no further difficulties. If there are further difficulties, emergency medical services (911) should be summoned.

In the rare event that a student suffers a severe hypoglycemic event, emergency medical services (911) should be called immediately so that the student can be assessed and treated by a qualified health professional.

AFT supports educating teachers and other staff about diabetes, including how to recognize symptoms of possible problems. Students with diabetes should have access to snacks when needed and may be able to self-test and self-medicate when appropriate. However, parents and the public may be given a false sense of security when schools rely on “trained diabetes personnel” to care for students with diabetes.

The AFT believes that the best solution to meeting the health needs of schoolchildren is to have a full-time nurse in every school.

**Q. Are there legal ramifications of using "trained diabetes personnel" in schools?**

**A.** Yes. Assessing a student’s medical condition is a violation of nurse practice acts. Nurse practice acts are state statutes that protect the public. It also is a violation of many nurse practice acts to have someone other than a registered nurse administer medications such as insulin and injectable glucagon.

The use of “trained diabetes personnel” also puts school nurses, teachers and other school staff, as well as school districts, in a position of potential liability. Although the ADA's model legislation exempts these parties from liability, it does **not** protect them from negligence, which is often more easy to prove.