



CHILDREN WITH DIABETES AT SCHOOL

Diabetes is currently one of the most common chronic health problems. The incidence of diabetes in children is growing at an alarming rate, and its medical management is becoming increasingly complex. This creates challenges for the child, family, healthcare provider, and school.

The Pediatric Endocrinology Nursing Society (PENS) is made up of nurses with expertise and leadership in the field of pediatric diabetes. We are a resource for information, education, and collaboration for the child/family and school. PENS promotes the following roles of the pediatric endocrine/diabetes nurse educator in the care of children with diabetes at school.

PROMOTE EDUCATION

1. Educate all those involved in the child's care including the child, parents or guardians, daycare workers, and school staff.
2. Train both licensed and unlicensed school staff in diabetes care related to glucose testing, ketone testing, insulin administration, treatment of hypoglycemia, emergency administration of a glucagon injection, meal planning/carbohydrate counting, and managing exercise. This training should prepare school personnel for the child's full participation in the school experience including, but not limited to, recess, sports, bus rides, field trips, and all extracurricular activities. Training should be tailored to the level of involvement of the staff member in the child's care.
3. Assess and facilitate the child's self care skills.
4. Serve as a resource to school personnel by providing educational sessions when requested.
5. Update licensed school health staff on treatment trends and their potential impact on children at school.
6. Inform children/ parents and school personnel of diabetes resources available including audiovisual aids, CD-ROMs, training devices, reliable websites, literature, and vendor support.
7. Anticipate and counsel all parties regarding diabetes management during academic testing situations.

ENSURE SAFETY

1. Insist on supervision of and/or assistance for students as needed for blood glucose monitoring, insulin administration (including routine insulin pump therapy), and treatment of hypoglycemia.

2. Promote an age-appropriate “buddy” system for all students who have signs or symptoms of hypoglycemia.
3. Determine and discuss with parents and appropriate school personnel situations/practices in the school setting that are potentially unsafe for the student.
4. Anticipate and counsel all parties regarding diabetes management during disaster situations.

ADVOCATE

1. Educate parents regarding their rights and responsibilities by acquainting them with the following applicable federal regulations:
 - Section 504 of Rehabilitation Act
 - Americans with Disabilities Act
 - Individuals with Disabilities Education Act
2. Promote school’s use of the National Diabetes Education Program’s publication “*Helping The Student With Diabetes Succeed - A Guide For School Personnel.*”
3. Ensure that the diabetes medical management plan is realistic and does not place avoidable stress on the child, parent, or school.
4. Encourage creative problem solving to resolve school issues.
5. Foster collaboration between child/family, school personnel, and healthcare providers.
6. Promote development of Diabetes Medical Management Plans for all students with diabetes. Participate in 504 Accommodation Plans and Individualized Education Plans as requested and feasible.
7. Respect the wishes and privacy of the student when medically safe to do so.
8. Adhere to HIPAA regulations when sharing information and obtaining required permission from parent (except during a medical emergency).
9. Advocate for children with diabetes at local, state and national levels.