ADA Comments on Draft ANA Position Statement: 
*School Nurses: Providing Safe Health Supervision and Care for Children in the School Setting*

**Introduction**

The American Diabetes Association (ADA) submits these comments on the draft position statement of American Nurses Association (ANA) entitled “School Nurses: Providing Safe Health Supervision and Care for Children in the School Setting” (Draft ANA School Statement) in order to explain the impact that this statement, if adopted and implemented, would have on children with diabetes in the school setting. While there is much in the draft statement that ADA can agree with, such as the critical need for additional school nurses in our nation's school, the statement fails to provide for a system in which students with diabetes can be medically safe at school, obtain maximum educational performance, and have access to the same educational opportunities as their peers.

The fundamental issue with the ANA draft statement is that it fails to recognize the vital role that other individuals, including school personnel in addition to the school nurse, must play in order to achieve needed diabetes care in the school setting. This role is vital for four reasons:

1. **Diabetes care requires a team approach that includes the school nurse, all school personnel who have a supervisory role over the student with diabetes, support staff such as bus drivers and cafeteria workers, the student, the student's parents/guardians, and the student's personal health care team.**

2. **There are simply not enough nurses in our schools today. The reality is that most schools share a nurse and some have no nurse at all. Students with diabetes need a plan that provides for care given the current reality. As worthwhile as the campaign to increase the number of school nurses is, these vulnerable students cannot be left in unsafe situations while such advocacy continues. They need a plan that also deals with the reality of their schools today.**

3. **While ADA fully supports efforts to increase the number of school nurses, even if the target goal of at least one school nurse for every 750 students**
were met and even if every school in the country had at least one full-time nurse, that would not be adequate to protect the safety of students with diabetes. Even a full time nurse is not always available, most obviously during field trips and extracurricular activities. Rather, other school personnel must be trained to perform diabetes care tasks in the absence of a school nurse.

4. Non-medical school staff can be trained and supervised to safely perform diabetes care tasks in the absence of a school nurse – and have been successfully performing these tasks in schools around the country.

As explained in these comments, the safe solution – and the one supported by the diabetes health care community – is to train non-nursing school staff to perform diabetes care tasks in the absence of a school nurse.

**Background on Diabetes**

Diabetes is a disease in which the body does not produce or properly use insulin. Insulin is a hormone that is needed to convert sugar, starches, and other food into energy needed for daily life. While diabetes causes blood glucose (sugar) levels to be too high (hyperglycemia), insulin and some oral medications can cause blood glucose levels to become too low (hypoglycemia). Both hyperglycemia and hypoglycemia are dangerous and impact a student’s ability to learn. The goal of diabetes management is to maintain blood glucose levels in a target range. Blood glucose levels that are well managed help young people avoid the dangerous short-term complications of blood glucose levels that are too high or too low, stave off the long-term complications of diabetes (such as blindness, kidney disease, heart disease, and amputation), and feel better and be more productive at school and at play.

As a result of scientific advances, we not only understand just how vital it is to maintain blood glucose levels within a target range, but are much better equipped to do so. However, such management requires careful monitoring of blood glucose levels throughout the day and, for many students, administering multiple doses of insulin therapy. It also requires an immediate response to dangerously high or low blood glucose levels. Simply put, diabetes requires management 24 hours a day, 7 days a week.

While the seriousness of diabetes may seem to make it a daunting disease to manage in the school environment, thankfully, the reality is that the tasks involved are ones that can be – and successfully have been – taught to many individuals who are not health care professionals. Indeed, diabetes is basically a self-managed disease and many children, even those who are quite young, are able to do most or all of their own diabetes care tasks. They check their own blood glucose and they respond with food and/or administration of insulin. Other
children, because of factors such as age or other disabilities, will need assistance. All students with diabetes will need help in an emergency.

Diabetes Care in the School Setting

In 2003, the National Diabetes Education Program (NDEP) published Helping the Student with Diabetes Succeed: A Guide for School Personnel (NDEP Guide). NDEP is a program of the Centers for Disease Control (CDC), the National Institutes of Health (NIH), and over 200 partner organizations. To develop this consensus document, CDC, NIH, and the United States Department of Education worked with leading organizations in the school and education areas. The NDEP Guide is supported by a wide array of entities and, along with ADA’s position statement Care of Children with Diabetes in the School and Day Care Setting, a peer-reviewed document from diabetes health care professionals, is the basis for ADA’s response to the Draft ANA School statement.

With regard to unlicensed personnel performing diabetes care tasks at school, the NDEP Guide states:

The diabetes medical community has found that nonmedical personnel . . . can be trained and supervised to safely provide and assist with diabetes care tasks in the school setting, including blood glucose monitoring, insulin and glucagon administration, and urine ketone testing. These nonmedical school staff members should be trained and supervised by the school nurse or a qualified health care professional. Assignment of diabetes care tasks must take into account state laws that may be relevant in determining what tasks may be performed by nonmedical personnel.

NDEP Guide at page 10.

The diabetes community, including the organizations representing nurses and other the health care professionals who have devoted their lives to diabetes

1 American Academy of Pediatrics; American Association for Health Education; American Association of Diabetes Educators; American Diabetes Association; American Dietetic Association; American Medical Association; Barbara Davis Center for Childhood Diabetes; Centers for Disease Control and Prevention; Indian Health Service; Juvenile Diabetes Research Foundation International; Lawson Wilkins Pediatric Endocrine Society; National Association of Elementary School Principals; National Association of School Nurses; National Association of Secondary School Principals; National Association of State Boards of Education; National Diabetes Education Program; National Education Association Health Information Network; National Institute of Diabetes and Digestive and Kidney Diseases, National Institutes of Health; U.S. Department of Education.

management, and the organizations representing children with diabetes and their families, are united in their support for three basic principles for school diabetes management. These three principles, all drawn directly from NDEP Guide, are:

1. All school staff members who have responsibility for a student with diabetes should receive training that provides a basic understanding of the disease and the student’s needs, how to identify medical emergencies, and which school staff members to contact with questions or in case of an emergency.

2. The school nurse holds a primary role of coordinating, monitoring, and supervising the care of a student with diabetes. However, in addition to any full- or part-time school nurse, a small group of school staff members should receive training from a qualified health care professional in routine and emergency diabetes care so that a staff member is always available for younger or less-experienced students who require assistance with their diabetes management (e.g., administering insulin, checking their blood glucose, choosing appropriate food) and for all students with diabetes in case of an emergency (including administration of glucagon). These staff members should be school personnel who have volunteered to do these tasks and do not need to be health care professionals.

3. Children possessing the necessary skills and maturity to do so should be permitted to self-manage their disease in the classroom or wherever they are in conjunction with a school-related activity. Such self-management should include monitoring blood glucose and responding to blood glucose levels with needed food and medication while utilizing appropriate safety protocols.

This statement has been endorsed by the American Academy of Pediatrics, American Association of Clinical Endocrinologists, American Association of Diabetes Educators, American Diabetes Association, American Dietetic Association, Children with Diabetes, Juvenile Diabetes Research Foundation, Lawson Wilkins Pediatric Endocrine Society, and Pediatric Endocrine Nursing Society.

How the Proposed ANA School Statement Conflicts with the Needs of Students with Diabetes

The Draft ANA School Statement broadly objects to efforts to train school staff to provide diabetes care in the absence of a nurse. This is most clearly seen in the first paragraph of the document entitled “Purpose”:

Some state legislatures have overridden Nurse Practice Acts to allow provision of nursing care by teachers, teacher’s aides, school secretaries, school bus drivers and a number of other personnel.
This current situation **endangers the well-being** of children with illnesses, chronic conditions and the “well” children needing nursing services.

Draft ANA School Statement at page 1 (emphasis added).

Further explanation of the role of non-nurses is found at page 4 of the statement:

While federal and state statutes and court decisions clearly obligate schools to provide health services when students require them to access an appropriate education, education systems cite budget constraints as the cause for providing inadequate school nurse-to-student ratios. In an attempt to compensate, some schools have trained unlicensed persons. **This is not an adequate substitute for a qualified, licensed professional school nurse and creates risk for students and school districts for adverse outcomes.** The use of assistive personnel may be appropriate to supplement professional school nursing services, but their limited knowledge and skill do not allow them to make independent nursing decisions nor to perform a nursing task without school nurse delegation and supervision. In some states delegation is not permitted by the State’s Nurse Practice Act. Without professional nursing assessment, development of individualized care plans, and evaluation of treatment outcomes, students’ health needs are not safely managed. Additionally, the delivery of care by unlicensed persons may constitute the practice of nursing without a license which incurs legal sanctions.

Draft ANA School Statement at page 4 (emphasis added; citations omitted).

Similarly, the exclusive role of the school nurse is reflected in the third prong of the position statement:

**Only a school nurse, in accordance with State Nurse Practice Acts, can determine whether and to what level others may be involved in a child’s health care at school.**

The statement also fails to make any mention of the role of the student’s diabetes health care team.

There are several key problems with this position:

First, the statement appears to endorse the status quo no matter what it is. In some states the Nurse Practice Act clearly allows the care by non-nursing school staff that is supported by diabetes groups, other states’ Nurse Practice Acts prohibit it, and still other states are unclear. In addition, there are a variety of
other state and federal laws and regulations that impact on what is legally permissible in a given jurisdiction. Yet the assumption behind the Draft ANA School Statement is that any change to make a Nurse Practice Act more amenable to delegation is by definition harmful – even if the language adopted was the same as that of a sister state that is successfully allowing non-nurses to do the tasks at issue. This could not possibly represent a position that fosters best practices.

Next, the most overarching problem with this position is how terms like “independent nursing decisions” are being interpreted. In the diabetes context, this usually centers around three tasks: blood glucose monitoring, administration of insulin, and administration of glucagon.

The diabetes health care community, whose members routinely train people from kindergarteners with diabetes, to siblings of children with diabetes, to babysitters, to grandparents to perform daily and emergency diabetes care tasks, know that people without healthcare training can – and do – safely perform these tasks and that doing so does not does require nursing judgment. In the school context, the student’s personal health care team must provide medical orders and the role of school staff is to implement these orders. For example, if the student’s blood glucose level is X then Y amount of insulin is administered; if the student has lost consciousness, then a trained school staff member responds by administering an injection of glucagon. Thus, non-medical school personnel are not put in a position of making nursing judgments. Moreover, diabetes health care professionals know that it is not difficult to teach these tasks to non-medical school staff so that diabetes care is available when a school nurse is not present.

Although it is unclear how the terms “independent nursing decisions” and “nursing task” are to be interpreted simply from reviewing the text of the Draft ANA School Statement, experience demonstrates that it is intended to prevent school staff other than school nurses from performing most, if not all, of the diabetes tasks described above. In 2005, ANA developed American Nurses Association Consent Action Report to the Board of Directors on the Delivery of Care in the Schools for Children with Diabetes (ANA Diabetes Report). That document, and many conversations with the leadership of school nurse organizations, confirms that the prohibition on non-nurses performing “nursing tasks” is indeed intended to prohibit most diabetes care by non-nurses in the school context.

Emergency diabetes care provides a prime example. When a student with diabetes has very severe hypoglycemia he or she may have a seizure or lose consciousness. This is a life-threatening emergency in which time is of the essence. As explained in the NDEP Guide:

Glucagon is a hormone that raises blood glucose levels by causing the release of glycogen (a form of stored carbohydrate) from the
liver. It is administered when the student’s blood glucose level gets so low that the student passes out, experiences seizures, or cannot swallow. Although it may cause nausea and vomiting when the student regains consciousness, glucagon can be a life-saving treatment that cannot harm a student.

NDEP Guide at page 19.

ANA’s position:

- ANA does not support delegation of those registered professional nursing services that require assessment and/or emergency care; and

- ANA advocates that, if a registered nurse is not available to attend to an emergency situation involving a child with diabetes, emergency services should be activated immediately by dialing 911 or the appropriate local emergency number for assessment and treatment by a qualified health care professional.

ANA Diabetes Report at page 3.

That is, when a child is seizing or unconscious from severe hypoglycemia – when a child is facing a life-threatening emergency – if there isn’t a nurse available, no one should be trained to help. Rather 911, no matter how long it takes to respond, should be the only response. This position has been taken despite the fact that diabetes health care professionals agree that glucagon is life saving, that it cannot harm anyone, and that non-nurses can be easily trained to administer it. Moreover, this view of glucagon administration is illustrative of the broad view of tasks that only a school nurse can perform, and the tragic consequences this can have on the safety of students with diabetes.

The Draft ANA School Statement does not recognize that today in many states the needs of students with diabetes are already being met by combining the central role of school nurses with supplementation from other trained school personnel. These aides, bus drivers, school secretaries, teachers, coaches, and administrators are successfully providing supplemental diabetes care in school districts across the country. This result has sometimes come about because of legislative changes, which the ANA Draft School Statement indicates “endanger” students. Other times no such changes were needed to current law. These school personnel assist students with diabetes care tasks after the completion of training and under the supervision of a school nurse. The student’s diabetes care needs are then met in the common situation where a school nurse is not available.
Conclusion

The American Diabetes Association stands willing to work with the American Nurses Association and others to develop a consensus statement that will allow the diabetes care needs of students to be met safely. The Draft ANA School Statement should be revised so that it not only advocates for the much-needed increase in the number of school nurses, but also urges school nurses to take full advantage of their ability to delegate, train, and supervise school personnel in the tasks needed to assist all students, including those with diabetes. Where state law, regulation, or policy prevents school nurses from getting the help they need to provide adequate care for students, school nurses should advocate for changes in such laws and policies. Such advocacy in no way undermines the critical role of the school nurse in providing health care at school – and is in the best interest of our children.