

## 11.1 Students with Diabetes

*Resolution passed 1974; amended 2013; amended 2019; amended 2020*

**Whereas**, diabetes is one of the most common chronic diseases of childhood in which the body does not produce insulin (type 1 diabetes) or does not produce enough insulin or properly use it (type 2 diabetes); and

**Whereas**, according to the American Diabetes Association (ADA), type 1 diabetes accounts for 5 to 10% of all cases of diabetes and is the most prevalent type of diabetes among children and adolescents; and type 2 diabetes is seeing an increase in diagnoses among children and adolescents; and

**Whereas**, according to the ADA and the Endocrine Society, the cost of insulin to patients has nearly tripled in the past fifteen years, making it difficult for many families to afford this medication and effectively manage the disease. This has put patient safety in jeopardy, as some families ration their insulin or forego other medical care; and

**Whereas**, multiple federal laws protect children with diabetes and consider it a disability, making it illegal to discriminate against students with diabetes. Federal law requires an individualized assessment of any child with diabetes, and these required accommodations should be documented in a written individualized health plan (IHP) developed under the applicable federal law and added to a Section 504 Plan or Individualized Education Program (IEP); and

**Whereas**, diabetes must be managed 24 hours a day, 7 days a week and effective diabetes management is crucial for (1) the immediate safety of students with diabetes, (2) for the long-term health of students with diabetes, (3) to ensure that students with diabetes are ready to learn and to participate fully in school activities, and (4) to minimize the possibility that diabetes-related emergencies will disrupt classroom activities; and

**Whereas**, there are many important aspects to properly managing diabetes at school, as younger and newly diagnosed students depend on school staff to monitor blood sugar and administer insulin, other students need support as they self-manage, and all students need trained school staff who can recognize and treat high and low blood glucose and administer emergency glucagon; and

**Whereas**, in a supportive school environment, school personnel understand the needs of students with diabetes and can respond appropriately in emergency situations, young people can manage their diabetes effectively throughout the school day and at school-sponsored activities; and

**Whereas**, many schools do not have a full-time nurse or licensed healthcare professional available on-site to recognize and handle diabetes emergencies quickly, and nursing duties are often performed by other school personnel.

**Therefore, be it**

**Resolved**, that Washington State PTA and its local PTAs and councils advocate for equitable access to affordable quality healthcare, medical supplies and medications (including insulin and all necessary monitoring supplies) for all children and youth; and be it further

**Resolved**, that Washington State PTA and its local PTAs and councils advocate for training for school staff, including pump training skills and the use of continuous glucose monitors (CGMs), as recommended by the American Diabetes Association:

- Level 1 training for all school staff members, which includes a basic overview of diabetes, typical needs of a student with diabetes, recognition of hypoglycemia and hyperglycemia, and whom to contact for help in an emergency
- Level 2 training for school staff members who have responsibility for students with diabetes, which includes all content from level 1 plus treatment of hypoglycemia and hyperglycemia and required accommodations for those students (IHP/504/IEP, emergency care plans, what to do in a schoolwide emergency, legal rights of students with diabetes in the school setting, etc.)
- Level 3 training for a small group of school staff members who will perform or assist the student with diabetes care tasks as allowed by law, such as blood glucose monitoring, insulin administration, and glucagon administration when a school nurse is not available to perform these tasks, which includes all content from level 1 and level 2 training.