**Frequently Asked Questions from Webinar Attendees   
Enhancing Diabetes Management in Schools: Policy, Protocol and Collaboration**

**American Academy of Pediatrics and the National Association of Chronic Disease Directors**

**May 30, 2014**

*Please note: These responses are from the speakers on the webinar. They do not necessarily represent the views of CDC, AAP or NACDD.*

1. **How do you make diabetic supplies available during a lockdown, and what supplies do you recommend that students carry with them (middle school and above) for lockdown emergencies?**

Answer: Ideally, students should have a "go-bag" with a glucometer, testing strips, lancets, gauze/alcohol pads, a short-acting CHO source (either glucose tablets or juice)and a long-acting protein/CHO snack (pre-packaged peanut butter or cheese crackers work well). For elementary students, this can be kept in the classroom in either a bag or small plastic box. Middle and High School students who rotate classes should keep the supplies in their backpack or pocketbook. In Lawrence, we kept the Glucagon in the nurse's office with the student's supplies; all elementary students had a classroom go-bag. Middle and High school students were encouraged to carry their supplies.

1. **How do you address parents who are not compliant either with providing necessary supplies, providing updated orders?**

Answer: There are no easy and fast answers to this question. The Lawrence school nurses spent a lot of time managing these challenging cases. Some of the approaches we tried were telephone calls to parents, family/staff meetings, communication with the medical provider and clinical therapist. If the school nurse didn't have orders or supplies, the student could be held out of school. As a last resort, Department of Children and Families was involved. Thankfully, the last 2 options were rarely used. Most families responded to frequent communication and involvement by the school nurses. It was the result of building trusting relationships with families and that takes time and work.

1. **How would you suggest starting to work with schools who have no school nurse or very limited school nursing?**

Answer:

* **Societal changes leading to the need for professional school nurses in every building:** School nurses need to tell people what they do. Many nurses are not “programmed” to discuss their practice and contributions; however it is important for the public to understand the changing needs of the student population that has led to the school nursing crisis. I advise discussing the societal changes that have impacted school health and then moving to the issue of school nurses—the focus should be on the students:
  + **Improved survival rate of infants in neonatal intensive care units:** Many of these survivors have complex medical needs requiring onsite professional nursing services to permit school attendance.
  + **Changes in social attitudes and state and national laws:** The Individuals with Disabilities Act and Section 504 of the Rehabilitation Act of 1973, as well as others, have promoted inclusion and the child’s right to education.
  + **Shortened hospital stays for chronic illnesses:** Twenty years ago, a child with newly diagnosed Type 1 diabetes would have been hospitalized for approximately two weeks. Today these children may only spend 1-2 days, if any, in the hospital thus transferring many of the costs of case management, parent education, collaboration with providers, nutrition management, etc., from health insurance to educational dollars.
  + **Increased numbers of single parent and working parent families:**  With the added daily stresses of balancing work and family life, parents, not wishing to lose time at work, often seek the school nurse’s advice before taking the child who is ill or injured to a physician. On Monday mornings school health offices are inundated with injuries from the weekend.
  + **Increased prevalence of mental and behavioral health issues:** A total of 13%–20% of children living in the United States experience a mental disorder in a given year, and surveillance during 1994–2011 has shown the prevalence of these conditions to be increasing (CDC, 2013). Students tend to look for a “safe” place to express concerns---often through physical complaints shared with the school nurse, when present. School nurses see students across grade levels and can observe subtle changes if the student is demonstrating risky behaviors, emotional trauma, bullying, anxiety about a range of issues from school stress to domestic violence, etc. She/he is well positioned to work with families and other school colleagues to obtain assistance for the student as needed—and often forms the entry point into the mental health delivery system at a time when successful interventions can occur.
  + **Increased prevalence of chronic health conditions:** Many chronic illness such as diabetes, asthma, seizures, etc., are increasing. One example is life threatening allergies (LTAs): in Massachusetts epinephrine prescriptions for LTAs increased from 7.2 to 25.1 per thousand between 2001 and 2012 (MDPH, 2013).
  + **Children in the classroom assisted with medical technology**: More children requiring catheterizations, tracheostomy care, ventilators, etc., are now attending school.

All of these changes have led to an exponential increased in the need for professional school nurses onsite in the school to promote the attendance, health and safety of students.

* **Parents joining with others to advocate:** Parents should consider identifying other parents of children with life threatening allergies (LTAs), diabetes, asthma, etc., who are also working to improve the presence of professional nurses in their schools. They should develop a plan to advocate with the local school administration, school committee and municipal government. (In one Massachusetts school district, parents placed an ad in the local newspaper requesting a meeting of all parents of children with LTAs—many attended and, together, they were ultimately successful in advocating for a fulltime nurse in every building.)
* **Parents Request for 504 Plans:** Parents with children with special health care needs such as life threatening allergies and diabetes should request a 504 Plan which includes the availability of a professional school nurse during the day.
* **Use of data:** School nurses and other advocates need to identify data pertinent to their communities which would support the need for professional school nurses onsite in each school, e.g., numbers of children with special health care needs such as diabetes, asthma, life threatening allergies, and seizures. These children need onsite monitoring and often treatment on a daily basis. Other data include the numbers of emergency calls—could they have been prevented? Could early dismissals have been prevented with a nursing assessment and intervention? These all affect class time and learning. Pertinent data should be presented to the school committee on at least an annual basis, as well as to other community stakeholders.
* **Provider assistance:** The assistance of local providers (both primary and specialists) should be garnered. Providers want and need assistance in managing chronic illnesses—and school nurses may have access to children 6-8 hours per day. They can be strong advocates for professional school nursing.
* **Legislative visits:** School nurses should invite the state legislators to school health offices to demonstrate the increase and complexity of health needs. The Massachusetts School Nurse Organization has special guidance on legislative advocacy on its website: <http://www.msno.org/advocacy/>
* **Use of published information:** Two recent publications strengthen the argument for school nurses to support educational achievement and cost reduction:
* **Baisch, M.J., Lundeen, S.P., Murphy, M.K. (2011). Evidenced-based research on the value of school nurses in an urban school system. *Journal of School Health,* 81(5), 74-80:** These authors demonstrated that when there is no fulltime school nurse, each teacher spends 26 minutes a day on health issues compared to 6 minutes when a fulltime school nurse is present. If a school has thirty teachers, a fulltime school nurse will save 600 teacher minutes or 10 hours of teacher time daily.
* **Wang, L.Y., Vernon Smiley, M., Gapinski, M.A., Maughan, E., Sheetz, A. (2014). Cost benefit study of school nursing services. Published online by the *Journal of the American Medical Association, Pediatrics* in May 2014 and due for formal publication July 2014**: The Centers for Disease Control and Prevention recently partnered with the MDPH School Health Unit to identify cost savings in (a) teacher time, (b) parent loss of work time, and (c) nursing procedures done in school rather than a health care setting. For each dollar spent, $2.20 were saved for these three indicators alone. The high cost savings of preventable emergency room visits and hospitalizations have yet to be studied.
* **Community business support:**  Parent loss of work time is a major issue for businesses; if possible, advocates should enlist the support of local businesses in their attempts to obtain professional school nurse coverage.
* **Media coverage:** School nurses should cultivate relationships with the local media—which can be a strong tool in interpreting and supporting their role. Witness the media response when something untoward happens. Why should they not also write about the positives: saving of a student’s life when experiencing a life threatening allergic event, providing exercise programs to promote healthy activity, implementing a program to identify and honor children with deployed parents, providing a health fair—the list is endless?

In 1990 Massachusetts had approximately 900 school nurses; this has risen to approximately 2300 with the efforts of parents, school nurses, teachers, administrators, physicians, and a host of others. It is slow progress---but there are daily opportunities to interpret the health needs of students.

1. **Is it legal for a school nurse to ask the parents for the student’s last A1c?**

Answer: We would advise that the endocrine clinic include both the target A1c and the current A1c on its order sheet. When a nurse provides care for a child, she must know the diagnosis; the A1c is a measurement of control and needed to assess overall progress so that all team members, including parents, can be certain that their efforts are achieving the desired outcome--or whether adjustments should be made.

1. **What role did Medicaid play, if any, in participating in select advisory groups, providing resources through waivers, or any advisory role in this project?**

Answer:None

1. **What was the school nurse to student’s ratio in the project state?**

Answer:Approximately 1:450-475.

1. **Have you found a higher incidence of mental health issues such as depression among students with diabetes?**

Please reference the following publication for answers to this question. <http://nas.sagepub.com/content/28/1/15.full.pdf+html> <http://www.schoolnursenews.org/BackIssues/2010/0910/Diabetes.pdf>

1. **Would you advise that every student should automatically have a 504 plan for diabetes, even though there may be a full-time school nurse available who writes up a health care plan?**

Dr. Henry Rodriguez addressed this question on the webinar. His response: A short answer to that question is yes. Quite honestly my position on this has changed over time. If you think about the 504 plan, it is really a legal document that allows for specific issues to be addressed. An example that has come up is that here in Florida we have standardized testing that is true in most states. In that scenario there needs to be specific direction in regards to accommodations that are made such as more frequent access to restrooms, etc. Having a legal document in place facilitates addressing those issues.