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Testimony in Opposition to Raised Bill 1178

***AN ACT CONCERNING THE CARE AND TREATMENT OF STUDENTS WITH DIABETES WHILE AT SCHOOL.***

I am a school nurse with 30 years nursing experience about 16 of which are as a school nurse. I am currently the President of the Association of School Nurses of Connecticut. I urgently ask you to oppose this bill as it is inherently unsafe for Connecticut school students.

Diabetes is a complex disease, that requires constant vigilance, daily assessments, interventions and evaluations of the student's blood glucose and it's relation to their general health and academic progress. A one or two day course in diabetes management is not sufficient to qualify someone to manage a child's diabetes, nor to administer insulin. The certificate given, essentially states that on the day the course was given and the test administered the person knew the information. Applying that information on a daily basis in a variety of situations/conditions is entirely another matter.

Children with diabetes can enter school as young as 3 years old and remain in the school system through age 18 or 21 depending on their academic progress. During those 15 to 18 years the student is constantly growing, changing, and adapting to their chronic health condition. Normal growth and development affects the child's diabetes management from a physical perspective. The state of their general health, emotions, diet, and physical activity, are other factors that affect the student's diabetes management. There is constant education and learning by the student as they grow older. Diabetes education is so much more than the mechanics of how to test a blood glucose; which buttons to push on the insulin pump, or how to draw up the appropriate dose of insulin.

There are challenges based on the student's developmental level, from the preschooler who describes a hypoglycemic event as "feeling wobbly", to the middle school child who is in the risk taking phase while learning to take control of their diabetes, to the high school student preparing to go off to college and the lack of parental supervision that entails. Knowledge of growth and development and realistic expectations of the child's ability to manage their diabetes is essential to the child's safety and well-being at school.

When a child is newly diagnosed with diabetes, doctor appointments are episodic. Diabetes education is intense during the initial phases until the doctor or diabetes education nurse determines the parent can manage the care at home. The school nurse is the only health professional that interacts with the student on a daily basis during this critical time and throughout the student's time in school.

The school nurse sees the child as a whole person whose state of wellness, physical, intellectual, spiritual, emotional and social is affected by their health condition. I have seen an elementary child so unnerved by their parent's trip away from home for a short vacation, that he/she came to the school nurse 4 or 5 extra times during the day, saying she/he felt low. Communication with the designated home care provider and the school nurse was essential in adapting the student's diabetes management plan and relieving the student's anxiety. I have had parents of a preschool child fearful of sending their child off to school because they are concerned for the child's safety. Having a registered nurse who is competent in diabetes management is a great reassurance to parents. Parent's worry about who is going to keep an eye on their child to observe the subtle signs that indicate the child is heading toward a hypoglycemic event. The classroom teacher is unable, nor should he/she be expected to provide this level of attention to a single child in a classroom of 18 or more children. I have had parents who come to kindergarten from a community preschool in which the staff

were expected to monitor the child and notify the parent if there are any concerns. The parent has provided information about diabetes to the staff of the community preschool. I hear stories of the parent who comes to pick up their child and finds the child's blood glucose is dangerously low. The staff were completely unaware of that the child was in any danger. It is reassuring to parents to know there is a nurse on site who will be in charge of their child's care and will be supervising any UAP that may be assigned to assist the child in the classroom.

The experienced nurse often notes the more subtle changes in a child's health condition and can give parent's a heads up that the child may be coming down with an acute illness. This is important so the parent can keep a closer eye on their child and avoid the crisis of a hypoglycemic or hyperglycemic event as the body responds to the acute illness.

Aside from the psychological, social and emotional aspects of managing a child with diabetes there are the legal consequences. A nurse in Connecticut cannot delegate injectable medication administration to a UAP (unlicensed assistive personnel.) There is a difference between the hospital nurse who teaches the parent to care for their child when there are no medical professionals on site. It is another for a Registered Nurse to delegate the same care to an UAP when the nurse is available and has responsibility for the student's health. As my colleagues have stated, the risk of medication error is high, and the consequences can be fatal.

American with Disabilities Act requires schools to make all reasonable accommodations to enable the student with a disability to have access to their education. The school nurse can delegate certain aspects of care to a UAP under the direct supervision of the nurse. Delegating non prefilled cartridge injectable medication to unlicensed assistive personnel (teachers, aides or diabetes care aides) is not within the nursing scope of practice and has been deemed unsafe by the Board of Examiners for Nursing.

Nurses are mindful of the cost of providing care to students. It is with cost and safety in mind that the nurse may make a recommendation that the child needs someone in the classroom to have eyes on the child. We could recommend a nurse, but that would not be the most efficient use of personnel. Often it is recommended that an aide be assigned to the classroom to provide additional support in the classroom as directed by the teacher, with the understanding that the aide's primary responsibility is to monitor and be aware of the student with diabetes. The aide (UAP) performs selected tasks as delegated by the nurse. These tasks may include assisting a young child to learn how to do their own finger stick, or deciding if the results are within or outside the acceptable range. The school nurse either gives the insulin or assists the child in manipulating their pump to administer the appropriate dose of insulin. The end goal is to have a student who can independently manage their diabetes by the time they graduate.

In conclusion, I again urge you for the health and safety of the students to oppose HB 1178 an act concerning the care and treatment of students with diabetes while at school.