Case: Eliza, age 7, is about to return to public school for the first time since her type 1 diabetes diagnosis. Eliza’s school nurse is responsible for five other elementary schools in her school district and is only at Eliza’s school one day per week. Although Eliza’s teachers and the school secretary have been trained to recognize and treat hypoglycemia (low blood glucose, also called low blood sugar), school staff members have not been trained to administer insulin. Eliza’s parents have been told they will be required to come to school to administer insulin to Eliza on the days the school nurse is not covering Eliza’s school.

Discussion:

- Under federal laws, public schools, non-religious private schools, and religious schools receiving government funding are prohibited from discriminating against students with diabetes requiring schools to provide needed care to keep the student with diabetes safe at school.

- If permitted by state law, schools should train a minimum number of non-clinical school staff members to ensure diabetes care will be provided when a school nurse is not available. If non-clinical staff is not permitted by state law to administer insulin, a school nurse or other licensed health care provider should be available to administer insulin as per the student’s diabetes provider-developed and approved Diabetes Medical Management Plan (DMMP).

- Eliza’s parents cannot be required to provide care to Eliza during the school day, on field trips, or during extracurricular activities as a condition of Eliza’s attendance and participation.

- Training should be provided by a diabetes educator, school nurse, or other licensed health care professional with experience and expertise in pediatric diabetes.

- Eliza’s parents should collaborate with the school’s 504 team to put a written 504 plan in place to ensure a trained school staff member is always available to meet Eliza’s diabetes needs per Eliza’s DMMP.