

## School health care goes beyond nurses

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Sending children off to school and letting someone else take responsibility for them is never easy. It's especially hard when a child has a condition, such as diabetes, that requires medication and other care during the day. Parents should feel confident that schools can provide that care, and, indeed, federal law requires them to.

But how? More school nurses would benefit all children, including those with chronic conditions. Unfortunately, though, nurses haven't been available in every Pennsylvania school for decades; in some, they never were.

The reality is that even full-time school nurses get stuck in traffic, go to lunch and off-site meetings, experience their own illnesses and family emergencies, and find themselves spread too thin. And kids go on field trips and participate in extracurricular activities without nurses. But the need for lifesaving medication is 24/7. That's why school personnel who don't have medical licenses but do have special training are an essential part of caring for students with diabetes and other chronic conditions.

In Philadelphia, the long-standing national trend of cutting and overextending school nurses has taken a particularly unfortunate turn. As of Dec. 31, the School District laid off 47 nurses as part of its efforts to reduce a budget shortfall. The Philadelphia Federation of Teachers announced last week that it has responded with a complaint to the state Department of Health asserting that school employees who are not nurses should not be giving medication to children.

Everyone should be concerned about the decision to further reduce the already unacceptably scarce ranks of the city's school nurses. But the union's argument that nurses must provide all care is not realistic. Some children need care even when nurses are simply unavailable.

In pressing the case for retaining nurses, the media and the union have suggested that care by nonmedical school personnel is especially risky for children with diabetes. Nurses, along with family physicians, do play an essential role in the care of such children. But claims that only they can safely administer insulin or other care just aren't accurate.

Nationwide, millions of people who are not nurses give insulin to themselves or others every day. Parents, siblings, babysitters, and family friends give children injections and operate insulin pumps safely, and some older children can do so themselves.

The experiences of many other states show that trained nonmedical school employees can provide diabetes care safely. The U.S. Departments of Education and Justice, the Centers for Disease Control and Prevention, the National Institutes of Health, and medical and patient organizations with expertise in the care of children with diabetes, including the American Diabetes Association, all support the approach as the best way to keep children safe when nurses are unavailable.

Properly trained nonmedical school personnel are an essential part of diabetes care at school. Let's not undermine this safety net for vulnerable children.