

RCW 28A.210.330

Students with diabetes—Individual health plans—Designation of professional to consult and coordinate with parents and health care provider—Training and supervision of school district personnel.

(1) School districts shall provide individual health plans for students with diabetes, subject to the following conditions:

(a) The board of directors of the school district shall adopt policies to be followed for students with diabetes. The policies shall include, but need not be limited to:

- (i) The acquisition of parent requests and instructions;
- (ii) The acquisition of orders from licensed health professionals prescribing within the scope of their prescriptive authority for monitoring and treatment at school;
- (iii) The provision for storage of medical equipment and medication provided by the parent;
- (iv) The provision for students to perform blood glucose tests, administer insulin, treat hypoglycemia and hyperglycemia, and have easy access to necessary supplies and equipment to perform monitoring and treatment functions as specified in the individual health plan. The policies shall include the option for students to carry on their persons the necessary supplies and equipment and the option to perform monitoring and treatment functions anywhere on school grounds including the students' classrooms, and at school-sponsored events;

(v) The establishment of school policy exceptions necessary to accommodate the students' needs to eat whenever and wherever necessary, have easy, unrestricted access to water and bathroom use, have provisions made for parties at school when food is served, eat meals and snacks on time, and other necessary exceptions as described in the individual health plan;

(vi) The assurance that school meals are never withheld because of nonpayment of fees or disciplinary action;

(vii) A description of the students' school day schedules for timing of meals, snacks, blood sugar testing, insulin injections, and related activities;

(viii) The development of individual emergency plans;

(ix) The distribution of the individual health plan to appropriate staff based on the students' needs and staff level of contact with the students;

(x) The possession of legal documents for parent-designated adults to provide care, if needed;
and

(xi) The updating of the individual health plan at least annually or more frequently, as needed;
and

(b) The board of directors, in the course of developing the policies in (a) of this subsection, shall seek advice from one or more licensed physicians or nurses or diabetes educators who are nationally certified.

(2)(a) For the purposes of this section, "parent-designated adult" means a volunteer, who may be a school district employee, who receives additional training from a health care professional or expert in diabetic care selected by the parents, and who provides care for the child consistent with the individual health plan.

(b) To be eligible to be a parent-designated adult, a school district employee not licensed under chapter **18.79** RCW shall file, without coercion by the employer, a voluntary written, current, and unexpired letter of intent stating the employee's willingness to be a parent-designated adult. If a school employee who is not licensed under chapter **18.79** RCW chooses not to file a letter under this section, the employee shall not be subject to any employer reprisal or disciplinary action for refusing to file a letter.

(3) The board of directors shall designate a professional person licensed under chapter **18.71**, **18.57**, or **18.79** RCW as it applies to registered nurses and advanced registered nurse practitioners, to consult and coordinate with the student's parents and health care provider, and train and supervise the

appropriate school district personnel in proper procedures for care for students with diabetes to ensure a safe, therapeutic learning environment. Training may also be provided by a diabetes educator who is nationally certified. Parent-designated adults who are school employees are required to receive the training provided under this subsection. Parent-designated adults who are not school employees shall show evidence of comparable training. The parent-designated adult must also receive additional training as established in subsection (2)(a) of this section for the additional care the parents have authorized the parent-designated adult to provide. The professional person designated under this subsection is not responsible for the supervision of the parent-designated adult for those procedures that are authorized by the parents.

[**2002 c 350 § 2.**]

NOTES:

Findings—2002 c 350: "The legislature finds that diabetes imposes significant health risks to students enrolled in the state's public schools and that providing for the medical needs of students with diabetes is crucial to ensure both the safety of students with diabetes and their ability to obtain the education guaranteed to all citizens of the state. The legislature also finds that children with diabetes can and should be provided with a safe learning environment and access to all other nonacademic school-sponsored activities. The legislature further finds that an individual health plan for each child with diabetes should be in place in the student's school and should include provisions for a parental signed release form, medical equipment and storage capacity, and exceptions from school policies, school schedule, meals and eating, disaster preparedness, inservice training for staff, legal documents for parent-designated adults who may provide care, as needed, and personnel guidelines describing who may assume responsibility for activities contained in the student's individual health plan." [**2002 c 350 § 1.**]

Effective date—2002 c 350: "This act takes effect July 1, 2002." [**2002 c 350 § 5.**]