ATTACHMENT I

ESSB 6641
Schools—Diabetic Students
CERTIFICATION OF ENROLLMENT

ENGROSSED SUBSTITUTE SENATE BILL 6641

57th Legislature
2002 Regular Session

Passed by the Senate March 13, 2002
YEAS 46 NAYS 0

President of the Senate

Passed by the House March 12, 2002
YEAS 97 NAYS 0

Speaker of the House of Representatives

CERTIFICATE

I, Tony M. Cook, Secretary of the Senate of the State of Washington, do hereby certify that the attached is ENGROSSED SUBSTITUTE SENATE BILL 6641 as passed by the Senate and the House of Representatives on the dates hereon set forth.

Secretary

Approved

FILED

Governor of the State of Washington

Secretary of State
State of Washington
ENGROSSED SUBSTITUTE SENATE BILL 6641

AS AMENDED BY THE HOUSE
Passed Legislature - 2002 Regular Session

State of Washington 57th Legislature 2002 Regular Session

By Senate Committee on Education (originally sponsored by Senators McAuliffe and Thibaudeau)

READ FIRST TIME 02/07/2002.

1 AN ACT Relating to accommodating children with diabetes in schools;
2 adding new sections to chapter 28A.210 RCW; creating a new section; and
3 providing an effective date.

4 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF WASHINGTON:

5 NEW SECTION. Sec. 1. A new section is added to chapter 28A.210
6 RCW to read as follows:
7 The legislature finds that diabetes imposes significant health
8 risks to students enrolled in the state's public schools and that
9 providing for the medical needs of students with diabetes is crucial to
10 ensure both the safety of students with diabetes and their ability to
11 obtain the education guaranteed to all citizens of the state. The
12 legislature also finds that children with diabetes can and should be
13 provided with a safe learning environment and access to all other
14 nonacademic school sponsored activities. The legislature further finds
15 that an individual health plan for each child with diabetes should be
16 in place in the student's school and should include provisions for a
17 parental signed release form, medical equipment and storage capacity,
18 and exceptions from school policies, school schedule, meals and eating,
19 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.

NEW SECTION. Sec. 2. A new section is added to chapter 28A.210
RCW to read as follows:
(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.

NEW SECTION. Sec. 3. The superintendent of public instruction and the secretary of the department of health shall develop a uniform policy for all school districts providing for the inservice training for school staff on symptoms, treatment, and monitoring of students with diabetes and on the additional observations that may be needed in different situations that may arise during the school day and during school sponsored events. The policy shall include the standards and skills that must be in place for inservice training of school staff.

NEW SECTION. Sec. 4. A new section is added to chapter 28A.210 RCW to read as follows:
A school district, school district employee, agent, or parent-designated adult who, acting in good faith and in substantial compliance with the student's individual health plan and the instructions of the student's licensed health care professional, provides assistance or services under section 1 or 2 of this act shall not be liable in any criminal action or for civil damages in his or her individual or marital or governmental or corporate or other capacities as a result of the services provided under section 1 or 2 of this act to students with diabetes.

NEW SECTION. Sec. 5. This act takes effect July 1, 2002.

--- END ---
ATTACHMENT J

Model Voluntary Parent-Designated Adult Notice of Intent
MODEL
VOLUNTARY PARENT-DESIGNATED ADULT NOTICE OF INTENT

Washington State requires public school districts to address the medical needs of students with diabetes. The school district uses this document to certify that a person intends to serve or continue to serve as a volunteer parent-designated adult pursuant to chapter 350, Laws of 2002 which added sections to RCW 28A.210.

For the purposes of this form, "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, if needed, for the child consistent with the individual health plan. The "additional training" is for care that would otherwise be performed by a health professional licensed under RCW 18.79. A parent-designated adult, acting in good faith and in substantial compliance with the student's individual health plan and the instructions of the student's licensed health care professional, that provides assistance, or services shall not be liable in any criminal action or for civil damages in his or her individual or marital or governmental or corporate or other capacities as a result of the services provided to a student with diabetes.

Information

Name: ___________________________________  Birthday: ____________

Address: ___________________________________  Phone #: ____________

Alternate Phone #: _________________________

Statement of Intent

I, (Name) __________________________________, certify that I voluntarily will serve or continue to serve as a parent-designated adult for (Student's Name) __________________________________ and will provide diabetes related health care to the best of my ability, consistent with the student's individual health plan. I further certify that:

_______ I have had the individual health plan training provided by the district.

_______ I have completed training comparable to the district-provided training necessary to act as a parent-designated adult.

_______ I have completed additional training for the additional care that I am authorized by the parent to provide prior to any acts that I perform as a parent-designated adult.

(Additional language if PDA is a school employee: As a school district employee, I understand that I am not required to serve as a PDA, but choose to do so voluntarily. I have not been coerced by my employer to sign and file this Notice of Intent and I understand that my refusal to do so cannot be a basis for disciplinary action.)

Signature ___________________________ Date ____________

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ATTACHMENT K

Uniform Staff Training Policy: Students with Diabetes
UNIFORM STAFF TRAINING POLICY: STUDENTS WITH DIABETES

POLICY #: State Law (ESSB 6641) requires that inservice training on diabetes be provided by all school districts for school personnel. "The superintendent of public instruction and the secretary of the department of health shall develop a uniform policy for all school districts providing for the inservice training for school staff on symptoms, treatment, and monitoring of students with diabetes, and on the additional observations that may be needed in different situations that may arise during the school day and during school sponsored events. The policy shall include the standards and skills that must be in place for inservice training of school staff."

1. Local School Board Responsibility

All local school boards shall designate a professional person licensed as a M.D., D.O., R.N., A.R.N.P., or a nationally certified diabetes educator to provide inservice training for school staff on symptoms, treatment, and monitoring of diabetes. Due to the changing nature of diabetes management, it is advised that the licensed professionals be competent in current diabetes management techniques.

2. Parent-Designated Adult Responsibility

- Parent-designated adults who are school employees are required to receive the training in symptoms, treatment, and monitoring of diabetes provided by the school district.

- Parent-designated adults who are not school employees must show evidence of training in symptoms, treatment, and monitoring of diabetes that is comparable to what the school district provides. It is recommended that parent-designated adults who are not school district employees participate in the school district training for school personnel directly involved with student(s) with diabetes.

- **All** parent-designated adults must receive additional training from a health care professional or expert in diabetes care, selected by the parent, for the additional care the parents have authorized the parent-designated adult to provide, which is included in the Individualized Health Plan (IHP).

- Appendix J of the *Guidelines for Care of Students With Diabetes* (September 2001) is being revised to reflect that a parent-designated adult may be a paid school staff member.
3. Training Guidelines

Training in symptoms, treatment, and monitoring of diabetes and related standards and skills is to be guided by the most recent edition of the Guidelines for Care of Students With Diabetes. The use of these Guidelines is not intended to replace clinical judgment or individualized consultation with medical care providers. Refer to attached chart on how to use the guidelines for training, and for detailed topics to be included in both brief and intensive training curricula.

4. Training Levels

- General training in symptoms, treatment, and monitoring of diabetes is designed for school personnel indirectly involved with student(s) with diabetes. School personnel that may be included are office staff, coaches, bus drivers, custodians, cooks, teaching staff, para educators, and others.

- Intensive training in symptoms, treatment, and monitoring of diabetes is designed for school personnel directly involved with the student(s) with diabetes. This training may include teacher(s), coaches, a parent-designated adult who is or is not a school employee, and others who are appropriate for the training. The Individual Health Plan directs both the content to be included and the personnel.

5. Frequency

- The optimal training time is prior to the first day of school each school year.

- Additional training of select personnel may need to occur during the school year if:
  -- A new student transfers into the school district.
  -- An enrolled student is newly diagnosed.
  -- Treatment changes occur.

6. Resource

Guidelines for Care of Students with Diabetes (September 2001). Available from the Office of Superintendent of Public Instruction Web site: www.k12.wa.us. To order the document, call 1-888-59 LEARN. Refer to document number 01-0029.
UNIFORM STAFF TRAINING POLICY: STUDENTS WITH DIABETES

Guidelines for Care of Students With Diabetes
Recommended Standards and Skills

This table will serve as a guide to the Guidelines for Care of Students With Diabetes. The content necessary to include in the training for symptoms, treatment and management of diabetes for both the brief inservice for all school personnel and the comprehensive training is included. This table refers to the Guidelines dated September 2001. Comprehensive training will be individualized according to the Individual Health Plan that is developed by the school nurse with the parent and the student.

<table>
<thead>
<tr>
<th>Topic (as found in Guidelines table of contents)</th>
<th>General (page in Guidelines)</th>
<th>Intensive: Teacher &amp; Designated Adult (page in Guidelines)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overview of rationale for Individual Health Plan (IHP).</td>
<td>6</td>
<td>App B-1-5</td>
</tr>
<tr>
<td>Detailed process for completing the IHP with samples.</td>
<td>6</td>
<td></td>
</tr>
<tr>
<td>Overview of diabetes.</td>
<td>7</td>
<td>7,28,29</td>
</tr>
<tr>
<td>Insulin action, delivery and storage specific to child.</td>
<td>8-9</td>
<td></td>
</tr>
<tr>
<td>Blood sugar testing rationale and brief process.</td>
<td>10</td>
<td>10</td>
</tr>
<tr>
<td>Diabetes supplies.</td>
<td></td>
<td>11, App N 3</td>
</tr>
<tr>
<td>Low blood sugar.</td>
<td>12</td>
<td>12, App D</td>
</tr>
<tr>
<td>High blood sugar, illness, ketones.</td>
<td>13, 22</td>
<td>13, App E</td>
</tr>
<tr>
<td>Specific meal plan for child while at school.</td>
<td></td>
<td>14</td>
</tr>
<tr>
<td>Exercise and sports.</td>
<td>17</td>
<td>17</td>
</tr>
<tr>
<td>Personnel guidelines for care.</td>
<td></td>
<td>18-22</td>
</tr>
<tr>
<td>Suggested accommodations – the law.</td>
<td>23</td>
<td>23</td>
</tr>
<tr>
<td>Health care provider orders.</td>
<td>App C</td>
<td></td>
</tr>
<tr>
<td>Parent-designated adult.</td>
<td>App J</td>
<td>App J</td>
</tr>
<tr>
<td>Questions and concerns raised by parents.</td>
<td>24, 27</td>
<td>24, 27</td>
</tr>
<tr>
<td>Disaster preparedness.</td>
<td></td>
<td>App N</td>
</tr>
</tbody>
</table>
ATTACHMENT L

Sample Authorization for Exchange of Medical Information Form
Authorization for Exchange of Medical Information

<table>
<thead>
<tr>
<th>SECTION I—INFORMATION REQUESTED FROM</th>
</tr>
</thead>
<tbody>
<tr>
<td>NAME/AGENCY</td>
</tr>
<tr>
<td>ADDRESS</td>
</tr>
<tr>
<td>NAME OF PERSON DISCLOSING INFORMATION</td>
</tr>
<tr>
<td>TITLE</td>
</tr>
</tbody>
</table>

Name of Student __________________________  Birth Date __________  Date __________

Specific nature of information to be disclosed:

<table>
<thead>
<tr>
<th>SECTION II—AUTHORIZATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>I hereby authorize the release of medical information as described in section I to the individuals who are affiliated with the school/agency indicated in section III.</td>
</tr>
<tr>
<td>This authorization expires 90 days after the date it is signed. This authorization expires on: __________________________</td>
</tr>
</tbody>
</table>

Parent Signature __________________________  Date __________

Student Signature * __________________________  Date __________

* If the student is a minor but is authorized to consent to health care without parental consent under federal and state law only the student shall sign this authorization form.

Students Consent:
HIV/AIDS status, diagnosis, treatment—14 years of age
Family Planning/Abortion—no age limit
Alcohol/Drug Treatment—13 years of age
Mental Health Services—13 years of age

<table>
<thead>
<tr>
<th>SECTION III—AGENCY RECEIVING INFORMATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>NAME/AGENCY</td>
</tr>
<tr>
<td>ADDRESS</td>
</tr>
<tr>
<td>Name of School Psychologist</td>
</tr>
<tr>
<td>Name of School Nurse</td>
</tr>
<tr>
<td>Name of Other (indicate position title)</td>
</tr>
</tbody>
</table>

This information disclosed to you is protected by state and federal law. You are prohibited from releasing it to any agency or person not listed on this form without specific written consent of the person to whom it pertains. A general authorization for release of medical or other information is not sufficient. See chapter 70.02 RCW.

Envelope shall be marked “CONFIDENTIAL”
ATTACHMENT M

Model Designation of a Parent-Designated Adult
MODEL DESIGNATION OF A PARENT-DESIGNATED ADULT

Washington State requires public school districts to address the medical needs of students with diabetes. Pursuant to chapter 350, Laws of 2002, which added sections to RCW 28A.210, the school district uses this document to allow the parent to designate a parent-designated adult (PDA) who can provide care, if needed, for a student with diabetes.

For purposes of this form, "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, if needed, for the child consistent with the individual health plan. The "additional training" is for care that would otherwise be performed by a health professional licensed under RCW 18.79.

By law, a school district, school district employee, agent, or a parent-designated adult, acting in good faith and in substantial compliance with the student's individual health plan and the instructions of the student's licensed health care professional, that provides assistance or services shall not be liable in any criminal action or for civil damages in his or her individual or marital or governmental or corporate or other capacities as a result of the services provided to my child with diabetes.

Information

Name of Child: _______________________________ Birthdate: _______________________________

Address: ___________________________________ Phone #: _________________________

School Year: ___________________ School: ______________________________ M/F: ______

Name of PDA: ______________________________ Birthdate: ____________________________

Address: _______________________________ Phone #: _________________________

Alternate Phone #: __________________________ Relationship to Child: _______________________

Grant of Permission

As a parent or guardian of ___________________________, a child with diabetes, I hereby acknowledge
(Student’s Name)

that I have read and understand this form and agree to the following:

I hereby authorize ___________________________ (Parent-Designated Adult’s Name)

(PDA) for the above named student and empower him/her to provide diabetes related health care to my child.

I further agree that if the PDA is not a district employee and does not participate in the district individual health plan training, I will arrange for the PDA to receive comparable training. I further agree to arrange for the PDA to receive additional training for the additional care I authorize the PDA to provide, including:

Signature of Parent/Guardian ___________________________ Date ____________ Work Phone ____________ Home Phone ___________________________

PLEASE SIGN AND RETURN THIS FORM TO YOUR SCHOOL OFFICE.

If no form is on file, it will be assumed that permission for a PDA has not been granted and there will be no Parent-Designated Adult designated for your child.

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For more information from the American Diabetes Association about Individual Health Plans, sample forms, and the steps to take on behalf of your child with diabetes, go to diabetes.org and enter your zip code. This will take you to the Washington School Advocacy page where you will find useful links to additional resources (this site should be available by mid fall 2002).

If you do not have Internet access, please call 1-800-Diabetes (1-800-342-2383) and ask for the Education Advocacy Packet.

If you need to speak with someone about specific questions or would like assistance in finding a medical professional with expertise in diabetes to train the Parent Designated Adult(s) to assist your child, please contact the following American Diabetes Association representative, via e-mail if possible, with a description of your problem or situation:

Laura Thelander
Youth Program Director
American Diabetes Association
557 Roy ST LL
Seattle, WA 98109
(206) 282-4616 x 7207
1-888-diabetes x 7207
lthelander@diabetes.org