Ensuring healthy students

Pediatricians called on to advocate for patients in school setting

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Correspondent

A 12-year-old diabetic boy didn’t like going to the school nurse’s office for insulin shots before lunch because he worried about what his classmates would think. Instead, he hoped to test his sugar level in class, figuring his peers would quickly come to accept his daily ritual.

An asthmatic girl brought her inhaler with her to school but was too embarrassed to take the medication in front of her friends. As a result, she suffered a severe asthma attack and ended up in the emergency room.

In both cases, Howard L. Taras, M.D., FAAP, served as an advocate for his patients, helping to make changes that benefited each student at school.

At first, the boy’s principal refused to let him test his sugar level in the classroom despite the boy’s familiarity with the procedure. Dr. Taras, however, convinced the principal to change his mind.

In the girl’s case, Dr. Taras, her parents and school officials decided it would be in the youth’s best interest to keep the inhaler in the nurse’s office.

In both situations, Section 504 of the Rehabilitation Act of 1973 was applied to ensure the students’ needs were met at school. The law requires schools receiving federal financial assistance to make a reasonable effort to accommodate children with disabilities or special health needs.

“It’s important that pediatricians are involved with their patients (at school). They should understand laws that protect their patients and understand that sometimes these laws are abused (by schools),” said Dr. Taras, chair of the AAP Committee on School Health.

In addition to serving as advocates for their patients, pediatricians can be valuable resources for schools by acting as consultants on health matters, visiting schools or advising school boards on health policy issues.

Guidance on getting involved

The Academy has developed a training kit that educates pediatricians on how to get involved in school health. The kit provides an introduction to the school setting, the state of school health policies and key members within the school system. The project, funded by a grant from the Centers for Disease Control and Prevention, also gives pediatricians suggestions on how to interact with schools.

According to the training kit, pediatricians are well-served to become involved in school health for a number of reasons. Among them: 98% of children attend school; pediatricians are the most knowledgeable professionals in the field of growth and development; working with students extends pediatricians’ influence over children in the community; and schools are excellent venues for developing coalitions within a community to advocate for children.

Pediatricians also can take on any of a number of roles to improve the health and safety of schools, including advocate, consultant, health educator or recipient of referrals.

They also can help schools develop policies about proper storage and distribution of medications and when it may be appropriate for children to take their own medications at school, according to the training kit. This is particularly important because many schools prevent children from carrying asthma medications, citing zero-tolerance drug rules. In Georgia, a child who was barred from having an inhaler suffered a fatal asthma attack at school. The tragedy prompted the state legislature to pass a law allowing schoolchildren to carry their asthma medication.

The kit also points out that schools need policies and procedures for handling emergency situations, especially for children with special health needs.

Advocating for patients

Pediatricians should develop school health care plans for their patients with special needs, according to Francine K. Kaufman, M.D., FAAP, a member of the AAP Section on Endocrinology and president of the American Diabetes Association.

Dr. Kaufman developed such a plan for a diabetic patient whose mother came to school every day to make sure her daughter was getting the right amount of insulin with lunch.

“That was outside the scope of what’s appropriate,” Dr. Kaufman said. “The school has the responsibility of caring for the child.”

Every student with persistent asthma should have an action plan, added Luis Saca, M.D., FAAP, an AAP advisory board member for the National Association of School Nurses. “The school nurse, in collaboration with a health care provider, must develop a care plan on what medicines to give when the student is doing well, as well as what the student is having an asthma exacerbation.”

Dr. Saca authored the school and asthma module of the Academy’s pediatric asthma speaker’s kit, which will be available in June.

The Academy, in collaboration with the American Academy of Asthma, Allergy and Immunology, also developed a tool kit about asthma and allergies for school nurses. The kit was distributed to more than 100 schools that expressed interest in the program, according to Paul V. Williams, M.D., FAAP, a member of the AAP Section on Allergy, Asthma and Immunology and co-chair of the tool kit initiative.

“Health issues are going to arise in school and be dealt with at school,” said Michael J. Welch, M.D., FAAP, chair of the AAP Section on Asthma, Allergy and Immunology. “As pediatricians taking care of the overall health of children, we need to become involved with schools because school is a major aspect of a child’s life.”

How does a pediatrician become involved with a school? The key is to know who to contact, depending on the pediatrician’s desired amount of involvement, Dr. Taras said.

Pediatricians interested in working with a specific school can contact the school nurse, if there is one, or the principal. Those interested in getting involved at the district level can contact the school board.

Dr. Kaufman also suggested contacting teachers, superintendents or the local parent teacher association.

While pediatricians may be concerned about legal risks, Dr. Taras said only pediatricians operating school-based clinics must be covered by malpractice insurance. He also recommended that pediatricians who provide consulting services to schools consider having liability insurance.

Many pediatricians are unaware of the need for school consultants, Dr. Welch said. “Pediatricians may be limited on how much they can do on a voluntary basis, but it doesn’t require that much time out of a schedule to help schools with basic issues.”

The AAP School Health Training Kit is available online at http://schoolhealth.org/trn/htrn/trainnn.html.