APS Position Statement

Diabetes in Schools 2026

The Australian Paediatric Society (APS) is committed to promoting safe, equitable and high-quality care for children and young people with Type 1 Diabetes (T1D) across Australia. APS endorses the following principles for the management of Australian children and adolescents with T1D in schools.

APS endorses the 2024 ISPAD Position Statement on Type 1 Diabetes in Schools and adopts its principles regarding student rights, stakeholder responsibilities, workplace safety, training requirements and duty-of-care obligations.

This can be downloaded at: https://pubmed.ncbi.nlm.nih.gov/39362204/

1. Optimal control

Whilst under the custody of school, it is imperative that the student with T1D is supported to achieve optimal glycaemic control to reduce the foreseeable risks of short and long-term complications of T1D whilst also enabling them to perform, participate and learn to the best of their ability.

2. Equal opportunity

The student with T1D should have the same educational and social opportunities as their peers. Schools must make reasonable adjustments must be made so they can participate equally and safely in all school activities, including outdoor physical activity and sponsored events away from school and to receive educated and trained adult support for diabetes care. The quality of T1D care whilst in attendance at school hours which should be at least of equal standard to that received at home.

3. Defining Medical Orders and Support Plans

The **Diabetes Management Plan (DMP)**, comprising the student's individual medical orders, is developed by the student's treating medical team and consented to by the parent (or primary carer). It outlines the medical requirements necessary to keep the student safe and support glucose levels within target range as far as reasonably possible while at school. The DMP should include an individualised **Emergency Response Plan (ERP)** detailing the recognition and management of hypoglycaemia, hyperglycaemia and other diabetes-related emergencies. The DMP is a medical document and should be signed only by the parent (or primary carer) and the treating medical team.

The **Health Support Plan (HSP)**, developed and signed by the school and parent, outlines how the student's medical orders will be implemented while the student is in the custody and care of the school. This includes the practical arrangements for glucose monitoring, treatment of hypoglycaemia, administration or supervision of insulin where prescribed, communication processes, and the responsibilities of school personnel. The

HSP is an implementation document and does not require signature by the treating medical team.

The Diabetes Management Plan provides medical instructions for the student. The Health Support Plan does not alter or replace those medical orders but documents how the school will implement them. Any changes to the student's medical orders require the consent of the parent and treating medical team.

4. Government support

Governments must provide schools with adequate resources, funding, guidance and workforce support to enable the reasonable adjustments required for students with Type 1 Diabetes (T1D) to participate safely and equally in all aspects of school life. These resources should support the implementation of prescribed diabetes management, including glucose monitoring, treatment of hypoglycaemia, insulin administration where prescribed, and participation in excursions, camps and extracurricular activities, with minimal disruption to normal school routines.

Governments and education authorities should ensure that policies, training programs and workplace systems support schools to meet their obligations under workplace health and safety legislation, disability discrimination legislation, equal opportunity and human rights legislation, and common law duty-of-care obligations. This includes ensuring access to appropriately educated, trained and authorised personnel to safely implement prescribed diabetes care while the student is in the custody and care of the school.

5. Roles and Responsibilities

Medical practitioners prescribe medical orders for the student and may advise on the content of education and training required to safely implement those orders.

Parents give their consent to execute those medical orders at school.

Schools and education authorities remain responsible for

- implementing the student's consented medical orders,
- ensuring personnel are appropriately educated, trained, competent and,
- where required, authorised to undertake the prescribed tasks.

Schools and education authorities are also responsible for meeting their obligations under workplace health and safety, disability discrimination, equal opportunity, human rights and duty-of-care frameworks.

Where legislation, regulation, registration, accreditation or employer policy requires authorisation to perform specific aspects of diabetes care, including insulin administration, responsibility for obtaining and maintaining that authorisation rests with the school, education authority or employer, not the treating medical team.

Consistent with workplace health and safety principles, schools are responsible for ensuring their employees have the skills, knowledge, training, supervision and support necessary to safely perform their duties.

Responsibility for the actions and competence of school employees rests with the school and education authority and cannot be transferred to parents or the treating medical team.

6. Medical Orders, Education, Training and Authorisation

The treating medical team is responsible for assessing the student, prescribing medical treatment and documenting the student's individual medical orders in the Diabetes Management Plan.

The treating medical team may provide education regarding Type 1 Diabetes and may advise on the knowledge, skills and competencies required to safely implement those medical orders. Such education or advice does not constitute delegation of responsibility to the school, authorisation of school personnel, certification of competency, or acceptance of responsibility for the actions of school employees.

Schools and education authorities are responsible for determining how medical orders will be implemented while the student is in their custody and care. This includes ensuring personnel are appropriately educated, trained, competent, supervised and, where required, authorised under applicable legislation, regulations, employer policies, registration requirements or accreditation frameworks.

The provision of medical orders, educational materials, guidance or advice by the student’s medical team does not transfer responsibility for implementation to the medical team, nor does it relieve the school or education authority of its workplace, duty-of-care, disability, human rights or other legal obligations.

Medical orders are not authorisations. Education is not accreditation. Advice is not delegation.

7. Education and Training of School Employees

Schools and education authorities are responsible for ensuring that personnel have the education, training, competence and, where required, authorisation necessary to safely support students with Type 1 Diabetes (T1D) while they are in the school's custody and

care. Education and training programs should comply with applicable legislative, regulatory and workplace requirements and be based on recognised best-practice curricula.

Parents play a critical role in providing individualised information regarding their child's diabetes management, strengths, challenges and support requirements. The student's medical team may advise on the knowledge and skills required to safely implement the student's medical orders. However, the provision of medical orders, education or advice by the parent or medical team does not constitute delegation of responsibility, authorisation of school personnel, accreditation of competency, or transfer of responsibility for implementation.

The Australian legal and regulatory framework supports the ISPAD recommended levels of education and training for school personnel:

Level 1: Foundation Education (All School Personnel)
All school personnel should receive general education about T1D and the immediate needs of a student with diabetes. This includes recognising signs and symptoms of hypoglycaemia, understanding the need for timely intervention, knowing emergency response procedures, and understanding escalation pathways to appropriately trained personnel.

Level 2:– Individualised Education and First Aid Training
School personnel who have regular supervisory responsibility for a student with T1D should receive student-specific education and T1D first aid training. This includes recognition and initial management of hypoglycaemia and hyperglycaemia, understanding the student's Diabetes Management Plan and Emergency Response Plan, glucose monitoring where required, and appropriate escalation of complex care needs.

Provision of this education and training is a workplace responsibility of the school and education authority and should be reviewed and updated regularly, at a minimum annually.

Level 3 – Complex Diabetes Care
Schools and education authorities are responsible for ensuring that appropriately educated, trained, competent and, where required, authorised personnel are available to undertake complex diabetes care required by the student's Diabetes Management Plan. Complex care may include insulin administration, glucagon administration, carbohydrate assessment, insulin dose calculation, ketone monitoring and management of diabetes technologies.

Where complex care is undertaken by personnel who are not registered health practitioners, education authorities should ensure access to recognised education, training, competency assessment and authorisation processes that comply with legislative, regulatory and workplace requirements. Responsibility for providing, training,

authorising and supervising personnel to undertake complex diabetes care rests with the school and education authority.

8. School camps and school sponsored off-campus activities

The student's prescribed medical orders do not change simply because an activity occurs away from the school campus. However, the circumstances of school camps, excursions, sporting events and other off-campus activities should be individually assessed to ensure the school can safely implement the student's Diabetes Management Plan and discharge its duty-of-care obligations.

There is no requirement for a separate medical plan solely because an activity occurs off campus. Rather, it is the responsibility of the school to identify and address risks specific to the activity and location, including remoteness, access to transport, communication availability, duration of travel, access to medical services, supervision requirements, environmental conditions and the potential impact of physical activity on glucose management.

To assist schools in meeting these obligations, the APS supports use of the School Camp Checklist and Off-Campus Essential Requirements available at: https://www.t1d.org.au/resources/school-camp-checklist-type-1-diabetes

The recommended planning process is:

1. **Parent and school complete the School Camp Checklist** sufficiently in advance of the activity.
2. **Parent reviews the completed checklist** and, **where required,** seeks advice from the student's **medical team** regarding any student-specific diabetes management considerations**.**
3. **The medical team** may advise on the knowledge, skills and training required to safely implement the student's medical orders in the proposed off-campus environment. This advice may include adjustments to insulin pump settings, glucose targets, insulin dosing strategies, carbohydrate requirements, physical activity management, ketone monitoring, overnight glucose monitoring arrangements, and other measures necessary to safely accommodate the planned activity**.**
4. **The school** assesses the identified risks and determines how the student's medical orders will be implemented while the student remains in the school's custody and care. Schools should consider foreseeable and worst-case scenarios that may arise during the activity.

Schools should ensure that appropriately educated, trained, competent and, where required, authorised personnel are available throughout the activity to safely implement

the student's Diabetes Management Plan. This includes situations where the student becomes unable to undertake their usual level of self-management due to illness, injury, severe hypoglycaemia, diabetic ketoacidosis, altered conscious state or other unforeseen circumstances.

Schools remain responsible for ensuring compliance with applicable workplace health and safety, disability discrimination, equal opportunity, human rights and duty-of-care obligations during all school-sponsored activities, whether conducted on or off campus.

5. Updated June 2026