



APS Position Statement

Diabetes in Schools 2023

Regional paediatricians have a responsibility to maintain the best possible standard of care for children in regional Australia. The Australian Paediatric Society, the peak body representing rural child health, endorses the following points in management of Australian children and adolescents with Type 1 Diabetes (T1D).

APS endorses the 2018 ISPAD Position Statement for Diabetes in Schools. This can be downloaded at:

https://www.t1d.org.au/images/docs/Goss_et_al-2018-Pediatric_Diabetes.pdf

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. The Individual Medical Orders (Diabetes Management Plan) for the student, signed by the student's doctor or their delegate, outline in detail the medical requirements to keep them safe and keep glucose levels in target range as best possible. The Health support Plan, signed by the school and parent, outlines how those medical orders, including insulin delivery/supervision where ordered, should be executed by the school whilst the student is in the custody of the school.

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 of equal standard to that received at home.

3. Government support

Governments must support schools with adequate resources to ensure they can provide the reasonable adjustments required to create a safe environment that allows for all aspects of T1D management to occur with minimal disruption to normal class routines and activities. This includes safe and legal insulin delivery in schools.

4. Recommended levels of training for school staff

Because school personnel who undergo specialist training, will be held to the same standard as a person with the same training, skills, or expertise, any training program must meet legal and regulatory requirements and follow an endorsed best practice curriculum. The parent should be actively involved in advising the individualised components for education and training.

Australian legal frameworks outlined validate ISPAD recommended levels of education and training (6):

Level 1 - All school personnel require generic education on the immediate needs of the student with T1D, including the need to act immediately and escalate to a person with adequate training/accreditation to manage appropriately.

Level 2 - School personnel who have regular direct contact with the student with T1D require a level of education and training to undertake basic first aid care for high and low BG levels, **individualised** to the student. For such school personnel, this is an obligation, not an elective or voluntary decision. It is the responsibility of the school under OH&S regulations to ensure that the education and training has been executed and updated annually.

Level 3 – It is the responsibility of the School/education authority to supply staff **educated and trained in complex T1D management to deliver personalised care** to the student with T1D. If the school personnel member is not a qualified nurse but is volunteering to execute complex care and administration of insulin / glucagon, there is an outstanding requirement for well-designed training programs, supplemented by on-line modular training aids, that meet regulatory requirements to protect all parties by conferring a status of accreditation and qualification.

5. School camps and school sponsored off site activities

While the prescribed treatment for the student with T1D does not change whether on-campus or off-campus, the circumstances of the school camp or other off campus activities should be addressed individually to ensure ability of the school to discharge its duty of care to the student.

There is no requirement for a special camp plan for the student – rather it is the responsibility of the school to address the risks specific to the off-campus location, remoteness, access to transport, communication availability, local language, and vicinity of medical services to enable the School to safely execute the student’s medical orders.

The School Camp checklist, addressing these matters, and Off Campus Essential Requirements is available at <https://www.t1d.org.au/resources/school-camp-checklist-type-1-diabetes>

The recommended process, to be planned in a timely manner, is:

1. Parent and School to complete camp checklist.
2. Parent and medical team assess the completed checklist.
The medical team may assist and advise on the content of training required to best execute the medical orders off campus by checking the recommendations for that individual for that camp on the School Camp Checklist – Off Campus Essential Requirements.
3. It is the School’s obligation to implement those medical orders while the Student is in the School’s custody and care and consider the **worst-case scenario** for each off-campus activity.
4. Schools should ensure **Level 3** trained School personnel are available in case the student becomes incapable of their usual standard of self-care to assist with their compliance with jurisdictional, legal, and regulatory obligations including human rights, disability, workplace, and duty-of-care obligations.