

Compliance Requirements for the Management of Students with Type 1 Diabetes Medical Care at School

This table compares the key obligations and requirements of education providers for all students with type 1 diabetes with the Diabetes Australia "Diabetes in Schools" program.

Principle	Compliance Requirements	Diabetes Australia "Diabetes in Schools" Program
Prescribed Treatment		
Evidence based, best practice clinical recommendations to be prescribed for child with type 1 diabetes at school.	<ol style="list-style-type: none"> 1. Human Right agreements and principles entitle everyone to the right to the highest possible standard of physical and mental health 2. ISPAD Clinical Practice Consensus Guidelines are the only comprehensive set of clinical recommendations for children, adolescents, and young adults with diabetes worldwide. 3. The application of clinical guidance must be legally validated. 4. Prescribed treatment cannot be altered or downgraded in response to the specific environment of education. 	<p>Not compliant</p> <p>DIS program has:</p> <ol style="list-style-type: none"> 1. No evidence to substantiate clinical guidance variations from ISPAD guidance. 2. No legal validation for program and advice provided.
Medical Orders – Diabetes Management and Action Plans		
Medical Orders: Diabetes Management & Action Plans	<ol style="list-style-type: none"> 1. Medical orders must be prescribed by treating medical doctor (or nurse practitioner). Only a medical doctor (or nurse practitioner) is able to prescribe scheduled drugs to patients. 2. No third parties (unqualified) can be named on medical order to assume responsibility for prescribed treatment: <ol style="list-style-type: none"> a. Teachers cannot be named on medical orders. b. Schools and Principals cannot be a signatory to "agree" medical orders. 3. Medical orders must be consented by parent (or student if over 18 years) 	<p>Not compliant</p> <p>DIS program misleads all parties as to their role in a patients (student with type 1 diabetes) treatment and medical orders.</p> <p>DIS Medical Orders (Diabetes Management & Action Plans)</p> <ol style="list-style-type: none"> 1. Imply that a teacher has received delegated authority to execute the medical order when a treating "team member" signs off a teacher as "responsible" for complex medical care of their patient. 2. Permits "schools" to be a party to and signatory to medical order when the school's responsibility is to execute the medical order not agree with it. 3. Does not specify that order can only be signed by medical doctor (or nurse practitioner)
Individualised Management "Patient Centred Care"	<ol style="list-style-type: none"> 1. Health care rights define that every individual is entitled to be treated as an individual with their beliefs and choices recognised and respected. 2. Treatment cannot be standardised and must be in the best interests of the patient. 3. Good medical practice is patient centred and involves doctors understanding that each patient is unique and working in partnership with their patient. (Medical Code of Conduct) 4. Individualised care provides optimal outcomes and mitigates risk and harms to patient (student with type 1 diabetes). 5. Parents are the ultimate authority and most informed source of the student's individual requirements, and the only party who can provide consent. 	<p>Not fully compliant</p> <ol style="list-style-type: none"> 1. Standardized medical orders promoted as "mandatory". 2. Standardised education. 3. Parental involvement is discouraged.
Informed Consent	<p>Consent must meet be legally valid. The absence of a valid consent is a determining factor in establishing liability for civil assault or trespass.</p> <p>Valid legal consent must meet all the following requirements:</p> <ol style="list-style-type: none"> 1. Competence/capacity of the patient. 2. Consent is given voluntarily, without undue influence. 3. Consent covers the procedures in question. 	<p>Not compliant</p> <p>Consent on the DIS medical orders is not informed, as it does not disclose</p> <ol style="list-style-type: none"> 1. Teachers are not authorised, qualified or trained to a standard to perform complex medical care 2. That it is beyond the scope of practice of teacher to undertake complex medical care

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	<ol style="list-style-type: none"> 4. The patient is informed in making the decision. Significant risks and information regarding the treatment and its execution must be provided. 5. Consent must not have been withdrawn. 	<ol style="list-style-type: none"> 3. That a treating doctor cannot delegate care in a medical order to a medically unqualified teacher 4. That teachers without authority and qualification will be required to execute the health services equivalent to Div 1 RN 5. The student's health information is being collected by Diabetes Australia as part of the provision of the DIS program. 6. Consent is not provided freely and without coercion as students/parents are advised the DIS medical orders are required /mandated / cannot be altered
Delegation	<ol style="list-style-type: none"> 1. The treating doctor must take reasonable steps to ensure the person to whom they delegate, refer or handover has the qualifications, experience, knowledge and skills to provide the care required. 	<p>Not compliant</p> <ol style="list-style-type: none"> 1. Treating doctor is not permitted to delegate complex medical care in a medical order to medically unqualified teacher. 2. DIS program proposes that when the student's treating medical teams is not available to provide training to school staff, that "training" may need to be provided (delegated) to a professional who is not part of the clinical treating team – ie Diabetes Australia employed health care professional 3. Teachers and school staff are misled to believe that it is an expectation and requirement that they undertake complex medical care.
Privacy and Confidentiality	<ol style="list-style-type: none"> 1. Treating medical teams are obligated to maintain and protect patient's privacy and confidentiality. 2. Schools and school staff must maintain the confidentiality and privacy of student's health and medical information. 3. Schools are not permitted to share student's personal information, including medical orders, glucose data and individual management strategies 	<p>Not compliant</p> <p>The DIS program requires:</p> <ol style="list-style-type: none"> 1. Information on schools, teachers and students be provided without prerequisite full disclosure and consent. 2. Teachers discuss individual students' medical orders in group seminars. 3. 3rd party health care professionals can be engaged to advise on student's medical condition on the basis of "good communication with the treating team", not consent from the parent.
Education Providers		
Disability Discrimination	<ol style="list-style-type: none"> 1. Reasonable adjustments are obliged to be made by education providers and schools for students with a disability (including type 1 diabetes) to participate on same basis as peers. 2. Provision of services in health care is a reasonable adjustment. 3. Students with type 1 diabetes require qualified and trained resources who are competent to fulfill their complex medical care. 	<p>Not compliant</p> <p>The DIS program:</p> <ol style="list-style-type: none"> 1. Purports that teachers and school staff, with no qualifications, authority or training can provide complex medical care to students with type 1 diabetes

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	<p>4. Reasonable adjustments are made on an individual basis and must reflect individual advice and medical needs.</p>	<p>2. Implements standardised "consistent" medical orders for all students therefore removing individualisation.</p> <p>3. Enables Government to avoid compliance with legislation and the provision of qualified resources by claiming that DIS trained school staff can be responsible complex medical care.</p>
Duty of Care to Students	<p>Education providers and schools hold:</p> <ol style="list-style-type: none"> 1. Duty of care obligation to avoid acts or omissions, which could be reasonably foreseen to injure or harm 2. This duty of care obligation owed by education providers is non-delegable 	<p>Not fully compliant</p> <ol style="list-style-type: none"> 1. The DIS program prioritises the program's education and "training" to students with type 1 diabetes who are newly diagnosed, change in school and young students. 2. Education providers and schools significantly exposed as the majority of their students do not have systems in place to protect the student from harm. 3. Education providers and schools and have immediate OHS issue if training and safe systems of work are not implemented for all students with type 1 diabetes under their supervision.
"Self Management" of Type 1 Diabetes by a Student in Compulsory Education		
Duty of Care applies to ALL students	<p>Education providers and schools owe:</p> <ol style="list-style-type: none"> 1. Duty of care to ALL students to avoid acts or omissions which could be reasonably foreseen to injure or harm. 2. Duty owed is more stringent than a duty to take reasonable care; it is a duty to ensure that reasonable care is taken. 3. Self-management does not diminish the duties owed. <p>Fulfillment of the duty of care obligation to ALL students requires:</p> <ol style="list-style-type: none"> 1. All school staff must receive education on type 1 diabetes 2. Provision of qualified and authorised health services to student to intervene when and as required. 	<p>Not fully compliant</p> <p>DIS program:</p> <ol style="list-style-type: none"> 1. Promotes that if a student is "self-managing" then education providers do not require education, training or provision of health services. 2. Ignores the ISPAD Position Statement guideline 6.9 that states that <i>"Schools should not expect that young people with diabetes will "learn responsibility" for self-managing T1D by leaving them unsupported during school hours. Nor will the duration the student has lived with T1D determine their ability to be self-sufficient. Young students may be capable but should not be solely responsible for their management at school."</i>
Duty of Care requires education providers and teachers to protect students from the student's own conduct	<p>Students under the supervision of education providers and teachers are beyond the care and protection of their parents. This relationship of dependency with a teacher, who is a position to exercise authority over the student, affords the student protection from harm from the conduct of other students and the student's own conduct:</p> <ol style="list-style-type: none"> 1. Adolescents especially need additional attention because risk appreciation is underdeveloped. 2. All students will have impaired judgement if blood glucose is significantly out of target range (high or low) or if unwell from other causes. 	<p>Not compliant</p> <p>The DIS program overlooks the requirement for education, training and provision of authorised and qualified personnel to support the health needs of students with type 1 on the basis that "student self manages".</p>

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Supervision of administration of medication is administering medication	<ol style="list-style-type: none"> There is no separation of responsibility between the supervision of the administration of medication (insulin) and the actual administration of medication. Authorised and qualified school staff must be provided to supervise health services to a student. 	<p>Not compliant</p> <p>The DIS program omits the requirement for education, training and provision of authorised and qualified personnel to support the health needs of students with type 1 diabetes on the basis of "student self manages"</p>
Safe Systems of Work and Workplaces		
Occupational health and safety	<ol style="list-style-type: none"> The health, safety, and welfare of all people in the school workplace, employees, students and volunteers must be protected and not be put at risk by workplace practices and activities. The importance of health and safety requires that employees, other persons at work and members of the public are given the highest level of protection against risks to their health and safety that is reasonably practicable in the circumstances. Persons who control or manage matters that give rise or may give rise to risks to health or safety are responsible for eliminating or reducing those risks so far as is reasonably practicable. 	<p>Not compliant</p> <p>DIS program:</p> <ol style="list-style-type: none"> Increases the health and safety risk to students with type 1 diabetes and teachers by non-compliance to standards and frameworks. Places teachers in a position where they unwittingly assume medical care without any requisite qualifications or accredited training. The risk to students with type 1 diabetes is immeasurable.
Training and education must be provided	<p>Main duties of employers to employees:</p> <ol style="list-style-type: none"> An employer must, so far as is reasonably practicable, provide and maintain a working environment that is safe and without risks to health An employer contravenes OHS legislation if the employer fails to provide such information, <u>instruction, training or supervision</u> to employees of the employer as is necessary to enable those persons to perform their work in a way that is safe and without risks to health. 	<p>Not compliant</p> <p>DIS program</p> <ol style="list-style-type: none"> Does not provide recognised and accredited training Does not facilitate adequate supervision for a student with type 1 diabetes complex medical care
Type 1 Diabetes Education		
Must be transparent and accessible.	<ol style="list-style-type: none"> Current, accessible, language appropriate and culturally appropriate <u>education</u> materials must be made available to enable flexible and rapid education of school personnel. 	<p>Compliant</p>
Must be in accordance with prescribed treatment	<ol style="list-style-type: none"> Education must be evidence based and represent recommended clinical guidance 	<p>Not compliant</p> <p>DIS education is</p> <ol style="list-style-type: none"> Different clinical standards to ISPAD guidance Has not been constructed to apply recognised standards.
Type 1 Diabetes Training		
Baseline training for complex medical care and S4 medication administration must be	<ol style="list-style-type: none"> Education and training must be <ol style="list-style-type: none"> Accredited Quality assured Provide units of competency 	<p>Not compliant</p> <p>The DIS program permits high risk activities to be performed on children (students with type 1 diabetes) where serious contraindications may occur , including death, with " training" that is:</p>

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<p>accredited, and quality assured by training regulators. Regulators include:</p> <ul style="list-style-type: none"> - ASQUA - VRQA 	<ol style="list-style-type: none"> d. Provide a qualification 2. Information regarding the course and qualifications must be made available to support the parent's informed consent to the school to undertake complex medical care of their child. 3. Courses that are High Risk must be formally risk assessed for accreditation. The complex medical care procedures of type 1 diabetes are defined as High Risk activities: <ol style="list-style-type: none"> a. Penetration of the skin b. Invasive treatments c. Serious contraindications may apply d. First aid treatment e. Working with children 	<ol style="list-style-type: none"> 1. Not accredited 2. Confers no qualification. 3. Has no formal competency assessment 4. Is not transparent 5. Is not quality assured or regulated 6. Is not provided by a RTO
<p>Training to be conducted by Registered Training Organisation (RTO)</p>	<ol style="list-style-type: none"> 1. Training providers must be regulated and approved to ensure that the education and training provided meets quality standards. 	<p>Not compliant DIS is not provided by a RTO</p>
<p>Education providers are responsible for the conduct, performance and competence of their employees.</p>	<ol style="list-style-type: none"> 1. Education providers must ensure that their employees, teachers and other school staff, are qualified, trained, capable and competent to undertake health services. 2. Treating medical teams have no jurisdiction or responsibility for education provider employees <ol style="list-style-type: none"> a. Treating medical teams cannot oversee training of teachers. b. Be responsible for the performance or development of the skills of education provider employees 3. The treating medical team's sole responsibility and accountability is to their patient, the student with type 1 diabetes and their parents. 	<p>Not compliant DIS program requires:</p> <ol style="list-style-type: none"> 1. The treating team to oversee training of unqualified school staff to execute medical care of their students in the course of their employment 2. Treating teams to sign off those teachers have "satisfactorily completed" training – to no standard.
Individualised Patient Advice (Individualised Training)		
<p>Specific patient advice (training) is required in order to fulfill the health needs of the individual student.</p>	<ol style="list-style-type: none"> 1. It is the parent's legal right and obligation to make the medical decisions for their child. 2. The content of the <u>training</u> is the responsibility of the medical team and parent 	<p>Not compliant DIS program</p> <ol style="list-style-type: none"> 1. The content of training and advice is determined by Diabetes Australia. the 2. Diabetes Australia and other 3rd party health care providers are not party to the therapeutic relationship with patient and bear no responsibility for clinical outcomes, and therefore not permitted to provide the patient's individual advice.
<p>"Team" approach is defined as the treating</p>	<ol style="list-style-type: none"> 1. The treating medical team's sole responsibility and accountability is to the patient, the student with type 1 diabetes and their parents. 	<p>Not compliant</p>

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medical team and patient/parent	<ol style="list-style-type: none"> 2. The treating team may be engaged by the parent to assist with the individual student advice (training). 3. The treating medical teams’ engagement is determined by the patient/parent 	<p>The DIS program clouds responsibility through ill- defined processes and terminology which confuses and misleads education providers to think that treating medical teams are engaged by the Diabetes Australia DIS program.</p>
Unbiased advice and inclusive services	<ol style="list-style-type: none"> 1. Medical advice, medical orders and the associated education and training must be developed in the best interests of the patient – free from bias and pecuniary influences. 2. Patients must be facilitated free choice regarding their own health, treatment and the content of individualised training. 3. Remuneration for education and training must be on a “fee for service” basis : <ol style="list-style-type: none"> a. Training by RTOs b. Treating teams engaged by the parent for support with the individualised advice on their child (student with type 1 diabetes) 	<p>Not compliant</p> <p>The DIS program:</p> <ol style="list-style-type: none"> 1. Has Diabetes Australia engage the patient’s treating medical team to provide advice on the patient – not the patient/parent 2. Uses “block funding” provided by Diabetes Australia to fund large metropolitan tertiary centres 3. Remunerates treating medical teams for prescribing the DIS program for patients 4. Requires that unconsented patient and teacher data is provided 5. Requires treating teams’ sign off that medically unqualified school staff have satisfactorily completed training to execute complex medical care. 6. Excludes regional and private treating teams. 7. Has the effect of enforcing a particular medical treatment on a patient.