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Australian Paediatric Society
The voice of rural child health



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Submission to the Senate Standing Committee on Education and Employment

Inquiry: Quality and Safety of Australia's Early Childhood Education and Care System

Supplementary evidence

- **Diabetes Australia concession**
- **Ministerial advice creates regulatory gap in training for insulin administration in ECEC and schools**

Dear Secretariat,

I write to provide supplementary evidence to the Australian Paediatric Society's submission to the Senate Standing Committee on Education and Employment inquiry into the quality and safety of Australia's early childhood education and care system.

New evidence has emerged since APS's submission was lodged:

1. **Diabetes Australia has publicly conceded that the Diabetes in Schools (DIS) program is not accredited and is not a competency-based authorisation pathway.**

Diabetes Australia now states that the DIS program (upon which ECEC usually relies upon) "does not result in accreditation" and is "not designed or intended" to provide accreditation, and should not be interpreted as more than **an opportunity to learn**. This confirms that DIS is an awareness-only program and does not provide lawful workforce authorisation for high-risk clinical tasks.

2. **The Victorian Minister for Health has excused the lack of training for ECEC employees by providing the advice that, because Drugs and Poisons legislation does not impose training requirements on 'carers', education employees may administer insulin without the mandated training requirement as defined by work, health and safety laws.**

This position has not previously been articulated by Government and represents a material departure from the long-standing expectation and requirement that carer / educator employees managing children with Type 1 Diabetes must have appropriate training.



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The Victorian Government's own aged care policy illustrates the inconsistency. Personal Care Assistants, who are qualified and authorised under legislation, are not permitted to administer medicines such as insulin due to safety risk. Yet in ECEC and schools, educators are expected to administer insulin without any accredited training or lawful authorisation pathway. **This applies a lower safety standard to children than to older Victorians.**

Taken together, these developments materially alter the regulatory compliance that must be considered by the Inquiry. In effect, a vacuum and safety risk for the ECEC sector has been created which requires competency-based, task-specific training for high-risk tasks to address

- the DIS program is now conceded by its owner to be non-accredited and non-competency-based,
- medicines legislation is being relied upon to imply "no training required" for educators administering insulin.

The combined effect is that educators in ECEC and school settings are expected to perform high-risk clinical tasks (insulin administration and hypoglycaemia management) **without a lawful training and authorisation pathway.** This exposes children to foreseeable risk and services and educators to regulatory and civil liability.

I ask that this supplementary material be noted by the Committee and considered in any recommendations relating to workforce training, lawful authorisation, and the integration of chronic disease management into the National Quality Framework / National Quality Standard.

I attach copies of Diabetes Australia's disclaimer and the Minister's correspondence to the Committee Secretariat.

Yours sincerely,

A black rectangular box redacting the signature of Dr Peter Goss.

Dr Peter Goss

Chair Diabetes Australian Paediatric Society

Attachments:

1. Diabetes Australia disclaimer (Diabetes in Schools program)
2. Letter from Victorian Minister for Health regarding drugs and poisons legislation

Screenshot 24.11.25 with new Diabetes Australia concession

diabetesinschools.com.au/the-program/training/

- * all school staff are familiar with the actions that they must take when students with type 1 diabetes require urgent or emergency assistance due to their health condition
- * staff are aware of the designated staff in the school who are responsible for providing specific assistance to students with type 1 diabetes and can administer insulin when necessary
- * principals ensure that an appropriate number of designated staff, relative to the size of the school and the number of students with type 1 diabetes, undertake Level 2 training to have the knowledge and skills to assist with supporting students with type 1 diabetes
- * level 3 individualised (face-to-face) training is appropriate for designated school staff (2–8) who are supporting a student who is newly diagnosed, unable to self-administer insulin, requires support to manage their diabetes at school, preparing for camp, or the student experiences a significant transition or change in their diabetes management (e.g. starting insulin pump therapy).



The program does not result in accreditation. It is designed to give nationally consistent information and tools to parents, families, principals, school staff and health professionals to assist with the support and management of students with type 1 diabetes. The program does not provide recipients with an accreditation (nor is it designed or intended to do so). The program is to not be otherwise interpreted as more than a valuable opportunity to learn how to better assist with the support and management of students with type 1 diabetes.

Call our helpline
1800 637 700

Yet DA note the need for training staff on giving insulin - but admit that the course does not provide that training – see below:

diabetesinschools.com.au/the-program/training/

[Dispose of used sharps](#) in Australian-standard approved plastic containers. Do not use glass or cardboard containers, tins or plastic bottles to dispose of sharps.

Reasonable adjustments

[Reasonable adjustments](#) to support students in managing their insulin at school may include:

- * ensuring a current diabetes management plan is available
- * [training designated staff](#) on giving insulin or providing support and supervision
- * providing a safe, comfortable, and private area for the student to take their insulin if requested
- * actioning any specific advice in the diabetes management plan about the student's participation in sport, excursions, camps, exams, and other activities
- * implementing infection control measures including providing clear instructions to staff on how to prevent infection and cross contamination when checking blood glucose levels and giving insulin.

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NDSS Helpline 1800 637 700

diabetesinschools@diabetesaustralia.com.au

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1800 637 700

Yet still claims that the Level 3 course is for staff supporting students unable to self administer insulin. (see below) If DIS Level 3 is promoted as training for staff who must *actually give insulin* to a student who cannot do it themselves, then:

- It **implies** staff will be authorised to perform the task
- It **implies** the program is an appropriate risk control
- It **implies** due diligence is fulfilled and WorkSafe compliance achieved

DIS creates false reassurance, which is the very definition of misleading and deceptive conduct, particularly when the training relates to a high-risk medical intervention.

The screenshot shows a web browser window with the URL diabetesinschools.com.au/the-program/training/#level. The page content is as follows:

Level 2 – Intermediate training

For designated staff identified by the principal to support students during school and school related events (e.g. camps, excursions, sports). Depending on the student's needs, designated staff may:

- ✳ monitor blood glucose levels
- ✳ help with or administer insulin
- ✳ respond to high or low blood glucose events.

Designated staff need a deeper understanding of type 1 diabetes to provide day-to-day support, and their role is guided by the student's diabetes management and action plans.

Level 3 – Individualised skills training

For designated staff (as nominated by the principal) who are supporting a student who is newly diagnosed, unable to self administer insulin or requires support to manage their diabetes whilst at school. This hands-on training focuses on the individual student's diabetes management and is delivered face-to-face by a health professional.

School camp training is a part of Level 3 training, however, it must be specifically requested by a school principal or authorised school contact when submitting a Level 3 training request.

On the right side of the page, there are two links: [Insulin at school](#) and [Troubleshooting tips for online training](#), both with a 'View' button and an external link icon.

At the bottom of the page, there is a green button that says 'Call our helpline 1800 637 700' with a phone icon.



The Hon Mary-Anne Thomas MP

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BAC-CO-58921

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Via email: alison.marchant@parliament.vic.gov.au

Dear Ms Marchant

Alison

Thank you for your email regarding Victoria's drugs and poisons legislation as it relates to administration of a child's insulin by an educator who has that child under their care.

Under the Drugs, Poisons and Controlled Substances Regulations 2017 (the Regulations), educators working in a school, kindergarten, or daycare centre are allowed to possess insulin and administer it to a child under their care, to the extent and purpose for which it was supplied. The insulin, as a Schedule 4 medicine, must have been prescribed and supplied for that child by a registered medical practitioner and/or pharmacist (or another suitably qualified medical professional).

Possession and administration are allowed under the Regulations as an educator is a person who has the care of, or who is assisting in the care of, the child, and so is recognised in regulation 7 of the Regulations.

Drugs and poisons legislation does not impose training requirements for carers administering prescribed and dispensed medications to children under their care. However, all National Quality Framework services and children's services regulated under the Victorian Children's Services Act must have a *Medical conditions policy and procedure*. The Department of Education is best placed to advise on those and any additional obligations that apply to children's services.

I hope this information has been of assistance to you and your constituent and thank you again for taking the time to write to me about this matter.

Yours sincerely

The Hon Mary-Anne Thomas MP

22/10/2025