APS Position statement

Type 1 Diabetes in regional Australian schools 2017

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 children and adolescents with Type 1 Diabetes (T1D) in regional Australia and endorses ISPAD Guidelines for Ambulatory Care in schools.

1. **Optimal control**

It is imperative that the child / adolescent 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 whilst at school. This is best achieved by using intensive insulin therapy (ISPAD and NICE guidelines), including insulin delivery/supervision during school hours when medically requested.

2. **Equal opportunity**

The child / adolescent with T1D should be managed so they have the same educational and social opportunities as their peers. Reasonable adjustments must be made so they can participate equally in all school activities, including outdoor physical activity and sponsored events away from school and to receive adult support for diabetes care during school hours. The child /adolescent with T1D should not experience any disadvantage in their quality of T1D care whilst in attendance at school hours which should be of equal standard to the way in which the child's diabetes management occurs 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:** (adapted from American Diabetes Association)

The following levels of training are recommended:

- **Level 1** - All school staff should be educated about basic T1D pathophysiology and its effect on the child and family. This can be provided by easily accessible on-line modules.
- **Level 2** - Those school staff most responsible for the day to day management of the child with T1D should be also trained to recognize hypoglycaemia symptoms, initiate treatment for high or low blood glucose levels and know when to call for assistance (ISPAD guidelines). This training can be provided on line modules using ISPAD guidelines and authorised by treating medical team. First aide training is a prerequisite.
- **Level 3** – International guidelines for best practice in diabetes management require insulin administration during school hours. By law, the state must make reasonable adjustments to provide the resources to facilitate the supervision, monitoring and medical management of a child with T1D if prescribed by the child's medical team. There is a reliance on the "agent" provision of the Drugs Poisons Controlled Substances Regulations to administer insulin for a child at school and that agent can only be appointed by the parent. The agent requires specific training and accreditation (as well as capacity and obligation to act) in insulin administration.

Following completion of this level 3 on-line training, staff may then become accredited once they have satisfied the practical requirements of the parents/ legal guardians. The availability of school resources is not to determine the child's treatment regimen or access to technology for the treatment of T1D, insulin pumps and Continuous Glucose Monitoring Devices (CGM).

5. Medical Responsibility

Medical staff are responsible for the clinical outcomes of their prescribed treatment. Therefore, if this delegation is required, it is incumbent the treating teams to support the training and accreditation to those school staff who might be participating in their patient's care. Medical staff retain responsibility and liability for care that is delivered and provide a point of escalation for the school.

Free and informed consent, authority to manage and obligation to administer insulin during school hours must be recorded between parents / legal guardian, medical staff, and authorised school staff.

6. School responsibility

It is expected that Level 3 competence certification of school staff for safe and legal insulin delivery would be required for all students requiring insulin at school in primary schools and some students requiring insulin at school in secondary school. Some primary school children may be capable but none should be expected to be responsible for T1D care.

Revised July 2017