

School Personnel Training Agenda

Student name..... Date...../...../20.....

Meeting time Name of School

School Contact..... Phone or v/conf.....

Name of school personnel	Role

1. Parent consent

I consent to my child's treating medical team to discuss confidential health issues with identified school personnel and for the above-named personnel to discuss my child's diabetes management with the treating medical team as part of the scheduled training and advice consultation. The school and treating medical team will not disclose the health information collected through this consultation process to an external entity unless the parent has provided written consent or when required by, or permitted under, law.

Signed (parent).....

Date.....

2. Prescribed Medical Orders

The student's Diabetes Management Plan and Concise Diabetes Action Plan are completed.

3. Pre-meeting learning

The T1D e-learning modules have been completed by the appropriate school personnel.

4. Meeting

- Introduction – all parties – names, roles, responsibilities.
- Acknowledgment of school willingness to provide optimal support for the student.
- Previous exposure of school personnel to any form of diabetes.
- Explanation of WHY targeting blood glucose levels in normal range – learning, mood, long term health.
- Team strategy and individual medical requirements – ISPAD best practice, outcomes.
- Acknowledgement of impact of T1D on the family.
- Acknowledgement of student's individual strengths and challenges.
- Dispel myths of children "learning responsibility" of self-management.

5. Individual issues re reasonable adjustments

- Questions re T1D e-learning modules and/or T1D Parent Guide.
- Definition of roles - who is/are the parent agent(s) managing insulin administration.
- Hypoglycaemia - dispel concerns re severe lows and loss of consciousness, overtreatment.
- Continuous Glucose Monitoring – lag time, predictive arrows, followers, need for BG check (as per DMP).
- Day to day routine - i.e. appropriate times to test BGL or check CGM, timing of insulin dose in relation to meal, location of insulin administration and supervision process, privacy, normalisation.
- Sport or exercise management (individualised for child and according to DMP).
- Other medical issues and technology issues including S4 (insulin) drug administration.
- Recording – insulin dose and data (glucose level, carbs).
- Communication – parent as first contact, escalation points, consent, contact details.
- Documentation.
- Privacy and Consent- no information sharing allowed without informed consent.
- Important role of schools and Duty of Care – keep free from foreseeable harm, BG check during hypo.
- School camps – forward planning.
- Acknowledgement of the only parties responsible to the student - parent, school and treating medical team.

6. Summary and Questions