



LEARNING CENTRE

# A Parent Guide

International best practice Type 1 Diabetes  
care in Australian schools



Australian Paediatric Society



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This document is produced and endorsed by the Australian Paediatric Society to assist parents understand how they may access best practice Type 1 Diabetes management for their child at school. The clinical guidance is based on International Society of Pediatric and Adolescent Diabetes (ISPAD) standards and is consistent with the ISPAD principles of best practice clinical governance, advocacy, education and science.

**DISCLAIMER** The information in this guide is general. The Australian Paediatric Society (APS) and T1D Learning Centre (T1DLC) have made reasonable efforts to ensure the information in this guide is current. It is based upon documents, position statements and information on public record. The information provided is intended to be used as a guide only and does not constitute, and should not be relied upon as, as professional medical or legal advice or any other advice that you or anyone else may receive from a healthcare professional.

To the extent permitted by law, APS and T1DLC make no warranties or representations regarding the completeness or accuracy of any of the information in this guide. APS and T1DLC are not liable for any loss or damage you suffer arising out of the use of or reliance on the information, except that which cannot be excluded by law. We recommend that you consult your doctor or other qualified health professional and obtain legal advice if you have questions or concerns about the health of your child or yourself and/or your legal rights and obligations.



## 1 The philosophy of best practice, team based, person-centred care

- 1.1 The International Society for Pediatric and Adolescent Diabetes (ISPAD) provides international consensus clinical guidance for best practice management of Type 1 Diabetes (T1D). You are entitled to access best practice clinical guidance and management protocols for your child.
- 1.2 ISPAD strongly supports compliance with legal protections for children and adolescents with T1D to attend school, to be safe at school, and to receive optimal medical management at school and in all school associated activities.
- 1.3 Individualised, person-centred care is an approach to the planning, delivery and evaluation of health care that is grounded in mutual understanding and partnerships between the accountable health care professionals, students and their families, education providers and school personnel. ISPAD and the Australian Federal Government are united in regarding person-centred care as best practice and the foundation of safe, high-quality healthcare.
- 1.4 Caring for a child with T1D at school is best achieved through cooperative, supportive and respectful relationships between the three key stakeholders – parent (and child when they are capable of greater independence in self-care), school personnel and treating medical team. This includes:
  - understanding the critical importance of supporting your child with T1D at school
  - recognising that decisions about the care of your child are guided by human rights, legal principles and ethical obligations
  - understanding the delineation of roles and responsibilities of accountable parties
  - enabling cooperative, accessible and respectful communication
  - ensuring willingness of all parties to collaboratively and flexibly work in the best interests of your child
  - understanding that the treating medical team is duty bound to prescribe the optimal medical treatment for their patients and that the prescribed medical treatment of your child is not to be denied in the school environment.

- 1.5 T1D is a complex, lifelong medical condition. As the parent, you understand better than anyone that your child's T1D is a dynamic condition and daily management requires frequent attention and adjustment. There is no fixed insulin dose, no fixed blood glucose monitoring time and no fixed physiological response that can be applied to all children with T1D. The management strategies and treatment for a child with T1D cannot be standardised.
- 1.6 Your child with T1D is an individual with unique skills, circumstances and resources. Your child is different to others with T1D. Your child may have co-existing medical, emotional, physical and/or learning conditions that must be considered in the management of T1D at school. Accordingly, your child with T1D requires management at school that is individualised to suit their needs. Training of school personnel on your child's medical management must therefore be person-centred and individualised.
- 1.7 As the parent, you best understand the individual needs of your child. The treating medical team best understand why they have prescribed specific medical treatment and strategies for your child, and they share the responsibilities and outcome goals with you.
- 1.8 Different treating medical teams have different management strategies including different blood glucose targets. However, you as the parent, have the ultimate authority to make medical treatment decisions for your child.
- 1.9 The Australian Government commits to international agreements about human rights, which recognise everyone's right to have the highest possible standard of physical and mental health.

<https://www.safetyandquality.gov.au/publications-and-resources/resource-library/australian-charter-health-care-rights-first-edition>



- 2.2.4 The Medical Board of Australia Code of Conduct states:  
*Doctors have a duty to make the care of patients their first concern and to practise medicine safely and effectively. Patients also rely on their doctors to protect their confidentiality. Good medical practice is patient-centred, it involves doctors understanding that each patient is unique, and working in partnership with their patients, adapting what they do to address the needs and reasonable expectations of each patient.*
- 2.2.5 Parents have the legal right and responsibility to make decisions for their child. The ultimate decision-maker for your child's health care is you as the parent.  
You must be in agreement with the prescribed treatment and practices outlined in the DMP, and you have the right to seek explanation and evidence from the treating medical team to substantiate their treatment orders.
- 2.2.6 The doctor must obtain informed consent from you to complete the individual DMP. For consent to be valid, it must be informed, voluntary and made with appropriate decision-making capacity.  
To ensure consent is fully informed, your child's doctor should provide you with sufficient information relevant to the decision at hand. This requires the doctor disclosing relevant information such as any risks (for example those associated with high and low blood glucose levels) and other influences that have determined their prescribed treatment. Your consent to the prescribed treatment must be obtained without undue pressure.
- 2.2.7 You can provide specific consent on the DMP to permit the treating medical team to discuss your child's T1D management needs with identified school personnel.  
Your child's treating medical team, in partnership with you, can provide individual advice to the school in relation to your child. In addition, treating medical teams are often a point of escalation for schools in emergencies or when the parents cannot be contacted.  
You will need to provide your consent on the DMP to permit the treating medical team to discuss relevant medical information regarding your child with specific school personnel.

- Medical confidentiality is a set of rules and duties that limits access to information discussed between a person and their treating medical team.
- Privacy in healthcare means that what you tell your child's treating medical team, what they write down about you and your child, any medication your child is prescribed and all other personal information regarding your child is kept private. You and your child have a legal right to this privacy, and there are laws that guide health care providers in how they collect and record health information, how they must store it, and when and how they use and share it.

Ensure both you, as the parent(s), and the doctor sign the DMP.









- 2.4.10 The school must consult with you on the development of any reasonable adjustments, including those detailed in the Health Support Plan.

*“The Disability Standards for Education 2005 require education providers to consult with the student and their associates (usually their parent or carer) before making an adjustment. This means that schools are obliged to consult, and students and parents have a right to ask schools to consult with them about education adjustments.”*

Australian Government Department of Education Fact Sheet on Effective Consultation:  
<https://docs.education.gov.au/node/35947>

Any changes to your child’s individual circumstances will require a review of the adjustments made for your child for continued participation in their education on the same basis as their peers.

- 2.4.11 If your child is not able to completely self-manage or be responsible for the complex care needs of T1D (i.e. almost all children in primary school and some in secondary school) the school must provide a person(s) to be responsible for all the complex care needs, including the administration of insulin and glucagon (where prescribed).

This person(s) must have the authority and capacity to attend to your child’s needs when required and execute the prescribed treatment as specified in the DMP and associated Action Plans.

- 2.4.12 The Health Support Plan is an agreement between the school and the parent. The school’s Health Support Plan requires your agreement to the adjustments being made by the school and your consent to authorise the specific school personnel to undertake the complex care needs for your child.

Treating medical teams do not delegate to school personnel. School personnel derive their authority to undertake the complex care needs for your child from you, the parent(s).

- 2.4.13 Your child’s school must advise and consult with you on any changes to the timetable, sports days, swimming programs and school program where specific measures may need to be made for your child’s participation and safety.







### 3.2 Consent

- 3.2.1 Informed consent is a person's voluntary agreement to the medical treatment and health care made with knowledge and understanding of the benefits and risks involved.
- 3.2.2 Specific school personnel require your consent to give them the authority to undertake the complex care needs of your child.
- Third parties, medical teams or external providers cannot provide consent and are not party to this agreement.
- 3.2.3 A parent should not provide consent to a person to undertake the complex care needs of their child if they hold legitimate concerns regarding the ability and capacity of that person to undertake the prescribed treatment as defined in the DMP.
- 3.2.4 Mature minors may provide consent in certain circumstances.
- 3.2.5 You have the right to withdraw or amend your consent at any time.
- 3.2.6 You will be asked to provide your consent:
- On the Diabetes Management Plan, as informed by the treating doctor, in agreement to the prescribed treatment
  - On the Diabetes Management Plan to permit the treating medical team to discuss your child's health needs and train school staff
  - To the school in agreement of the Health Support Plan
  - To the school to authorise the specific school personnel to undertake the complex care of your child







## 4.2 ISPAD Guidelines - education and training

- 4.2.1 ISPAD 2018 Clinical Consensus Guidelines for Support and Management of Children and Adolescents with Diabetes at School and the 2018 ISPAD Position Statement on Diabetes at School are the guidance for best practice management of Australian children with T1D at school. Australian children deserve and require the best practice international standards.
- 4.2.2 The T1D Learning Centre aims to educate and empower Australians with access and application of ISPAD standards.
- 4.2.3 The T1D Learning Centre school e-learning modules have accessible and transparent content based on ISPAD guidelines and are endorsed by ISPAD and by the Australian Paediatric Society for the local context.
- 4.2.4 The T1D Learning Centre e-learning modules have been shown to assist in the education and training of school personnel to enable those personnel to execute the complex care activities consistent with best practice prescribed treatment.
- 4.2.5 The T1D Learning Centre e-learning modules are unique in their learning format and have been awarded the 2019 ISPAD prize for diabetes innovation.
- 4.2.6 ISPAD clinical consensus guidelines recommend 3 levels of education and training as world best practice.
- 4.2.7 **ISPAD Level 1:**  
All school personnel should **be educated** about basic medical understanding of T1D (including recognition and urgency of treatment for low blood glucose) and the social, economic and emotional effect of T1D on the student and entire family.  
The general education professional development of **Level 1 T1D course** satisfies ISPAD level 1 requirements for all school personnel and can be accessed at no cost at **t1d.org.au**





## 4.2.9

**ISPAD Level 3:**

ISPAD recommends those school personnel with your parental authorisation (or seeking your parental authorisation through training) and your informed parental consent to administer insulin (and glucagon) to your child require a higher level of training on:

1. Insulin administration
2. Insulin dose calculation and adjustments
3. The legal aspects of insulin administration
4. Insulin delivery devices including insulin pumps
5. Glucagon administration where prescribed.

School staff responsible for all your child's complex care needs including the administration or supervision of insulin and glucagon should be trained to do so safely.

The professional development of **Level 3 T1D course** (in addition to Level 1 and 2 courses) augments parent or treating medical team training to satisfy ISPAD level 3 requirements and can be accessed at no cost at **[t1d.org.au](http://t1d.org.au)**

School nurses (Div 1 RN) who possess the relevant qualification to be authorised to administer scheduled drugs are still required to complete the Level 3 T1D course.







- 4.4.11 If you believe that the education and information regarding T1D that is being represented to school personnel is not in your child's best interests and/or is inconsistent with international standards you should alert the school and relevant governing authority, State Department of Education or education provider.
- 4.4.12 Incorrect or inconsistent information regarding your child's needs, treatment or protocols may cause harm to your child – physically, emotionally, socially – and to your child's education and learning outcomes. Schools should avoid incorrect or inconsistent information and must take immediate action to correct the effects of that incorrect or inconsistent information.



## 5 Ongoing management

### 5.1 Regular upskilling

- 5.1.1 The ever-changing and evolution of individual skills, family circumstances, associated conditions, emotional issues, prescribed treatment and diabetes management strategies requires ongoing individualised training. School personnel require regular advice and training on your child's needs in order to make, or adapt, the necessary adjustments.
- 5.1.2 Education and training regarding your child's DMP and complex care needs will need to occur at a minimum annually. The commencement of each school year brings a new set of teachers and school personnel who interact with your child and require specific education and training relating to your child's needs.
- 5.1.3 Your child may require advocacy from you and the treating medical team to receive the individualised care and support to which they are entitled. Best outcomes are achieved by knowing your rights as a parent, creating a supportive relationship with the school with clear lines of communication and engaging your treating medical team to support your child.

## 5.2 T1D away from school

- 5.2.1 School camps and excursions are part of the education curriculum provided by the school. Schools have the same obligations off school campus to make the necessary adjustments for your child so that they can participate on the same basis as their peers.
- 5.2.2 If your child is cared by **others before or after school** or in a care service, you should discuss the needs of your child with your treating medical team to establish a plan for those carers to use during those times.

*Education and Care Service National Law Act 2010 (National Law) and the Education and Care Services National Regulations 2011* set the National Quality Standard and provide a regulatory framework for education and care services in Australia. This includes most long day care and family day care services and preschools/kindergartens and outside school hours care services.



### 5.3 T1D at school - Older children and adolescents with T1D

- 5.3.1 Adolescents who may be self-managing still require individualised care because they differ significantly in their need for privacy, ability to self-manage, family support and associated social and emotional needs.
- 5.3.2 The privacy and confidentiality requirements of the adolescent with T1D must be respected, acknowledged and discussed with the adolescent and parent. Adjustments that respect the privacy of adolescents in diabetes care should be supported.
- 5.3.3 The adolescent may be party to the planning and consent of the individualised DMP.
- 5.3.4 Adolescents with T1D sitting examinations should be subject to appropriate adjustments and provisions, including access to blood glucose self-monitoring devices (which may include a smart phone or other electronic device for CGM), access to low blood glucose food/ drink treatment, access to insulin if required to manage elevated blood glucose levels, access to water, bathroom access, and extra time if required.
- 5.3.5 Children and adolescents with T1D require exemption from bans on school smartphones if you designate the phone to be part of their medical equipment.





- 6.6.3 If the problem is not satisfactorily resolved, notify in writing your relevant education provider (for example, Regional Office of State Department of Education, Catholic Education Office, Independent Schools).
- 6.6.4 Make a complaint to the Australian Human Rights Commission including all written correspondence on the matter.
- The Australian Human Rights Commission has the statutory power to receive, investigate and conciliate complaints of unlawful discrimination under Australia's anti-discrimination legislation. If you believe you/your child has been unlawfully discriminated against, you can lodge a complaint with the commission.
- <https://www.humanrights.gov.au/know-your-rights-disability-discrimination>
- 6.6.5 In addition, make a complaint to the relevant State or Territory Equal Opportunity, Human Rights or Anti-Discrimination Board or Commission. Each state and territory also have anti-discrimination legislation. Individuals can lodge complaints with the relevant agency in that state or territory about discrimination, harassment and bullying depending upon the circumstances of the complaint.
- 6.6.6 Seek legal advice.

## 7 Resources

Refer to:

International Society for Pediatric and Adolescent Diabetes (ISPAD) as the best practice guidance for all children with T1D in Australian schools

- 2018 ISPAD Position Statement on Type 1 Diabetes in Schools  
<https://www.ispad.org/news/420540/ISPAD-Position-Statement-on-Type-1-Diabetes-in-Schools>
- The 2018 Clinical Consensus Guidelines for Management and Support of Type 1 Diabetes in Schools.  
[https://cdn.ymaws.com/www.ispad.org/resource/resmgr/consensus\\_guidelines\\_2018/20.management\\_and\\_support\\_of.pdf](https://cdn.ymaws.com/www.ispad.org/resource/resmgr/consensus_guidelines_2018/20.management_and_support_of.pdf)
- Other resources available at the T1D Learning Centre [www.t1d.org.au](http://www.t1d.org.au)



## Notes



# t1d.org.au

## **Winner - 2019 ISPAD Prize for Diabetes Innovation**

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### References

ISPAD 2018 Clinical Consensus Guidelines on Management and Support of children and adolescents with Type 1 Diabetes in Schools  
<https://www.ispad.org/general/custom.asp?page=ISPADGuidelines2018>

ISPAD 2018 Position Statement on Type 1 Diabetes in Schools  
<https://www.ispad.org/news/420540/ISPAD-Position-S>

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