

A Parent Guide

International best practice Type 1 Diabetes care in Australian schools





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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.

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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.
- 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.

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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 coexisting 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.

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.

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.

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.

 $\frac{https://www.safetyandquality.gov.au/publications-and-}{resources/resource-library/australian-charter-health-care-rights-first-edition}$



Process to establish best practice T1D management at school

2.1 Inform the school of T1D diagnosis

- 2.1.1 Immediately after diagnosis or at first enrolment, please inform your school that your child has a diagnosis of T1D.
- 2.1.2 Obtain information regarding school day timetable and activity schedule (recess, lunch, food breaks, exercise, specialist class timetable, etc) to assist the development of your child's individualised Diabetes Management Plan. Also request information about health service structures within the school and gather names of important contacts at the school: principal, class teacher(s), special subject teachers, nurse or wellbeing coordinator and other relevant school personnel.

2.2 Establish your child's individualised Diabetes Management Plan (DMP)

- 2.2.1 In partnership with your child's treating medical team, establish your child's Diabetes Management Plan (DMP) including a concise Action Plan.
- 2.2.2 The Diabetes Management Plan is a legal document a medical record and medical order outlining your child's prescribed medical treatment, which must be specific to your child's needs. Your child is entitled to the same standard of medical care at school as they are at home.
- 2.2.3 DMP templates, based on ISPAD guidelines, for both Insulin Pump management and Multiple Daily Injection management are available from the T1D Learning Centre at t1d.org.au

These customisable templates incorporate important and necessary legal requirements of consent, confidentiality and privacy. The DMP also encompasses exercise, Continuous Glucose Monitoring and school camps. There is provision in the DMP template to include specific requirements for your child as Annexures to the Plan. Recognition of your child's individual needs, your preferences and your values in the DMP is essential.



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.



You must have a clear understanding of what information and in which situations your treating medical team will interact with the school. You should be present at all discussions (except for assistance with emergencies or escalations in your absence).

Your treating medical team is obligated to maintain and protect you and your child's privacy and confidentiality.

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

The doctor (or nurse practitioner – see definition) has the authority to prescribe medication, and they are responsible for their prescribed treatment. Those providing medical advice regarding your child's management are legally responsible and accountable for that advice.













2.3 Submit your child's individualised Diabetes Management Plan

2.3.1 Submit your child's signed DMP to the school as the consented and required management of your child's medical condition at school.

The DMP identifies for the school the prescribed medical treatment. The school and/or education providers cannot change the prescribed treatment, nor can an alternative DMP be requested to replace what you and your treating medical team have specified.

2.3.2 Meet and discuss with the school what actions are required from those responsible (parent, school, and treating medical team) to ensure your child's medical needs will be accommodated.

Identifying and understanding the roles and responsibilities of all parties is necessary to ensure that obligations are carried out effectively.

2.4 School develops a Health Support Plan to make the required adjustments

2.4.1 T1D is a recognised disability. The Commonwealth Disability Discrimination Act 1992 and the Disability Standards for Education 2005 clarify the obligations of education providers and schools and require that students with disability can access and participate in school education on the same basis as other students.

https://www.education.gov.au/disability-standards-education-2005.

The *Disability Standards for Education 2005* are legally binding for education providers (schools and their governing authorities). Education providers and schools have an obligation to make adjustments (or accommodations) for the student with the disability.

Adjustments are "a measure or action (or a group of measures or actions) taken by an education provider that has the effect of assisting a student with a disability".



- 2.4.2 These adjustments must be reasonable in that an "adjustment is reasonable in relation to a student with a disability if it balances the interests of all parties affected."
- 2.4.3 A specialised support service may be necessary for your child to be able to participate in the activities for which they are enrolled. Specialised support services include health support services and provision of authorised and trained support staff to undertake the individual requirements and complex care needs of your child.
- 2.4.4 Reasonable adjustments (or accommodations) for students with a disability, such as T1D, are made on an individual basis. It is therefore imperative that your child's individual needs are accurately represented by the parent(s) and the treating medical team in the DMP and in any instruction and training given to the school.
- 2.4.5 The obligation for schools and/or education providers to make reasonable adjustments for your child with T1D exists regardless of whether the school receives specific funding, for example disability funding programs.
 Schools cannot claim that they cannot support your child's prescribed treatment because "they have not received funding" or "diabetes is not a listed disability for funding."
- 2.4.6 You can support the school in a funding application for additional support services and resources. Your child's treating medical team may be engaged to provide further information and advocate on your behalf and assist the school to attract necessary funding. It is the responsibility of the school to make the application for additional support.
- 2.4.7 Upon notification of your child's T1D diagnosis, the school should immediately commence the necessary adjustments required to accommodate your child's needs. Schools are obliged to make reasonable adjustments in a timely way. This means ensuring the adjustments are in place
 - for a forthcoming school commencement of the child with T1D
 - as soon as possible when notified of a diagnosis
 - · prior to each school year commencing if your child is an existing student

- 2.4.8 Schools should develop a Health Support Plan that outlines how the school will support your child's individual health care needs. This plan requires:
 - detail of adjustments (measures and actions) to be implemented by the school
 - your agreement to the adjustments being made by the school
 - your consent to authorise the specific school personnel to undertake the complex care needs for your child.

The inclusion of specific adjustments on this plan does not limit the school's obligation to make other reasonable adjustments, as necessary, for your child.

- 2.4.9 The Health Support Plan should contain information such as:
 - Student and parent identification and contact details
 - Health condition(s) and reference to the DMP as the approved medical order
 - Any other conditions, disabilities, comorbidities and learning needs that require consideration
 - How the school will fulfil the prescribed treatment of the DMP and Action Plans, including complex medical care tasks, administration of insulin and glucagon and emergency procedures
 - Supervision requirements for health-related safety
 - Specific education and training of school personnel consistent with your child's prescribed treatment
 - School resourcing identifying who at the school is responsible and at what times
 - Location and storage of medication, diabetes supplies and devices at school
 - Specific measures put in place to accommodate your child's individual needs
 - Review periods of the Health Support Plan
 - Agreed communication strategies between you and the school
 - Privacy disclosure statement
 - Your consent to the school for the Health Support Plan

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.

- 2.4.14 For best outcomes, ISPAD encourages you to work positively with the school to develop open and transparent communication channels to assist with the timeliness of information and effective consultation processes to ensure any necessary adjustments are made.
- 2.4.15 Considerations in the development of the school's Health Support Plan should be based upon international best practice guidance.
 ISPAD advises:
 - Parents are the final arbiters of whether their child can self-manage certain aspects of T1D, including glucose monitoring and selfadministration of insulin. The medical team should guide and support parents to ensure the student is not subject to inappropriately unrealistic expectations.
 - A parent cannot be expected to "fill the gap" of school resources and attend to their child's medical management during the school day. However, with a mutually supportive approach between parents and schools (and modern communication technology if available) positive outcomes for the student can be achieved.
 - 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.
 - All aspects of T1D management should occur with minimal disruption to normal class routines and activities, and require appropriate support for school personnel. The contribution made by school personnel to appropriately assist the student with T1D at school should be acknowledged and appreciated by all.



3 School's obligations

3.1 Duty of Care

- 3.1.1 Schools have a non-delegable duty of care to their students and staff to take reasonable care to protect them from harm that is reasonably foreseeable.
 There is an obligation on schools to avoid acts or omissions which could be reasonably foreseen to injure or harm.
- 3.1.2 There is obvious foreseeable risk associated with not providing appropriate management of T1D at school.

School personnel have a duty of care to the child with T1D to appropriately manage the effects of low and high blood glucose levels according to parent and treating medical team instructions.

3.1.3 Duty of care does not extend to the school or any school personnel having automatic authority to undertake invasive procedures and/or administer insulin to your child.

School personnel cannot undertake the complex care needs of T1D without the requisite authority, education, training and consent.

- 3.1.4 All school personnel require education on T1D and awareness of the requirements of T1D because they have a duty of care to protect your child from foreseeable harm.
- 3.1.5 School personnel who have direct teaching responsibility and/or specific supervision or duties for your child require additional education and specific training regarding your child's needs to fulfil their duty of care obligations.
- 3.1.6 School's governing authorities and education providers have a responsibility to their employees and to your child to ensure that school personnel receive appropriate training and advice on your child's requirements from those permitted to provide such advice and individualised instruction you and your child's treating medical team.



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 henefits 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



3.3 Privacy and confidentiality

- 3.3.1 Schools and school personnel must maintain the confidentiality and privacy of information about you and your child, including your child's health and medical information.
- 3.3.2 Schools are not permitted to share your child's personal information, DMP including concise Action Plan, blood glucose data or individual T1D management strategies.
- 3.3.3 Your child's health and medical information can be shared with selected school personnel with your express consent if those personnel have a responsibility and need to know how to care for your child.
- 3.3.4 You should agree with the school on the distribution (disclosure) of the DMP and Action Plans to specific school personnel and provide consent on the Health Support Plan.





4 Education and Training of School Personnel

4.1 Individualised education and training

- 4.1.1 The education and training of school personnel (employees) is critical to the integration of your child with T1D at school by ensuring that your child's prescribed treatment is undertaken consistent with the DMP and in recognition of their individual needs.
- 4.1.2 School personnel should undertake individual education and training on your child's complex care needs ongoing as required. This includes new school year, when new school personnel begin, education transition such as new school, school camps, excursions and when there are changes to any prescribed treatment or DMP.
- 4.1.3 Education and training are essential in the provision of safe systems of work for school personnel. School personnel must be able to perform the necessary complex care needs of your child in the course of their employment safely, without risk to their health or the health of your child.
- 4.1.4 A person who **trains** school personnel on your child's needs must have intimate knowledge of your child. Those instructing the school on the care of your child **are providing advice** on your child's medical management and are responsible and accountable for that advice. Training content should be determined by the treating medical team and parent.
- 4.1.5 School personnel are authorised to undertake the complex care needs of your child with T1D, with your consent. The information and advice provided to school personnel to undertake the complex care needs of your child must be made available to inform your decision to provide consent.



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 <u>T1D Learning Centre</u> aims to educate and empower Australians with access and application of ISPAD standards.
- 4.2.3 The <u>T1D Learning Centre</u> 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 <u>T1D Learning Centre</u> 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 <u>T1D Learning Centre</u> 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



4.2.8 **ISPAD Level 2:**

School personnel that have direct teaching responsibility for your child (class or home room teacher(s), special subject teachers, relief teachers, physical education teachers) have specific supervision duties and accountabilities with a higher level of duty of care.

School personnel most responsible for daily management of the student with T1D should also **be trained** to:

- 1. Recognise low blood glucose symptoms and signs in your child
- Initiate treatment for high and low blood glucose levels according to your child's individualised Diabetes Management Plan
- Know and understand when and whom to call for assistance, including emergency responders, parents and medical team.

The professional development of Level 2 T1D course (in addition to Level 1 T1D course) satisfies ISPAD level 2 requirements for the responsible school staff and can be accessed at no cost at t1d.org.au

The Level 2 course assists in the application of the training on the individual child for management of their specific needs when blood glucose is out of target range and the specific management strategies for your child.

Follow up practical training in the application of the Level 2 course to your child can be delivered by you as the parent with or without a member of your child's treating medical team.















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 **11d.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.



4.3 Practical education and training on your child's needs

- 4.3.1 Arrange a training session with the school for you and your treating medical team to train on your child's specific requirements, advise on the DMP and Action Plans and provide clarification on the prescribed treatment and management strategies.
- 4.3.2 An individualised training session will provide the opportunity for both you and your medical team to answer school personnel questions regarding your child's needs and how they are best fulfilled. This will help establish the desired 3-way supportive relationship as recommended by ISPAD. This is preferably performed on a face-to-face basis, though can also be successfully managed by videoconference.
- 4.3.3 School personnel should complete the appropriate levels of the e-learning courses at the <u>T1D Learning Centre</u> prior to the training session. This will enable a more productive, effective and personalised training session.

4.4 Third party education

- 4.4.1 Schools and education providers may choose to send school personnel to external diabetes education courses or seminars that provide general information, education and simulation demonstrations on drug administration and complex care activities.
- 4.4.2 The school should seek your advice on the appropriateness of any general diabetes education undertaken by school personnel to provide information consistent with your child's needs and DMP.
- 4.4.3 The requirement and need for individualised education and training exists regardless of school personnel's attendance at an external third-party organisation's education program.
- 4.4.4 Schools make reasonable adjustments on an individual basis; therefore, individualised education, training and advice on your child's needs informs and assists the school in meeting their compliance obligations.



- 4.4.5 Individualised education and training on your child's needs and DMP can only be achieved by you in conjunction with your child's treating medical team.
- 4.4.6 School personnel are permitted to undertake the complex care needs of your child upon your consent; therefore, you must be confident that school personnel have been instructed in accordance with your decisions regarding your child's health care.
- 4.4.7 External third-party organisations and/or third-party healthcare professionals (such as an independent Credentialled Diabetes Educator (CDE) or a CDE employed by another organisation) do not hold a professional or therapeutic relationship with you or your child. Third party healthcare professionals are not permitted to provide clinical advice on your child, provide input into your child's needs or make changes to the DMP or concise Action Plans.
- 4.4.8 It is outside the context of the role and scope of practice for a third-party health professional to be advising on your child's needs. However, third party health professionals remain individually accountable for the instruction and advice they provide in provision of their services.
- 4.4.9 Treating medical teams should not disclose private and confidential information regarding you and/or your child to third parties who hold no professional or therapeutic relationship. Treating medical teams have strict ethical, professional, and legal duties to respect patient rights to privacy and confidentiality regarding you and your child's personal and health information, and how best it should be used. The treating medical team has a duty to protect and hold in strict confidence all information concerning your child who is the subject of their professional relationship.
- 4.4.10 Except in circumstances of a medical emergency, during the normal course of professional communication and as required by law, your treating medical team must gain your, the parent(s), express written consent to disclose any relevant private and confidential information regarding your child.



- 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 Your rights

- 6.1 The prescribed treatment for your child is determined by you and your treating medical team and is detailed in your child's Diabetes Management Plan (DMP). These documents are your specified agreements. Schools and education providers cannot impose alternative treatments or plans. Third parties cannot provide individual advice or change treatment or plans.
- 6.2 Your child cannot unreasonably be denied their prescribed treatment at school.
- 6.3 Schools and education providers cannot mandate education or training that is inconsistent with your child's prescribed treatment.
- 6.4 If you have any concerns regarding the management of your child's T1D whilst at school, set up a time to discuss your concerns with the school and relevant personnel. Provide the school the opportunity to rectify the issues and concerns you have identified. Use this discussion to reiterate your child's individual needs and the requirements of the prescribed treatment as outlined in the DMP. It may be beneficial for school personnel to revisit the T1D Learning Centre e-learning modules (t1d.org.au) and to read this guide to enhance their understanding of the requirements, roles and responsibilities.

If the issue cannot be resolved or it continues to occur, notify your school principal in writing of your concerns and ask that the school provide a prompt resolution.

- 6.5 Discrimination occurs when a person with a disability (including T1D) is treated less favourably than a person without the disability in the same or similar circumstance. Discrimination is unlawful.
- 6.6 If you believe you or your child have been unlawfully discriminated against, victimised or harassed at school because of your child's T1D, you should consider the following:
- 6.6.1 Notify your school principal. Initially this may be verbal correspondence, but it may have to be put in writing if the problem persists or recurs.
- 6.6.2 Notify your treating medical team. Your treating team may need to be engaged if the concern relates to interference with doctor/patient relationship and prescribed treatment.



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).

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

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-S
- 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
- Other resources available at the T1D Learning Centre www.t1d.org.au



8 Definitions

T1D: Type 1 Diabetes

Parent: Parent/legal guardian or carer

Education: the provision of non-specific general information applicable to any child including simulation demonstrations.

Training: the provision of information that is specific to the individual and includes the application of information to that individual and encompasses instruction relevant to the individual characteristics of your child.

Treating Medical Team: your child's usual health care team providing medical management and advice on your child with T1D.

Doctor: Medical Practitioner as recognised and registered with AHPRA, (Australian Health Practitioner Regulation Agency). Medical Practitioners ethical, professional standards are defined in the Medical Board Code of Conduct, along with legislation and case law.

Nurse Practitioner: A Registered Nurse (RN Div. 1) who is endorsed by the Nurses and Midwives Board of Australia to provide patient care in an advanced and extended clinical role. Nurse Practitioners are authorised to prescribe scheduled drugs.

Diabetes Educator: Credentialled Diabetes Educators are specialists in diabetes. They are health professionals who have completed further study to focus their efforts on helping people with diabetes self-manage their diabetes.

Health Care Professional: Health care professional registered and regulated by AHPRA who are bound to operate according to their scope of practice as defined by the relevant Boards.

Third Party Health Care Professional: A health care professional who is not part of your child's treating team and therefore has no accountability or responsibility for your child's outcomes. Third party or external health care professionals hold no therapeutic relationship with your child and are not permitted to give clinical advice regarding your child.

AHPRA (Australian Health Practitioner Regulation Agency): AHPRA supports the 15 National Boards that are responsible for regulating health professions. The primary role of the National Boards is to protect the public and they set standards and policies that all registered health professionals must meet. AHPRA are responsible for managing notifications (complaints) about Health Care Professionals.

School Personnel: Teaching staff and others employed by education providers or schools including education support staff, aides, office staff and school nurses.









Notes



t1d.org.au

Winner - 2019 ISPAD Prize for Diabetes Innovation

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References

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

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

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