



APS Position statement on Type 1 diabetes in regional schools 2015

Regional paediatricians have a responsibility to maintain the best possible standard of care for children in regional Australia. The Australian Paediatric Society, representing rural child health, endorses the following points in management of children and adolescents with diabetes in regional Australia and endorses ISPAD Guidelines for Ambulatory Care in schools.

It is imperative that the child / adolescent with diabetes is supported to achieve the best possible glycaemic control so to prevent any present or future risks of harm to their health and wellbeing.

The child /adolescent with diabetes should be managed so they have the same educational and social opportunities as children without diabetes. The child has the right to participate equally in all school activities, including outdoor activities and sponsored events away from school and to receive adult support for diabetes care during school hours (ISPAD Guidelines)

Optimal glycaemic control will give the child/adolescent the best opportunity to concentrate, participate and learn whilst at school

The management of diabetes and risk minimisation of diabetes in school should be exactly the same as what the child receives at home.

All school staff should be trained to recognize hypoglycaemia symptoms, initiate treatment and when to call for assistance or how to treat severe hypoglycaemia. (ISPAD guidelines). No child with hypoglycaemia should be left alone or left supervised by an untrained person during hypoglycaemia.

The care, management plan and management strategies of the child / adolescent with diabetes should be always be individualised. Action plans for high or low blood glucose levels should be simple, clear, uncomplicated and evidence based.

A written clear management plan (including action plan), communication plan and risk minimisation plan with clearly defined responsibilities of school, child and parent should be agreed between parents, medical team and school annually.

Generic diabetes education of school staff is helpful but does not in any way replace individualised care.

Accordingly, the school should have face to face contact with member(s) of the child's medical team at least yearly. Government Departments of Education should fund annual individualised on site school staff education by Credentialed Diabetes Educators.

School staff must be trained to provide or supervise care prescribed by the diabetes team (ISPAD guidelines).

The education and competence certification of school staff in insulin administration/supervision) should be mandated for

- ! all students with diabetes in primary schools and medically recommended students with diabetes in secondary schools and**
- ! emergency glucagon administration for unconscious hypoglycaemic children with diabetes.**

- ! **Appropriate informed consent and authority to manage must be recorded between medical staff, trained school staff and parents.**