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| **Bundoora Primary School**  **Policy Manual** | **Diabetes** | **Date: April, 2024** |

**Purpose**

The purpose of this policy is to ensure that schools support students with diabetes and to provide advice for schools as they develop and implement support and management plans for students living with diabetes.

**Objective**

To explain to Bundoora Primary School parents/carers, staff, and students the processes and procedures in place to support students diagnosed with diabetes.

**Scope**

This policy applies to:

* all staff, including casual relief staff, contractors, and volunteers
* all students who have been diagnosed with diabetes or who may require emergency treatment for diabetes and their parents/carers.

**POLICY**

Diabetes is considered a disability under the [Disability Standards for Education 2005 (Cth)](https://www.legislation.gov.au/Details/F2005L00767) and the [Equal Opportunity Act 2010 (Vic).](https://www.legislation.vic.gov.au/in-force/acts/equal-opportunity-act-2010)

Therefore schools have a legal obligation to make reasonable adjustments for students with diabetes to enable them to participate in their education on the same basis as their peers, regardless of whether they are funded under the [Program for Students with Disabilities.](https://www.education.vic.gov.au/school/teachers/learningneeds/Pages/psd.aspx)

Children and young people with diabetes are no more likely to be sick than other young people and can generally be expected to do everything their peers do. However, at times they may need additional support or special consideration to ensure they are able to participate in education and training on the same basis as other students.

An example of a reasonable adjustment could be having an appropriately trained person administer insulin where a student is unable to self-administer safely. In addition, schools have an ongoing duty of care obligation to their students to take reasonable steps to reduce the risks of reasonably foreseeable harm. Schools should refer to the Diabetes Guidelines in the guidance tab for further information on reasonable adjustments for students with diabetes.

### **Diabetes Management Plans**

Upon enrolment or when a health care need, such as diabetes, is identified, schools in conjunction with parents or carers and the student’s treating medical team are required to develop a clear and tailored health support plan to support the student’s individual health care needs.

Schools have a legal obligation to consult with the student and parents or carers about the needs of the student and what reasonable adjustments must be made.

Schools should consult initially with parents or carers and on an ongoing basis through regular [Student Support Groups](https://www2.education.vic.gov.au/pal/student-support-groups/policy) or other meetings or methods of communication.

Diabetes Management Plans and Action Plans (with companion documents) must be completed and signed by the hospital treating team responsible for the student’s diabetes care before being provided to the school by the student’s parents or carers.

To ensure all relevant parties have been consulted and agree with the stated plan of care for school the Diabetes Management Plan must be signed by the parent or carer; diabetes educator or doctor (specialist endocrinologist or paediatrician) and the preschool or school principal or head teacher.

The school must develop a Student Health Support Plan in consultation with parents or carers when appropriate for the student and where appropriate the student’s treating medical team.

### **Support to students**

A student’s individualised Diabetes Management Plan and Diabetes Action Plan documents the treatment prescribed by the diabetes treating team, to manage the condition throughout the school day and when blood glucose falls outside the normal range.

The Student Health Support Plan, to be completed by the school, summarises how schools will implement these plans, including any reasonable adjustments the school will make to support students to participate fully at school.

These plans, once signed by the parents/carers and school representative, authorise the school to provide the prescribed treatment and consent for the agreed supports to be put into place.

Responsible Staff members voluntarily agree to take on responsibility for supporting students with type 1 diabetes, as documented in the Diabetes Management Plan, Diabetes Action Plan, and the Student Health Support Plan. Ideally this role is held by staff members who have regular oversight of the student at school and a close relationship. This could be the classroom or homeroom teacher, school nurse or student welfare coordinator, assistant principal, or office administrator.

It is recommended that at least three people on staff hold the role of Responsible Staff member to allow for staff absences. The principal cannot compel a staff member to become a Responsible Staff member. It is a voluntary role.

For the student health support planning process to be most effective, schools should work closely with families to plan, implement and review agreed strategies to support students to participate fully at school. To achieve this, a focus on communication, training, treatment, and reasonable adjustments is recommended. Refer to [Guidance](https://www2.education.vic.gov.au/pal/diabetes/guidance)tab for further information.

Students should be supported to learn to take responsibility for the management of their own health needs in non-emergency situations where possible. However, diabetes management in younger students may be harder to achieve given their various stages of development and complexity of Blood Glucose Levels (BGL) monitoring and treatment. Individual children will become independent at various ages therefore additional support by educators and support staff may be necessary until this time occurs.

### **Staff training**

Principals must:

* ensure all staff are aware of which students have type 1 diabetes, have a basic understanding of diabetes and know how to safely respond in an emergency
* ensure enough Responsible Staff are trained, capable and available daily to provide the treatment prescribed in a student’s individual Diabetes Management Plan and Diabetes Action Plan
* fund and facilitate professional development for school staff, appropriate to a student’s individual needs

All staff need:

* a basic understanding of type 1 diabetes and how to respond in an emergency. It's recommended that schools use the Diabetes Victoria [Diabetes at School](https://diabetesatschool.com.au/) online education package that can be accessed by all school staff.  
    
  The 3 to 5-minute, self-directed learning modules will help to ensure that all school staff understand type 1 diabetes and how it impacts on a student's day to day life, provide knowledge about how to respond appropriately to students experiencing hypoglycaemia and hyperglycaemia and information about Diabetes Action and Management plans.

Responsible staff must:

* undertake appropriate training to develop confidence and competence to provide the treatment prescribed in the Diabetes Management Plan and Diabetes Action Plan

Additional resources are also available on the [Resources](https://www2.education.vic.gov.au/pal/diabetes/resources) tab for staff wanting to further their knowledge of type 1 diabetes.

Training seminars for teachers and school support staff to develop confidence and competence in supporting students with diabetes and in implementing a student's Diabetes Management Plan and Diabetes Action Plan are held regularly by Diabetes Victoria. For details on upcoming sessions, refer to: [Professional Development](https://www.diabetesvic.org.au/how-we-help-detail?tags=Left-Mega-Nav/Schools&content_id=a1R9000000KdapMEAR&bdc=1).

### **Impact at school**

Most students with diabetes can enjoy and participate in school life and curriculum to the full. However, due to their diabetes they may need:

* special consideration when participating in sport, excursions, camps, and other activities
* extra diabetes management plans for overnight camps and excursions prepared by the student’s treating medical team
* special consideration during exams and tests
* extra toilet provisions
* extra consideration if unwell
* some individual supervision
* to eat at additional times, especially when involved in physical activity
* special provisions for privacy when checking blood glucose levels and injecting insulin, if required

Students may require some time away from school to attend medical appointments, but in general, attendance at school will not be an ongoing issue.

### **Strategies**

This section describes the different ways schools can support students in managing diabetes and make reasonable adjustments to enable students to participate in their education on the same basis as their peers who don’t have diabetes.

#### **Monitoring Blood Glucose Levels (BGLs)**

The management of diabetes depends on balancing blood glucose levels. Food (carbohydrate), physical activity, insulin and stress can all impact on an individual’s blood glucose levels.

Checking blood glucose levels requires a blood glucose monitor and finger pricking device. Most students should be able to perform BGL checks independently.

A student’s Diabetes Management Plan will state monitoring times and the response to the BGL, as well as the method of relaying information about any changes in blood glucose levels to parents or carers. Depending on the student’s age, a communication book can be used to provide information about the student’s change in BGLs between parents or carers and the school.

Checking of BGL occurs at least four times a day to evaluate the insulin dose. Some of these checks will need to be done at school.

Most students can adequately manage their own BGL monitoring, however each case must be assessed individually, and younger children will need some assistance or supervision.

#### **Administering Glucagon​**

Glucagon should not be necessary to administer in the day-to-day school context except under certain pre-arranged circumstances. Therefore, it does not appear in the Diabetes Action and Management Plans.

Glucagon is safe to administer with appropriate training. Under the [Drugs, Poisons and Controlled Substances Act 1981 (Vic)](https://www.legislation.vic.gov.au/in-force/acts/drugs-poisons-and-controlled-substances-act-1981) there is no reason why any trained adult, teacher or school staff member cannot administer a glucagon injection in appropriate circumstances such as when the student is experiencing an severe hypo, preferably confirmed by BGL of <4.0mmol/L, or when an ambulance is greater than 30 minutes away.

It is the principal’s responsibility to decide how many staff need to be trained in glucagon administration, but they must ensure that there will be enough trained staff in the school to be able to supervise students and to know how to deal with diabetes emergencies.

Glucagon injection training can be obtained from the diabetes treating team who usually care for the child’s diabetes or from other health professionals such as a general practitioner or Division 1 Registered Nurse.  It is advised that while a trained parent or legal guardian can provide this training, a health professional is preferred.

#### **Administering insulin**

Administration of insulin during school hours may or may not be required as per the student’s Diabetes Management Plan.

Students who require assistance to administer their insulin can receive this support from a responsible staff member who has received appropriate training in the administration of insulin. The principal should allocate staff to provide support in consultation with the relevant staff and the parents/carers of the student.  Arrangements for administering insulin during school hours must be documented in the Student Health Support Plan.

If insulin is administered at school, the student’s parents or carers must provide clear advice regarding the dose and timing as per the Diabetes Management Plan and covered off in the Medication Authority Form.

The student’s parents or carers should ensure instructions in these plans are updated as circumstances or health requirements change.

***Communication***

It is important to establish a culture of inclusion and to support young people with diabetes so they can participate fully and safely at school.

Young people with diabetes can be worried about and even avoid managing their [diabetes at school](https://diabetesatschool.com.au/). This can lead to medical complications, poor concentration and focus as well as problems such as social isolation, absenteeism, anxiety or depression.

Open communication between the school and parents or carers and students is key to ensuring optimal diabetes management and student engagement, as well as ensuring there is clarity and shared understanding in relation to roles and responsibilities for everyone involved in the student’s care.

It is important for schools and parents or carers to determine in each case what method will best facilitate regular and reliable communication between parties. Schools should be proactive in establishing effective communication lines to ensure parents or carers can regularly and easily relay health changes or updates to a student’s individual Diabetes Management Plans. Communication books, emails and text messages to a nominated contact are strategies that may be considered.

For a summary of communication roles of those involved in supporting a student with type 1 diabetes, refer to the Diabetes Guidelines in the Guidance tab.

#### **Infection control**

Infection control procedures must be followed. These include providing clear instructions to relevant staff on how to prevent infection and cross contamination when checking blood glucose levels and administering insulin. This includes measures such as hand washing, one student or child one device, disposable lancets and syringes and the safe disposal of all medical waste.

#### **Activities, special events, school camps and excursions**

Camps, excursions, and special events enhance self-esteem, promote confidence and independence and are an important part of school education. Students with diabetes can generally participate fully in camps, excursions, and special events.

Schools are required to make reasonable adjustments to enable the student to attend activities including excursions and camps.

* The student’s Health Support Plan must be reviewed before a student attends an excursion or camp and a specific diabetes camp plan must be created by the student's treating medical team, in consultation with the parents or carers.
* Staff members who will aid with the diabetes management must be identified.
* Schools cannot require parental attendance as a condition of the student attending the excursion or camp. However, if the parents or carers wish to attend the excursion or camp and this is consistent with school policy and practice in relation to parents attending excursions or camps, then this may be agreed to at the discretion of the principal.
* Schools must develop risk assessment plans in consultation with the student’s parents or carers that identify foreseeable risks and provide reasonable steps to minimise and manage those risks. The plan must consider the potential for injury to the student and/or others and include details about the camp or excursion, including the location, remoteness, risk-level of the activities, transport and sleeping arrangements, proposed supervision and information relating to the student's needs and diabetes.

If schools are providing food in the event of camps or other special events, reasonable adjustments must be made to allow students with diabetes to participate. A discussion with the parents or carers prior to the event, camp or excursion is recommended to develop an appropriate response for each case.

#### **Classroom Management and Special Activities​**

School staff should make reasonable adjustments in their management of classroom activities and other special events to ensure students with diabetes are able to engage in education and related activities fully and safely.

Strategies include restricting food-based rewards, ensuring suitable food or snack alternatives are available for class parties and altering food-based curriculum activities (such as cooking and hospitality) to improve safety for students with diabetes. Staff should note that food sharing between students is not safe for students with diabetes.

### **Physical activity**

Students should be encouraged to participate in physical activity as it has broad health and wellbeing benefits for the individual. However, special precautions are necessary for students with diabetes.

Exercise may affect blood glucose levels and as a result student’s Diabetes Management Plans, Diabetes Action Plans and Health Support Plans must include specific advice on how staff should assist and monitor students participating in physical activity.

Exercise is not recommended when BGLs are outside of the target range particularly for students with high BGL levels as exercise may further increase BGLs.

Extra caution must be taken when considering water sports for young people with diabetes as the environmental factors combined with unstable BGLs may increase the risk of drowning. Refer to the student’s Diabetes Management Plan and Diabetes Action Plan.

#### **Timing meals**

Most students will have a food plan that fits in with regular school and care routines, avoiding the need to eat regularly in class or at unusual times. Younger students may require extra supervision at meal and snack times to ensure they eat the food provided and do not share food with other students.

Meal requirements of students must be communicated to all supervising staff. All supervising staff must understand that students with diabetes cannot delay mealtimes and special consideration must be given to students with diabetes if an activity is running overtime. Families are responsible for providing schools with the food and drink needed by their child.

#### **Exam support**

Young people perform best at tests and exams when their BGLs are in the target range.

For exam and assessment tasks, schools are required to make reasonable adjustments for students with type 1 diabetes. These could include:

* additional times for rest and to check their blood glucose levels before, during and after an exam, and/or take any medication
* consuming food and water to prevent and/or treat a hypoglycaemic episode
* easy access to toilets as high BG levels causes a need to urinate more frequently
* permission to leave the room under supervision.

Exam support for students with Type 1 diabetes includes schools ensuring that they consider the Special Entry Access Scheme in consultation with the student. For Year 11 and 12 students this should be done at the beginning of the VCE year.

Note: While most students with type 2 diabetes will not require additional adjustments, there be may some students with type 2 diabetes who require this extra support. Parents or carers may request further information from the student’s treating medical team.

For more information, refer to [VCAA Special Provision](https://www.vcaa.vic.edu.au/administration/special-provision/Pages/Index.aspx)

#### **Staff continuity**

Consideration should be given to maintaining adequately trained staff during times of staff changeover, while students are in the playground or under the supervision of relief, specialist and/or non-contact teachers.

***Diabetes Guidelines***

The guidelines (in the guidance tab):

* supplement the department's Diabetes policy and can be used in conjunction with the [Mastering Diabetes in preschools and schools resource (PDF)](https://www.diabetesaustralia.com.au/wp-content/uploads/mastering-diabetes-preschool.pdf)
* will help schools to meet their legal and policy obligations and inform [student health support planning](https://www.education.vic.gov.au/PAL/student-health-support-plan.docx)
* provide practical advice on effective communication, staff training, implementing treatment plans and making reasonable adjustments to optimise student's engagement in school life

**dEFINITIONS**

**Annual Risk Management Checklist**  
A tool for schools to review support processes and manage risks for students with type 1 diabetes. Refer to [Resources](https://www2.education.vic.gov.au/pal/diabetes/resources) tab for this checklist.

**Diabetes Action Plan**  
A tailored plan written by the student’s diabetes treating team for the urgent management of blood glucose highs and lows outside their target range.

**Diabetes Management Plan**  
A tailored plan written by the student’s diabetes treating team prescribing type 1 diabetes management needs during school hours.

**Diabetes treating team**  
The team of health professionals responsible for prescribing and overseeing treatment in the Diabetes Management and Diabetes Action Plans. The team may include an endocrinologist, paediatrician, dietitian, credentialed diabetes educator, social worker, mental health professional or general practitioner.

**Hypoglycaemia (Hypo) — Low blood glucose**  
Hypoglycaemia occurs when the blood glucose level drops below a normal level. Hypoglycaemia can be caused by too much insulin; delaying a meal; not enough food; or unplanned or unusual exercise. A ‘hypo’ can be dangerous if not treated promptly and can potentially cause irrational or confused behaviour, a seizure and possible loss of consciousness. It is important to treat hypos rapidly as students can feel unwell and their judgment and cognitive abilities may be impaired.

**Hyperglycaemia (Hyper) — High blood glucose**  
Hyperglycaemia is a condition in which the blood glucose increases above the normal level. Hyperglycaemia can be caused by insufficient insulin; too much food; common illness; and/or stress. This state should be avoided where possible and persistent high levels reported back to parents.

**Hypo kit**  
Includes prescribed fast-acting and slow-acting carbohydrates and is easily accessible by students and staff for prompt treatment of hypoglycaemia in line with the Diabetes Action Plan.

**Medication Authority Form**  
This form should be completed by the student’s medical or health practitioner. It details medications required during regular school hours, specifying the dose, how it is to be administered and storage.

**Personal liability of school employees**  
The Department of Education and Training policy clarifying protections for teachers and other school employees against legal proceedings concerning personal injuries of students.

**Responsible staff**  
Agree to undertake training and provide treatment and support to students with type 1 diabetes as outlined in the Diabetes Management Plan, Diabetes Action Plan and Student Health Support Plan.

**Student Health Support Plan**  
A plan that outlines how the school will support a student’s health care needs and adjust support their full participation in school life. An individualised plan must be developed in consultation with parents or carers and students (where applicable) for all students with type 1 diabetes. The Student Health Support Plan is based on health advice received from the student’s diabetes treating team.

**Type 1 diabetes**  
An auto-immune condition which occurs when the immune system damages the insulin producing cells in the pancreas. Insulin is the hormone that controls blood glucose levels (BGLs). This condition is predominantly treated with insulin replacement via multiple injections each day or a continuous infusion via a pump. Without insulin treatment, type 1 diabetes is life threatening.  
  
**Type 2 diabetes**  
Occurs when either insulin is not working effectively (insulin resistance), or the pancreas does not produce sufficient insulin (or a combination of both). Type 2 diabetes accounts for around 85 per cent of all cases of diabetes, but less than 5% of cases in the school-based population. Type 2 diabetes usually develops in adults over the age of 45 years, but it is increasingly occurring at a younger age. Type 2 diabetes is initially managed with a healthy diet and lifestyle and/or medication that could include tablets and/or insulin.

**COMMUNICATION**

This policy will be communicated to our school community in the following ways:

* Included in staff induction processes
* Available publicly on our school’s website
* Available publicly on Compass
* Included in transition and enrolment packs
* Included as annual reference in school newsletter
* Included in our staff handbook/manual
* Discussed at staff briefings/meetings as required
* Discussed at parent information nights/sessions
* Made available in hard copy from school administration upon request

**SUMMARY**

* All schools are required to ensure that students with type 1 diabetes have:
  + a current individual [Diabetes Management Plan](https://www.diabetesvic.org.au/how-we-help-detail?tags=Left-Mega-Nav%2FSchools&content_id=a1R0o00000JkhI4EAJ&bdc=1) prepared by the student’s treating medical team (provided by parents or carers)
  + a current [Diabetes Action Plan](https://www.diabetesvic.org.au/how-we-help-detail?tags=Left-Mega-Nav%2FSchools&content_id=a1R0o00000JkhI4EAJ&bdc=1) prepared by the student’s treating medical team (provided by parents or carers); and
  + a [Student Health Support Plan](https://www.education.vic.gov.au/PAL/student-health-support-plan.docx), developed by the school in consultation with the parents or carers and where appropriate the student’s treating medical team
  + a [Medication Authority Form (DOC),](https://content.sdp.education.vic.gov.au/media/1095) detailing the medications required during regular school hours, the dose, administration and storage
* Schools have a legal obligation to consult with the student and parent or carers about the needs of the student and what reasonable adjustments must be made.
* Principals should ensure the following training requirements:
  + all staff complete basic level training so they have an awareness of what type 1 diabetes is and how to respond safely to an emergency.
  + that responsible staff undertake appropriate training to develop confidence and competence to implement a student's Diabetes Management Plan and Diabetes Action Plan
  + training is up-to-date and appropriate considering any changes to a student's Health Support Plan.
* Schools must support students with all types of diabetes.
* The [Supporting Students with Type 1 Diabetes in Victorian Schools Guidelines](https://www2.education.vic.gov.au/pal/diabetes/guidance) (the Guidelines) in the Guidance tab provide principals and staff with additional assistance to support students with type 1 diabetes in Victorian government schools.

**Further information and resources**

The Department’s Policy and Advisory Library (PAL):

* [Medication Policy](https://www2.education.vic.gov.au/pal/medication/policy)
* [First Aid for Students and Staff Policy](https://www2.education.vic.gov.au/pal/first-aid-students-and-staff/policy)

Our School policies and documents:

* First Aid
* Medication Authority From
* Medication Administration log

**Policy review and approval**

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| Policy last reviewed | 17th April 2024 |
| Approved by | Principal |
| Next scheduled review date | April, 2027 |

**Guidance**

Supporting Students with Type 1 Diabetes in Victorian Schools Guidelines

The Supporting Students with Type 1 Diabetes in Victorian Schools Guidelines (the Guidelines) have been developed to provide additional assistance to principals and staff who are supporting students with type 1 diabetes in Victorian government schools.

The Guidelines contain the following chapters:

* Overview and how to use these guidelines
* What is diabetes?
* Shared responsibility
* Communication — an ongoing conversation
* Training — building capability and confidence to support students with type 1 diabetes
* Treatment — implementing the Diabetes Management Plan and Diabetes Action Plan
* Reasonable adjustments: creating a supportive environment
* Appendix 1 — Legal and policy obligations

***Overview and how to use these Guidelines***

The number of students enrolled in Victorian schools who are affected by type 1 diabetes is estimated to be between 2,000 and 2,500. This form of diabetes is incurable and requires round-the-clock management. While support needs differ from one person to the next, all students with type 1 diabetes need some level of support at school to help manage their condition.

School staff play an essential role in supporting and encouraging all students to participate in school life. Supporting a young person with type 1 diabetes can have a particularly positive impact on their school experience and not only aid learning but also increase their participation in school activities.

By working together with the student, parents/carers and the diabetes treating team, schools can provide a safe and supportive environment for students to effectively manage their condition, focus on learning and thrive and prosper at school.

How to use these Guidelines

The Diabetes Guidelines have been developed to provide additional assistance to principals and staff who are supporting students with type 1 diabetes in Victorian government schools. Catholic and Independent schools will also find the guidelines useful, as will students, families and health professionals.

The guidelines supplement the Department’s Diabetes Policy and can be used in conjunction with the [Mastering Diabetes](https://www.diabetesvic.org.au/resources?tags=Left-Mega-Nav%2FResources%2F&bdc=1) resources on the Diabetes Victoria website.

The guidelines help schools to meet their legal and policy obligations (refer to [Appendix 1](https://www2.education.vic.gov.au/node/986)), inform student health support planning and to work collaboratively with students, parents and the diabetes treating team.

To help ensure that students with type 1 diabetes receive the best possible care while at school, the guidelines provide practical advice on effective communication, staff training, implementing treatment plans and making reasonable adjustments to optimise all students’ engagement in school life. Examples of good practice are included to show the varied ways Victorian schools are supporting students with type 1 diabetes, according to the student’s individual needs and local school context, demonstrating that there is no single 'right way' to implement good practice.

***What is Diabetes?***

There are 3 main types of diabetes:

* type 1
* type 2 and
* gestational diabetes.

All are complex conditions that affect many systems within the body.

Type 1 diabetes is an autoimmune disease that typically first occurs in childhood or adolescence. It develops when the immune system damages insulin-producing cells in the pancreas. People diagnosed with type 1 diabetes need to replace the insulin that cannot be produced in their own body. They must check their blood glucose levels several times a day and inject insulin to provide for their body’s changing glucose needs.

If blood glucose levels drop below the normal level (4 mmol/l) Hypoglycaemia (a ‘hypo’) will occur. It can be caused by too much insulin; delaying a meal; not enough food or unplanned or unusual exercise. A severe hypo can progress to becoming severe if not treated promptly and can potentially cause irrational or confused behaviour, a seizure and possible loss of consciousness.

Hyperglycaemia (a ‘hyper’) occurs when blood glucose levels increase above the normal level. Hypoglycaemia can be caused by not enough insulin; too much food; common illness; or stress. High blood glucose levels affect learning and mood.

An increasing number of students in Victorian schools need help to manage this condition, which impacts many aspects of their daily life.

At present, type 1 diabetes cannot be prevented or cured. However, researchers are looking at environmental factors and the immune process as they work towards preventing type 1 diabetes in the future.

For further information about diabetes, visit [Diabetes Australia](http://www.diabetesaustralia.com.au/) or [Diabetes Victoria](https://www.diabetesvic.org.au/)

***Shared responsibility***

Schools, students, parents or carers and the diabetes treating teams all share the same goal of ensuring students with type 1 diabetes are safe and supported at school to participate fully in their education and enjoy everyday school life.

The Department’s Diabetes Policy highlights the importance of collaboration to achieve optimal care and support.

The day-to-day management of a young person with type 1 diabetes is a 24/7 job. When they are at school this responsibility is shared between the student, parent or carer, school staff and diabetes treating teams. The student is at the centre of this collaboration and it is important that they are encouraged to play an active role in managing their condition. System supports are provided by the Department of Education and Training and [Diabetes Victoria](https://www.diabetesvic.org.au/?rdr=y).

Shared responsibility roles

Every student with type 1 diabetes is different. The level and type of health support needed at school will vary from individual to individual and change over time as the student develops and increasingly gains independence in managing their own care. Those involved in supporting a student with diabetes have the following roles:

Students should be involved in their own care. As they mature and progress toward diabetes self-management, students should be encouraged to participate in decisions about their treatment and develop the confidence to state what help they need and when.

Parents or carers are advocates for their child in the school setting. They keep the school updated about their child’s condition by providing current Diabetes Management and Diabetes Action Plans, notifying the school of changes in their child’s condition and prescribed treatment, and working with the school to develop a tailored Student Health Support Plan.

Diabetes treating teams prescribe Diabetes Management Plans and Diabetes Action Plans, tailored to each student’s needs. They have a role in providing information, advice and training to students, parents/carers and school staff.

Diabetes Victoria provides foundational professional development and information to schools and establishes peer support networks for families of children with type 1 diabetes. Diabetes Victoria also provides policy advice to the Department and advocates for evidence-based practice change.

The Department works in consultation with peak bodies and treatment services to set school policy and provide leadership, advice and support to assist schools to meet their legal and policy obligations.

The Department’s regional offices provide an interface between the Department’s central office and schools to support policy implementation and best practice within schools.

***Communication — an ongoing conversation***

Diabetes management requires a daily regimen that is clear, flexible and adaptable to reflect each student’s changing needs. For this to occur, regular communication is critical between students, parents or carers, school staff and diabetes treating teams.

The student health support planning process creates an opportunity for the school, parent or carer and student to discuss and document agreed strategies and supports.

One useful tool is a communication book, used by the family and school to communicate daily variations to health support needs or document the care a young person has received while at school.

Families may have concerns about how their child will fit into and be cared for at school and this anxiety may appear as frustration. For information on managing conflict and reaching resolution see the Department’s policy on [Parent Complaints](https://www2.education.vic.gov.au/node/72).

For more information, refer to ‘Talking to families’ or download an example ‘Diabetes Communication Book’ from [Mastering Diabetes in Schools and Early Childhood Settings.](https://www.diabetesvic.org.au/Diabetes-in-Victorian-schools-and-early-childhood-settings?bdc=1)

***Summary of communication roles***

The below information summarises the communication roles of those involved in supporting a student with type 1 diabetes:

Role of the student (if age appropriate):

* participate in the student health support planning process
* talk to parents or carers and school staff about any issues with their treatment
* decide if and what they want to tell their friends and classmates about their diabetes

Role of the parents or carers:

* inform the school of their child’s condition at enrolment or as soon as possible after diagnosis
* advocate for their child’s support at school and help school staff understand how type 1 diabetes affects learning and inclusion
* meet regularly with Responsible Staff to discuss upcoming milestones, events and transitions that may affect the day-to-day management. These meetings are complementary to the provision of the [Diabetes Management Plan](https://www.diabetesvic.org.au/how-we-help-detail?tags=Left-Mega-Nav%2FSchools&content_id=a1R0o00000JkhI4EAJ&bdc=1) and [Action Plan](https://www.diabetesvic.org.au/how-we-help-detail?tags=Left-Mega-Nav%2FSchools&content_id=a1R0o00000JkhI4EAJ&bdc=1)
* provide the school with a signed Diabetes Management Plan and Diabetes Action Plan and work with Responsible Staff to develop the [Student Health Support Plan](https://www.education.vic.gov.au/PAL/student-health-support-plan.docx)
* ensure the school has details for alternative emergency contacts for when parents or carers cannot be reached as part of the Diabetes Action Plan and understand that schools may call [000](tel:000) in these circumstances
* notify the school if the child is experiencing changes or challenges with managing their diabetes
* discuss changes to the child’s diabetes management with the diabetes treating team and, where applicable, provide an updated and signed Diabetes Management Plan and Diabetes Action Plan to the school as soon as possible after changes have been made
* participate in discussions regarding the child’s care and support at school where issues arise

Role of the principal:

* identify staff willing to be a Responsible Staff member
* nominate and support a staff member who agrees to be the first point of call for parents or carers and students to discuss type 1 diabetes support arrangements at the school (this is usually a Responsible Staff member)
* facilitate discussions between the student, their parents or carers and Responsible Staff to ensure they understand the support required and that this is documented in the Diabetes Management Plan and Diabetes Action Plan
* work with parents or carers and Responsible Staff to develop a Student Health Support Plan
* facilitate or mediate communication between students, parents or carers and school staff. Where issues arise, support families and staff to find a solution
* add diabetes information to the student’s CASES21 record

Role of responsible staff:

* ensure they understand the Diabetes Management Plan and Diabetes Action Plan
* work with parents or carers and the student to develop, review, update and implement a Student Health Support Plan to assist with managing the student’s type 1 diabetes while at school
* if required, contact the student’s diabetes treating team to clarify information in the Diabetes Management Plans and Diabetes Action Plans, with parental or carer consent

Role of diabetes treating team:

* provide information and advice on safe and effective diabetes management to students, parent or /carers and school staff
* clarify information and instructions with schools in Diabetes Management Plans and Diabetes Action Plans with parent or carer consent as required

***Communication Strategies***

The below information illustrates how effective communication can assist with clarifying roles and expectations to support the individual student’s needs:

Objective: Parent, student and school expectations are matched

Example 1

At the beginning of each year the parent meets with her son’s homeroom teacher, the year level coordinator and the first aid officer to ensure they are aware he has type 1 diabetes, even though he is self-managing. This provides an opportunity for staff who will be regularly involved with the student to ask questions about his treatment and to allay any apprehensions they may have about his diabetes management. Discussions are positive and focus on ways of providing support to the student if and when he requires help.

Example 2

A secondary school student has a twice-daily insulin injection regime and does not want other students to know he has type 1 diabetes. To help with this, his parents have worked closely with teaching staff to ensure he is supported, protected and included. They have also reminded staff to be mindful of what they say around other students and ensure that he is included in all activities.

***Training — building capability and confidence to support students with type 1 diabetes***

Training needs for school staff will vary according to the individual support needs of the student and responsibilities of the staff.

All school staff need to be aware of the students in the school who have type 1 diabetes, and have a basic understanding of how to recognise and assist a student experiencing hypoglycaemia (hypo).

Responsible Staff should be supported to take professional development opportunities to build capability and confidence to support young people with type 1 diabetes at school. This will include foundational level training and applied training if required. Responsible Staff should be competent and confident to implement a student’s [Diabetes Management Plan](https://www.diabetesvic.org.au/how-we-help-detail?tags=Left-Mega-Nav%2FSchools&content_id=a1R0o00000JkhI4EAJ&bdc=1) and [Diabetes Action Plan](https://www.diabetesvic.org.au/how-we-help-detail?tags=Left-Mega-Nav%2FSchools&content_id=a1R0o00000JkhI4EAJ&bdc=1).

The following information summarises the training roles of those involved in supporting a student with type 1 diabetes:

The role of the Principal

* ensure all staff are aware of which students have type 1 diabetes, have a basic understanding of diabetes and know how to safely respond in an emergency
* ensure a sufficient number of Responsible Staff are trained, capable and available daily to provide the treatment prescribed in a student’s individual Diabetes Management Plan and Diabetes Action Plan
* fund and facilitate professional development for school staff, appropriate to a student’s individual needs

The role of all staff

* undertake basic training to gain an understanding of type 1 diabetes and how to recognise and respond in an emergency

The role of responsible staff

* undertake appropriate training to develop confidence and competence to provide the treatment prescribed in the Diabetes Management Plan and Diabetes Action Plan

The role of diabetes treating team (or other appropriate health professional)

* train Responsible Staff to administer insulin according to the specific treatment needs of the student

Diabetes Victoria

* provides basic professional development sessions for school staff
* schedules professional development sessions throughout the year at a range of venues and times around the state

***Good practice examples: Training***

The below information shows examples of tiered training approaches which can help to build the capability and confidence of school staff.

Training for Responsible Staff

Example 1

A student in grade 5 is diagnosed with type 1 diabetes. The parents meet with the Responsible staff to discuss the diagnosis and present the Action and Management plans prepared by the treating team. The responsible staff call the treating team to clarify and confirm the requirements of the plans to ensure a timely return to school. In addition the principal organises for responsible staff to attend a professional development session. The follow up discussion at the session helps to reinforce learning and build staff confidence.

Example 2

A student in grade 1 has just commenced on an insulin pump. The parent liaises with the child’s diabetes treating team to ensure that an updated Action and Management plan is provided to the school. The treating team also provide the responsible staff face to face training regarding entering blood glucose levels and carbohydrate data into the pump.

Training for all staff

Example 1

A school nurse at a secondary school with a student self-managing her diabetes, presented an information session to all staff to ensure they had a basic knowledge of type1 diabetes. The student asked her friends to attend the session so they understood her condition better. The student then felt more comfortable talking to her classmates about her condition.

Example 2

A school nurse at a secondary school with a student self-managing her diabetes, presented an information session to all staff to ensure they had a basic knowledge of type1 diabetes. The student asked her friends to attend the session so they understood her condition better. The student then felt more comfortable talking to her classmates about her condition.

***Treatment — implementing the Diabetes Management Plan and Diabetes Action Plan***

Diabetes management is a process of balancing physical activity, food intake and insulin treatment to ensure students feel well and can participate fully at school. Current type 1 diabetes management practice includes insulin replacement by injections or continuous infusion via a pump. Blood glucose monitoring is also required.

The specific support a student needs during school hours, whether reminding, observing, assisting or administering treatment, is documented by the diabetes treating teams in the [Diabetes Management Plans and Diabetes Action Plans.](https://www.diabetesvic.org.au/how-we-help-detail?tags=Left-Mega-Nav%2FSchools&content_id=a1R0o00000JkhI4EAJ&bdc=1) For more information see ‘Looking after young people with type 1 diabetes in schools and early childhood settings [Mastering Diabetes in schools and early childhood settings.](https://www.diabetesvic.org.au/resources?tags=Left-Mega-Nav%2FResources%2F&bdc=1)

***Summary of treatment roles***

The below information summarises the treatment roles of those involved in supporting a student with type 1 diabetes:

Role of the student (if age appropriate)

* participate in their health care and management
* follow their Diabetes Management Plan and Diabetes Action Plan with support from school staff
* ask for help if they are feeling unwell or in need assistance
* agree to trained school staff supporting and Responsible Staff administering treatment as prescribed in the Diabetes Management Plan and Diabetes Action Plan
* tell teachers and parents/carers if they need more assistance or support

Role of responsible staff

* are familiar with each student’s treatment regimen and the level of support they need
* assist students to follow their daily routine as outlined in their Diabetes Management and Action Plans
* ensure equipment and supplies are easily accessible to students at all times
* are familiar with the student’s Diabetes Management Plan and Diabetes Action Plan and have easy access to the Diabetes Action Plan and hypo kit in their classroom
* follow safe needle disposal and infection control procedures

Role of all staff

* have a duty of care to students which includes ensuring that medical assistance is provided if they are sick or injured. This can include emergency first aid to students experiencing a severe hypo

Role of parents or carers

* consent to Responsible Staff supporting and administering treatment where required by the Diabetes Management Plans and Diabetes Action Plans
* supply and monitor all equipment the student needs to safely manage their diabetes, including a clearly labelled hypo kit
* inform the school of any changes in a student’s condition where it is causing concern
* provide signed copies of updated Diabetes Management Plans and Diabetes Action Plans as they are amended
* use a medication log book to inform Responsible Staff of any changes to a student’s insulin regime

Role of the diabetes treatment team

* work with parents/carers and the student to identify and prescribe an appropriate treatment regime

***Good practice examples: treatment***

The below information illustrates different ways staff are reminding, observing, assisting or administering treatment to students in school.

Objective: Students with type 1 diabetes are safe and supported at school

Example 1

A student on multiple daily insulin injections attending a secondary school near Melbourne is transitioning to self-manage her diabetes. The Responsible Staff who have been previously assisting with her insulin administration work with the student to organise a space where she can feel safe and comfortable to self-administer her insulin. The staff also encourage the student to seek them out if she needs any support.

Example 2

Staff at a primary school help a student who is self-managing his diabetes by reminding him to check his blood glucose levels, observing him while he is administering his insulin, providing assistance if required and checking if he is eating his required food portions promptly thereafter.

Example 3

Staff at a primary school help a student who is self-managing his diabetes by reminding him to check his blood glucose levels, observing him while he is administering his insulin, providing assistance if required and checking if he is eating his required food portions promptly thereafter.

Example 4

The mother of a student beginning secondary school encouraged her son to take responsibility for his diabetes management. School staff ensure he is supported to manage his care. They keep an eye out for him at sporting events and contact his parents if his blood glucose is unstable.

***Reasonable adjustments: creating a supportive environment***

Under the [Disability Standards for Education 2005 (Cth),](https://www.legislation.gov.au/Details/F2005L00767) schools have an obligation to make reasonable adjustments to accommodate students with disabilities. Students and parents or carers work with schools to identify changing needs and agree on reasonable adjustments. School-based reasonable adjustments may include:

* additional toilet breaks
* access to food and equipment during class time, during sport, camps, excursions and in the playground
* providing secure storage for equipment
* accommodating a student’s preferences for managing their treatment in the school (including private spaces and blood glucose checking in the classroom if requested)
* providing additional time or breaks to check and treat during exams

For more information, visit ‘Looking after young people with type 1 diabetes in schools and early childhood settings’: [Mastering Diabetes in Victorian Schools and early childhood settings.](https://www.diabetesvic.org.au/Diabetes-in-Victorian-schools-and-early-childhood-settings?bdc=1)

The below information summarises the roles of those providing reasonable adjustments to assist in the management of students with type 1 diabetes:

Role of students (if age appropriate)

* tell parents or carers and teachers how they want to manage their treatment in the school setting, for example, in a private area or in the classroom
* carry or store equipment and supplies as outlined in the [Diabetes Management Plan](https://www.diabetesvic.org.au/how-we-help-detail?tags=Left-Mega-Nav%2FSchools&content_id=a1R0o00000JkhI4EAJ&bdc=1)
* ensure equipment is safe and secure, for example, giving their insulin pump to a teacher during swimming and contact sport

Role of Principals and Responsible Staff

* make reasonable adjustments to ensure students can participate fully in school activities and events
* notify parents or carers in advance of upcoming activities, events, overnight excursions, camps or overseas travel to facilitate planning for additional support needs
* communicate with parents/carers regarding the needs of the student whilst on camp or excursions and make reasonable adjustments based on the advice from the diabetes treating team

Role of parents or carers

* work with the diabetes treating team to update the Diabetes Management Plan
* if required, work with the diabetes treating team and Responsible Staff to develop a Diabetes Management Plan, to document information about out of hours routines, activities or practices that might impact on type 1 diabetes management during school excursions, activities or events
* work with staff to agree on any reasonable adjustments prior to the camp and ensure these are included in the Diabetes Management Plan

Role of diabetes treating team

* work with the school and parents/carers to update the Diabetes Management Plan
* if required, work with the parents/carers and Responsible Staff to develop a Diabetes Management Plan, to document information about out of hours routines, activities or practices that might impact on type 1 diabetes management during school excursions, activities or events

Role of the Department of Education and Training

* provide information and advice to schools on best practice around making adjustments to support students with type 1 diabetes as required

***Good practice examples — reasonable adjustments***

The below information illustrates how reasonable adjustments can be made to allow students to fully participate in school:

Activity — Exams/Assessments

Example 1

A student on an insulin pump is allowed extra time to complete exams because she will need to check her blood glucose levels during the exam. The student has the opportunity to reschedule if she feels unwell.

Example 2

A school ensures that students with type 1 diabetes are informed prior to the exam, of the additional support available to them. This helps to allay potential anxieties for the students, about managing their symptoms during the exam

Example 3

Teachers ensure that all exam supervisors are aware that certain students will need to check blood glucose levels during exams and may need to eat during the exam. For possible special examination arrangements for students with diabetes visit: [Victorian Curriculum and Assessment Authority.](http://www.vcaa.vic.edu.au/Pages/vce/exams/specialprovision/specialexams.aspx#severehealth)

Activity — Sports

Example 1

Teachers at a secondary school carry copies of a student’s Diabetes Action Plan and a hypo kit to sport and other high-energy activities. This ensures that they can respond quickly if the student’s blood glucose levels fall and they have a hypo.

Example 2

The sports teacher discusses with parents about the safe handling of a student’s insulin pump which will be disconnected during contact sport and swimming sessions.

Activity — During Recess

Example

A teacher at a primary school stays with a student during the break as her blood glucose levels are low.The teacher also invites the student’s friends to stay with the student to ensure she doesn’t feel like she is missing out on spending time with her friends.

Activity — School camps

Example 1

A primary school supported a parent to attend school camps at no expense to the family to manage overnight care of their child, including blood glucose monitoring and insulin administration.

Example 2

A student’s diabetes treating team worked with the student and parents to learn how to self-inject ahead of school camp so the parents did not need to attend.

Activity — Overseas trips

Example

Six weeks before an overseas school trip, the parent of a student on multiple daily insulin injections met with the diabetes treating team to review the student’s Diabetes Management Plan and request a comprehensive diabetes flight and travel plan to provide to the teachers. The principal arranged for the accompanying teachers to receive training from a Diabetes Nurse Educator.

***Appendix 1 – Legal and policy obligations***

Diabetes policy

Under the department’s Diabetes policy schools are required to support student’s individual health care needs, ensuring each student with type 1 diabetes has:

* a current [diabetes management plan](https://www.diabetesvic.org.au/how-we-help-detail?tags=Left-Mega-Nav%2FSchools&content_id=a1R0o00000JkhI4EAJ&bdc=1)
* a current [diabetes action plan](https://www.diabetesvic.org.au/how-we-help-detail?tags=Left-Mega-Nav%2FSchools&content_id=a1R0o00000JkhI4EAJ&bdc=1)
* a [Student health support plan (DOCX)](https://www.education.vic.gov.au/PAL/student-health-support-plan.docx).

Schools are also required to support students by making reasonable adjustments to ensure the student’s participation in school activities and to take reasonable steps to prevent foreseeable risks of injury.

Schools are also required to ensure that staff undertake appropriate diabetes education. This includes general education for all school staff and specific training for staff closely involved with students with diabetes.

The department’s [Diabetes policy](https://www2.education.vic.gov.au/pal/diabetes/policy)is part of a wider suite of policies that outline expectations for schools supporting students with specific health needs.

Duty of Care policy

Principals and school staff are held to a high standard of care in relation to students. Under the department’s [Duty of Care policy](https://www2.education.vic.gov.au/node/85) principals and teachers are required to take reasonable steps to minimise the risk of reasonably foreseeable harm. This includes ensuring that medical assistance is provided to sick or injured students. For example, by providing emergency first aid treatment to students with type 1 diabetes experiencing severe hypos.

To assist schools to work towards minimising risks to students with type 1 diabetes at school, it is recommended that a risk management checklist (under Resources tab) be completed by the school annually.

Health Care Needs policy

To enable students with specialist medical treatment needs to attend school, schools must designate Responsible Staff to undertake specific training to provide the required support. Principals are responsible for identifying staff willing to undertake the training and provide the required support. This role is voluntary and dependent upon staff expressing willingness to be a Responsible Staff member for a specific student.

Medication policy

The Medication policy outlines the conditions for school staff to safely store and administer medication. If schools are supporting students by administering or storing insulin, parents/carers must provide the school with a signed [Medication authority form (DOCX)](https://www.education.vic.gov.au/PAL/medication-authority-form.docx) with written advice from the diabetes treating team.

Personal Liability of School Employees policy

In the unlikely event that a teacher or another school employee is named as a defendant, they are protected against legal proceedings for personal injuries of students and the costs and damages as outlined in the [Personal Liability of School Employees policy](https://www2.education.vic.gov.au/pal/personal-liability-school-employees/policy).

Equal Opportunity Act 2010 (Vic)

Equal opportunity is a requirement under both Victorian and Commonwealth legislation. In Victoria, the main piece of legislation that makes it unlawful to discriminate is the [Equal Opportunity Act 2010 (Vic)](https://www.legislation.vic.gov.au/in-force/acts/equal-opportunity-act-2010) which operates alongside the [Disability Discrimination Act 1992 (Cth)](https://www.legislation.gov.au/Details/C2018C00125).

Equal opportunity means that every person can participate freely and equally in areas of public life such as education or the workplace. All employees, students, parents, school council members and volunteers are required to act in accordance with equal opportunity, anti-discrimination, harassment and vilification legislation. The Equal Opportunity Act imposes express obligations to make ‘reasonable adjustments’ for a person with a disability in certain areas. If schools do not make reasonable adjustments, this is unlawful discrimination. More information is available from the Victorian Equal opportunity & Human Rights Commission. See [Victorian Discrimination Law.](http://www.humanrightscommission.vic.gov.au/home/our-resources-and-publications/victorian-discrimination-law)

Disability Discrimination Act 1992 (Cth)

Diabetes is considered a disability under Commonwealth and State anti-discrimination legislation and the Disability Discrimination Act 1992 (Cth). It stipulates that disability discrimination occurs when a person is treated less favourably than a person without a disability in the same or similar circumstances. The Act also makes it unlawful to treat people unfairly because of a disability.

The [Disability Standards for Education 2005 (Cth)](https://www.legislation.gov.au/Details/F2005L00767) clarify the obligations of education and training providers and the rights of people with a disability. All schools have a duty of care to take reasonable steps to support students with diabetes, to participate fully in their education.

The Standards generally require providers to make reasonable adjustments where necessary but there is no requirement to make adjustments beyond what is considered as reasonable. A list of what is considered a reasonable adjustment is listed in the Disability Standards for Education 2005 (Cth). Reasonable adjustments for a particular student may change as their support needs vary at different stages of their schooling. Before an adjustment is made, the student or the parent/carer must be consulted, and agreement reached that the adjustment is reasonable for the school and beneficial for the student. Adjustments must also be provided within in a reasonable timeframe.

For further information on legal obligations for education providers for students with a disability, refer to the [department's website](https://www.schools.vic.gov.au/support-students-additional-learning-needs).

***Resources***

Forms and management plans

* [Student Health Support Plan (Word)](https://www.education.vic.gov.au/PAL/student-health-support-plan.docx) — this must be developed by the school in consultation with the parents/carers and where appropriate the student’s treating medical team
* [Medication Authority Form (Word)](https://content.sdp.education.vic.gov.au/media/1095) — this form details the medications required during regular school hours, the dose, administration and storage
* [Diabetes Action and Management Plans](https://www.diabetesvic.org.au/how-we-help-detail?tags=Left-Mega-Nav%2FSchools&content_id=a1R0o00000JkhI4EAJ&bdc=1) — diabetes Victoria contains links to both the diabetes management plans and the diabetes action plan which are prepared by the student’s treating medical team and provided to schools by parents or carers

Other helpful websites

* [Diabetes at School](https://diabetesatschool.com.au/) — a website created by diabetes Victoria which contains online learning modules specifically for schools, parents/carers and school nurses
* [Diabetes Victoria](https://www.diabetesvic.org.au/Home) — further information and resources about diabetes for the wider community, including parents and schools