

DIABETES GUIDELINES

SUPPORTING STUDENTS WITH TYPE 1 DIABETES IN VICTORIAN SCHOOLS



The Department of Education and Training is grateful for the contribution of the following agencies that were represented on the Diabetes in Schools Health Advisory Group and whose expert advice informed the development of these guidelines:

- Australian Diabetes Educators Association
- Australasian Paediatric Endocrine Group
- Diabetes Victoria
- Monash Children's Hospital
- Royal Children's Hospital
- Victorian Paediatric Clinical Network.

The Department is also grateful to the many parents, educators, other health and education professionals and representatives who freely participated in consultation forums. Their views have been thoroughly considered in developing these guidelines.

Published by the Department of Education and Training September 2018

© State of Victoria (Department of Education and Training) 2018



This work is licensed under a Creative Commons Attribution 4.0 licence. You are free to reuse the work under that licence, on the condition that you credit the State of Victoria (Department of Education and Training), indicate if changes were made and comply with the other licence terms available at creativecommons.org/licenses/by/4.0/deed.en

The licence does not apply to:

- any trademarks or branding, including the Victorian Government logo and the Department of Education and Training logo
- images or photographs or other content supplied by third parties.

Copyright queries may be directed to copyright@edumail.vic.gov.au

Authorised by the Department of Education and Training

2 Treasury Place, East Melbourne, Victoria, 3002

If you would like to receive this document in an accessible format such as large print or audio, please telephone 1800 809 834 or email edline@vic.gov.au

This document is available in PDF and accessible Microsoft Word format at www.education.vic.gov.au

CONTENTS

Introduction 1

How to use these guidelines.....2

Communication: An ongoing conversation5

Training: Building capability and confidence to support students with type 1 diabetes.....8

Treatment: Implementing the diabetes management plan and diabetes action plan 10

Reasonable Adjustments: Creating a supportive environment..... 12

Appendix 1: Legal and policy obligations.....14

Appendix 2: Annual risk management checklist16

Glossary18



INTRODUCTION

The Department of Education and Training (the Department) is committed to ensuring all students are learning in safe, positive and supportive school environments. Medical conditions should not be a barrier to any student reaching their full potential.

The Department works closely with experts from Diabetes Victoria, the Royal Children's Hospital and Monash Children's Hospital to provide up-to-date evidence-informed policy advice and diabetes management support for Victorian government schools.

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.¹ 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](#) resource.

The guidelines help schools to meet their legal and policy obligations (see Appendix 1), inform student health support planning and to work collaboratively with students, parents/carers 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 three 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 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. Hyperglycaemia 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.

Further information about diabetes can be found on the websites of: [Diabetes Australia](#) or [Diabetes Victoria](#).

¹ The guidelines can also be used as a guide for managing other types of diabetes requiring insulin treatment.

SHARED RESPONSIBILITY

Schools, students, parents/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/carers, 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.

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/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.

Schools provide a safe and inclusive learning environment that supports student involvement in all activities. This may include facilitating daily health care needs and making reasonable adjustments to assist students to participate in school life.

- **Principals** have an over-arching responsibility to ensure students with type 1 diabetes can participate fully in their education. This involves identifying, supporting and facilitating the training of staff to take on the role of a Responsible Staff member.
- **Responsible Staff** voluntarily 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.
- **All staff** have a duty of care to students and must take reasonable steps to minimise the risk of foreseeable harm, by being able to recognise the signs of a hypo and assist students to access emergency care.

Diabetes Victoria provides 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.

SUPPORTING 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 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.

These components form *the Four Pillars of Effective Support* and are detailed in Figure 1:

Figure 1: Four Pillars of Effective Support




COMMUNICATION: AN ONGOING CONVERSATION


Ongoing communication is vital to ensure that changing needs are met. Students, parents/carers, school staff and diabetes treating teams need to work together to discuss and document support needs and processes.

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/carers, school staff and diabetes treating teams.

The student health support planning process creates an opportunity for the school, parents/carers 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: [Parent Complaints](#)

 For more information see 'Talking to families' or download an example 'Diabetes Communication Book' from [Mastering Diabetes in Schools and Early Childhood Settings](#)



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

Student (if age appropriate)

- participate in the student health support planning process
- talk to parents/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.

Parents/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 and Action Plan
- 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
- ensure the school has details for alternative emergency contacts for when parents/carers cannot be reached as part of the Diabetes Action Plan and understand that schools may call 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.

Principals

- 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/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/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/carers and Responsible Staff to develop a Student Health Support Plan
- facilitate or mediate communication between students, parents/carers and school staff. Where issues arise, support families and staff to find a solution
- add diabetes information to the student's CASES21 record.

Responsible Staff

- ensure they understand the Diabetes Management Plan and Diabetes Action Plan
- work with parents/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/carer consent.

Diabetes treating team

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

GOOD PRACTICE EXAMPLES: COMMUNICATION STRATEGIES

Table 1.1 illustrates how effective **communication** can assist with clarifying roles and expectations to support the individual student’s needs:

Table 1.1: Communication strategies

Objective	Actions
Parent, student and school expectations are matched	<ul style="list-style-type: none">• 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.• 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

All school staff need a basic understanding of type 1 diabetes and how to respond in an emergency. Responsible Staff must be trained according to the level of support required by the student.

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 training in diabetes management** and **applied training in insulin administration** if required. Responsible Staff should be competent and confident to implement a student's Diabetes Management Plan and Diabetes Action Plan.

As there are a range of skills required by different staff members, a tiered training model is most appropriate, as shown in Figure 2:

Figure 2: Three tiered training model



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

Principals

- 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.

All staff

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

Responsible Staff

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

Diabetes treating team

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

Diabetes Victoria

- provides 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

Table 2.1 shows examples of tiered **training** approaches which can help to build the capability and confidence of school staff:

Table 2.1: Training Strategies

Objective	Actions
Staff are trained to provide support for students with type 1 diabetes	<p>Training for Responsible Staff</p> <ul style="list-style-type: none">• 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.• 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. <p>Training for all staff</p> <ul style="list-style-type: none">• The Responsible Staff working with a student with diabetes, at a P–12 school organised a diabetes information session for all school staff to ensure they understood the basic care needs of the student. The Responsible Staff had recently attended the Diabetes Victoria Diabetes in Schools training, and used the Action and Management plans to guide the session. This helped to address nervousness among staff about what to do if a student had a hypo in the school yard.• 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 type 1 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

Individualised management plans and prescribed treatment will reflect students' age and stage of development.

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.



For more information see '*Looking after young people with type 1 diabetes in schools and early childhood settings*' in [Mastering Diabetes in schools and early childhood settings](#)

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

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.

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.

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.

Parents/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, Diabetes Action Plans and Camp Plans as they are amended
- use a medication log book to inform Responsible Staff of any changes to a student's insulin regime.

Diabetes treating team

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

GOOD PRACTICE EXAMPLES: TREATMENT

Table 3.1 illustrates different ways staff are reminding, observing, assisting or administering **treatment** to students in school:

Table 3.1: Treatment Strategies

Objective	Actions
Students with type 1 diabetes are safe and supported at school	<ul style="list-style-type: none"> • 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. • A student at a primary school recently diagnosed with type 1 diabetes begins using an insulin pump. The food he brings from home is labelled with the grams of carbohydrate in each serve. He is keen to input the total meal carb value into his pump but is sometimes unsure if he has added it up correctly. His classroom teacher helps him with this task by checking his calculations and giving him positive reassurance that he is doing a great job. • 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. • 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

Reasonable adjustments and a supportive environment ensure students' learning experiences are not negatively affected by type 1 diabetes. School staff should be flexible and responsive as a student's needs change.

Under the *Disability Standards for Education 2005*, schools have an obligation to make reasonable adjustments to accommodate students with disabilities. Students and parents/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 see 'Looking after young people with type 1 diabetes in schools and early childhood settings' in [Mastering Diabetes in schools and early childhood settings](#)

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

Students (if age appropriate)

- tell parents/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
- ensure equipment is safe and secure, for example, giving their insulin pump to a teacher during swimming and contact sport.

Principals/Responsible Staff

- make reasonable adjustments to ensure students can participate fully in school activities and events
- notify parents/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.

Parents/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 Camp 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 Camp Plan.

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 Camp 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.

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

Table 4.1 illustrates how **reasonable adjustments** can be made to allow students to fully participate in school:

Table 4.1: Reasonable Adjustments

Activity	Actions
Exams/ Assessments	<ul style="list-style-type: none">• 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.• 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• 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.
During recess	<ul style="list-style-type: none">• 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.
School camps	<ul style="list-style-type: none">• 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.• 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.
Overseas trips	<ul style="list-style-type: none">• 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 (see: [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
- a current Diabetes Action Plan
- a Student Health Support Plan.

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 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](#) 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 be completed by the school annually (see Appendix 2).

COMPLEX MEDICAL 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. Supporting students with blood glucose monitoring and insulin administration is the type of care that requires training beyond basic first aid and as such is covered by the process outlined in the [Complex Medical Needs Policy](#).

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](#) 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](#).

EQUAL OPPORTUNITY ACT

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) which operates alongside the Disability Discrimination Act 1992 (Cwth).

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](#).

DISABILITY DISCRIMINATION ACT

Diabetes is considered a disability under Commonwealth and State anti-discrimination legislation and the [Disability Discrimination Act 1992](#) (Cwth). 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](#) clarifies 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. 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 a reasonable timeframe.

Further resources can be found in the Department's [School Policy Advisory Guide](#). See the [Students with a Disability](#) page.

APPENDIX 2: ANNUAL RISK MANAGEMENT CHECKLIST

Summary information		
School name		
Date of review		
Completed by (name and position)		
Given to (name and position)		
Comments (e.g. actions arising)		
The number of students diagnosed with type 1 diabetes at your school		
The number of students taking insulin during school hours		

Communication	Yes	No
Type 1 diabetes is recorded in CASES21 (or equivalent student record) for all students with the condition	<input type="checkbox"/>	<input type="checkbox"/>
Information about students with type 1 diabetes is included in the annual school health briefing to staff (or equivalent when the student is enrolled or diagnosed)	<input type="checkbox"/>	<input type="checkbox"/>
Your school has identified a key contact person for parents/carers of students with type 1 diabetes	<input type="checkbox"/>	<input type="checkbox"/>
Incidents when an ambulance is called to your school for a student with type 1 diabetes are notified via the Incident Reporting and Information System (IRIS)	<input type="checkbox"/>	<input type="checkbox"/>

Training	Yes	No
All staff have undertaken basic training and are aware of what type 1 diabetes is and how to provide emergency first aid to students experiencing hypos	<input type="checkbox"/>	<input type="checkbox"/>
Responsible Staff at your school have received training and are competent to implement student's Diabetes Management and Diabetes Action Plans:	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> • Basic training: on type 1 diabetes and identifying and responding to a hypo 	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> • Foundational training: implementing a student's Diabetes Management and Diabetes Action Plans 	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> • Applied training: on insulin administration (if required) 	<input type="checkbox"/>	<input type="checkbox"/>

Diabetes management plans	Yes	No
Every student with type 1 diabetes has a current Diabetes Management Plan and Diabetes Action Plan signed by:		
• Diabetes Treating Team	<input type="checkbox"/>	<input type="checkbox"/>
• Parents/carers	<input type="checkbox"/>	<input type="checkbox"/>
• Principal	<input type="checkbox"/>	<input type="checkbox"/>
All Diabetes Action Plans include a recent photo of the student	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes Action Plans are kept, stored or displayed along with a clearly labelled Hypo kit in readily accessible places to the student and school staff. For example, in the classroom, staff room, yard duty folder and sick bay.	<input type="checkbox"/>	<input type="checkbox"/>
Students with type 1 diabetes have a Student Health Support Plan signed by the:		
• Parents/carers	<input type="checkbox"/>	<input type="checkbox"/>
• Principal	<input type="checkbox"/>	<input type="checkbox"/>
Students that are administering or storing insulin have provided the school with a signed Medication Authority Form with written advice from the treating medical team	<input type="checkbox"/>	<input type="checkbox"/>

Risk minimisation and emergency management	Yes	No
Students are permitted to carry or access their blood glucose monitoring equipment and clearly labelled hypo kit at all times (if required)	<input type="checkbox"/>	<input type="checkbox"/>
Responsible Staff know where a student's Diabetes Action Plan, hypo kit and other emergency supplies are stored and ensure they travel with students on any school excursion	<input type="checkbox"/>	<input type="checkbox"/>
All staff are familiar with the Diabetes Action Plan including how to safely respond to a hypo	<input type="checkbox"/>	<input type="checkbox"/>
There is a process for ensuring casual and relief staff responsible for students with type 1 diabetes are aware of the Diabetes Management Plan and Diabetes Action Plan and how to safely respond in an emergency	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes Management Plans and Diabetes Action Plans are reviewed in consultation with the student, parents, carers and Diabetes Treating Teams as required, prior to any off site activities such as sport, camps or special events, and following an emergency	<input type="checkbox"/>	<input type="checkbox"/>

GLOSSARY

Term	Description
Annual Risk Management Checklist	A tool for schools to review support processes and manage risks for students with type 1 diabetes. (See Appendix 2 for this checklist)
Camp Plan	A template documenting additional student support requirements such as overnight care routines. This may include additional emergency management arrangements if the campsite is in a remote location.
Complex Medical Needs Policy	The Department of Education and Training policy outlining expectations and obligations of schools to support students that require complex medical care at school. See: Complex Medical Needs Policy .
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 Policy	The Department of Education and Training policy outlining expectations and obligations of schools supporting students with diabetes. See: Diabetes Policy
Disability Standards for Education 2005	A framework to ensure students with disability are able to access and participate in education on the same basis as other students. See: Disability Standards
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.
Hypo (hypoglycaemia) —low blood glucose	Hypoglycaemia occurs when blood glucose level drops below the normal level (4 mmol/L). Hypoglycaemia can be caused by too much insulin; delaying a meal; not enough food; or unplanned or unusual exercise. A 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. It is important to treat hypos promptly as students can feel unwell and their judgement and cognitive abilities may be impaired (see Diabetes Action Plan).
Hyper (hyperglycaemia) — high blood glucose	Hyperglycaemia occurs when blood glucose levels increase above the normal level. Hyperglycaemia can be caused by not enough insulin; too much food; common illness; or stress. High blood glucose levels affect learning and mood. Every effort should be made to maintain levels in the target range (see: Diabetes Action Plan).
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. The template can be found on the Medication School Policy Templates Portal .
Medication Policy	The Department of Education and Training policy outlining the conditions for school staff to safely store and administer medication. See: Medication Policy .

Term	Description
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. See Personal Liability of School Employees Policy .
Responsible Staff	Trained school staff who have voluntarily agreed to have a direct role in providing treatment and support to students with type 1 diabetes as prescribed by the Diabetes Management Plan.
Student Health Support Plan	A plan that outlines how the school will support a student's health care needs and make adjustments to support their full participation in school life. An individualised plan must be developed in consultation with parents/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. See: Student Health Support Planning .
Type 1 diabetes	Type 1 diabetes is an autoimmune condition that occurs when the immune system damages the insulin-producing cells in the pancreas. Insulin is the hormone that controls blood glucose levels. People with type 1 diabetes depend on daily insulin treatment to replace the insulin their body cannot produce.
Type 2 diabetes	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). People with type 2 diabetes manage their condition with a combination of a healthy diet, regular physical activity and weight reduction and, in some cases, medication, which could include tablets or insulin.



