

DIS-SIG Meeting 2022

Oct 15 during ISPAD meeting, Abu Dhabi

Steering group participants present:

- Gun Forsander, Sweden
- Natasa Bratina, Slovenia
- Eduardo Calliari, Brazil
- Roque Cardona-Hernandez, Spain
- Peter Goss, Australia (per zoom)
- Sarah Lawrence, USA (per zoom)
- Angela Middlehurst, Australia
- Karin Lange (per zoom)

Introductions

There were 14 countries represented from multiple disciplines. A namelist as well as email addresses of all the participants were collected during the meeting, and they will get a special invitation to take part in DIS group activities later.

Outlined the structure and plan for the DIS-SIG

- Steering group meeting monthly; Gun will create a new zoom link and send out with proposed time for the upcoming meetings.
- Will have a page on the ISPAD website to communicate with the broader membership; it will be announced within soon.
- ISPAD 2023 in Rotterdam – planning for a general session and perhaps also a workshop focused on DIS; we have got ok for proposing an agenda for the session.

Peter reviewed notes from the last meeting

BG targets

Consistent language

Legal frameworks, issues of nonmedical people giving dangerous drugs to children

ISPAD or others provide the curriculum

Levels of care: Self care vs medical care (hypoglycemia, vomiting)

Legality – since required to attend school, required to provide support. Respect that they are not medical.

Parents know their child best. Important to have a partnership between the parent and school.

Medical team cannot take responsibility of ensuring school is trained. This is a school/government responsibility

- Cannot comply with legislation if not aware of it. Need to empower parents to know their rights in this.

Awareness of limited resources

Round table of priorities

- Netherlands: Do not have school nurses and logistically cannot have homecare as they all need services at the same time. Teachers cannot give insulin.
- Slovenia has a similar situation – was able to find a local solution to facilitate insulin administration, and now 90% are on pumps with sensors.
- Nurses at school – The great majority of the countries represented do not have HCPs in schools. Some countries have professionals, but not to all the schools, and not for the whole school period. Spain (private only), US, UK (some schools), Sweden (shared, but since 2009 school required to employ someone for diabetes); Australia and Brazil (variable, private schools must)
- Suggestion (from Stephen Green-former ISPAD president during the development of KiDS at School initiative) that there be a partnership between IDF and ISPAD. When an attempt was made, this did not go forward in that IDF seemed to want to retain control. Sanofi has provided the funding. KiDS is a resource. Needs leadership at the top of the 2 organizations to navigate a possible partnership. ISPAD has the reach to facilitate implementation.
- Suggestion to include a teacher in the DIS-SIG steering group (recognizing the differences around the world). Similarly, someone from a low resourced country, and also one or more non-physician HCP.

Plan:

1. Questionnaire to the full membership; Roque and Eduardo will be back with a suggestion on a draft where we can put a limited number on questions regarding DIS to ISPAD members in different regions/countries in the world. A Jenious project on the same subject has been performed and might be used
2. Gun and Eduardo will approach IDF and Sanofi regarding an eventual common collaboration as Steve Green proposed
3. The Position Paper of 2018 will be re-evaluated and launched within the next 6 months

