

DIABETES

POLICY

Rationale

Templeton Primary School strives to ensure the safety and wellbeing of children who are diagnosed with diabetes, and committed to:

- providing a safe and healthy environment in which children can participate fully in all aspects of the school program
- actively involving the parent/guardians of each child diagnosed with diabetes in assessing risks and developing risk minimisation and risk management strategies for their child
- ensuring that all staff members at the school have adequate knowledge of diabetes and procedures to be followed in the event of a diabetes-related emergency
- facilitating communication to ensure the safety and wellbeing of children diagnosed with diabetes

The school must ensure that each child with diabetes has a current diabetes management plan prepared specifically for that child by their diabetes medical specialist team, at or prior to enrolment, and must implement strategies to assist children with Type 1 diabetes.

The aim of this policy is to ensure that enrolled children with Type 1 Diabetes and their families are supported, while children are being educated and cared for by the school. Most children with Type 1 Diabetes can enjoy and participate in the schools programs and activities to their full potential, but are likely to require additional support from staff to manage their diabetes.

Implementation

Diabetes Management Plan

Each child with Type 1 Diabetes must have a Diabetes Management Plan (see sample in appendix 1):

Parent/guardians must provide a Diabetes management plan for each child with Type 1 Diabetes that has been compiled by their medical practitioner. The Diabetes management plan must be followed in the event of an incident relating to the child's specific health care need. The Diabetes management plan should detail the following:

- Details of the specific health care need and the severity of the condition
- Any current medication prescribed for the child
- The response required from the school in relation to the emergence of symptoms
- Any medication required to be administered in an emergency
- The response required if the child does not respond to initial treatment
- When to call an ambulance for assistance
- The plan should have a photograph of the student
- Emergency procedures e.g. in case of hypoglycaemia "Hypo" (low blood glucose level)

- Identification of what diabetes health tasks the student can undertake themselves and those requiring staff supervision and or action (i.e. blood glucose checks, insulin administration)
- Provision for storage and taking of insulin
- Provision for school excursions and other extracurricular activities, including regular PE classes, sports days and school camps. Camps require a separate plan specific to each camp
- Provision for review at least annually, or when there is a change in the student's condition, treatment and/or medication.

Risk Management Plan

Each child with Type 1 Diabetes must have a Risk Minimisation Plan. A risk-minimisation plan must be developed in consultation with the parent/guardians of the child and ensure:

- That the risks relating to the child's specific health care need is assessed and minimised
- Relevant practices and procedures are developed and implemented and are in place including the safe handling, preparation, consumption and serving of food
- That both the parent/guardians and the school are notified of any known allergen factors that pose a risk to a child and strategies for minimising the risk are developed and implemented
- That all staff members and volunteers can identify the child, the child's medical management plan and the location of the child's medication.

Communications Plan

Each child with Type 1 Diabetes must have a communications plan to outline how:

- Relevant staff members and volunteers are informed about the Diabetes policy, the Diabetes Management and Risk Minimisation plans for the child; and a parent/guardian of the child can communicate any changes to the Diabetes Management plan and Risk Minimisation plan for the child
- The school and parent/guardian will have agreed communications.

The school is responsible for:

- Compiling a list of children with diabetes and placing it in a secure but readily accessible location known to all staff. This should include the Diabetes Management plan for each child
- Organising appropriate training and professional development for staff to enable them to work effectively with children with Type 1 Diabetes and their families
- Ensuring that all staff, including casual staff, are aware of children diagnosed with diabetes, symptoms of low blood sugar levels, and the location of medication and Diabetes management plans
- Following the child's Diabetes management plan and Risk management plan
- Ensuring that programmed activities and experiences take into consideration the individual needs of all children, including children diagnosed with diabetes
- Ensuring students are well supervised outside during recess and lunch
- Communicating with parent/guardians regarding the management of the child's diabetes in an agreed manner between the parent/guardian and school
- Ensuring that children diagnosed with diabetes are not discriminated against in any way and are able to participate fully in all programs and activities at the school
- Updating as need arises the Risk Management Plan
- Ensuring the Diabetes Action Plan is displayed in each specialist area, staffroom, sick bay and in each child's classroom.

Parent/Guardians are responsible for:

- Providing the school with a current Diabetes Management plan prepared specifically for their child by their diabetes medical specialist team
- Working with the school to develop a Risk Minimisation Plan for their child
- Working with the school to develop a Communication plan
- Working with educators and staff to assist them to provide the most appropriate support for their child
- Ensuring that they provide the school with any equipment, medication or treatment, as specified in the child's individual Diabetes Management Plan
- Recording the dosage amount of Insulin required if the school needs to administer Insulin
- Providing essential specialised daily food requirements including some nut products
- Providing signed consent of the blood glucose test authorisation form record sheet

Parent/guardians/guardians must notify the school immediately with changes to the student's individual Diabetes Management Plan

Resources

Relevant legislation and standards include but are not limited to:

- Education and Care Services National Law Act 2010: Sections 167, 169
- Education and Care Services National Regulations 2011: Regulations 90–96, 102, 136, 137, 146, 147, 160–162, 168(2)(d), 173, 177, 181, 183, 184, 246
- Health Records Act 2001 (Vic)
- Information Privacy Act 2000 (Vic)
- National Quality Standard, Quality Area 2: Children's Health and Safety Standard 2.1: Each child's health is promoted Element 2.1.1: Each child's health needs are supported Element 2.1.4: Steps are taken to control the spread of infectious diseases and to manage injuries and illness, in accordance with recognised guidelines
- Standard 2.3: Each child is protected Element 2.3.3: Plans to effectively manage incidents and emergencies are developed in consultation with relevant authorities, practised and implemented
- Occupational Health and Safety Act 2004 (Vic)
- Privacy Act 1988 (Cth)
- Public Health and Wellbeing Act 2008
- Public Health and Wellbeing Regulations 2009 (Vic)
- National Quality framework; children with medical conditions attending education and care services September 2013

Definitions

Type 1 diabetes: An autoimmune condition that occurs when the immune system damages the insulin producing cells in the pancreas. Type 1 diabetes is treated with insulin replacement via injections or a continuous infusion of insulin 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 85 to 90 per cent of all cases of diabetes and usually develops in adults over the age of 45 years, but is increasingly occurring in individuals at a younger age. Type 2 diabetes is unlikely to be seen in children under the age of 4 years.

Hypoglycaemia or hypo (low blood glucose): Hypoglycaemia refers to having a blood glucose level that is lower than normal i.e. below 4 mmol/L, even if there are no symptoms. Neurological symptoms can occur at blood glucose levels below 4 mmol/L and can include sweating, tremors, headache, pallor, poor co-ordination and mood changes. Hypoglycaemia can also impair concentration, behaviour and attention, and symptoms can include a vague manner and slurred speech.

Hypoglycaemia is often referred to as a 'hypo'. Common causes include but are not limited to:

- Taking too much insulin
- Delaying a meal
- Consuming an insufficient quantity of carbohydrate
- Undertaking unplanned or unusual exercise.

It is important to treat hypoglycaemia promptly and appropriately to prevent the blood glucose level from falling even lower, as very low levels can lead to loss of consciousness and convulsions.

The child's diabetes management plan will provide specific guidance for services in preventing and treating a hypo.

Hyperglycaemia (high blood glucose): Hyperglycaemia occurs when the blood glucose level rises above 15 mmol/L. Hyperglycaemia symptoms can include increased thirst, tiredness, irritability and urinating more frequently. High blood glucose levels can also affect thinking, concentration, memory, problem-solving and reasoning. Common causes include but are not limited to:

- Taking insufficient insulin
- Consuming too much carbohydrate
- Common illnesses such as a cold
- Stress.

Insulin: Medication prescribed and administered by injection or continuously by a pump device to lower the blood glucose level. In the body, insulin allows glucose from food (carbohydrates) to be used as energy, and is essential for life.

Blood glucose meter: A compact device used to check a small blood drop sample to determine the blood glucose level.

Insulin pump: A small, computerised device to deliver insulin constantly, connected to an individual via an infusion line inserted under the skin.

Ketones: Occur when there is insufficient insulin in the body. High levels of ketones can make children very sick. Extra insulin is required (given to children by parent/guardians/guardians) when ketone levels are >0.6 mmol/L if insulin is delivered via a pump, or >1.0 mmol/L if on injected insulin.

Appendix 1: Example Diabetes Management Plan

Name of child: _____ Date of Birth: _____

Year : _____

Date for next review: _____

Emergency Management

Please see the Diabetes School Action Plan as to the treatment of severe hypoglycaemia (hypo). The child/student should not be left unattended. DO NOT attempt to give anything by mouth or rub anything onto the gums as this may lead to choking. If the child/student has high blood glucose levels please refer to the Diabetes Action Plan.

Diabetes Management

The child/student should eat meals/snacks every 2-3 hours

Younger children will require supervision to ensure all food is eaten

The child/student should not exchange meals with another child/student

Allow access to drinking water and toilet at all times (high blood glucose levels can cause increased thirst and urination)

Allow consumption of food which at times may be nut products

Extra supplies given to school

Insulin syringes/pens

Blood Glucose Meter

Lancets

Hypo Food / Sport/Activity Box

Glucose/Blood Ketone Strips

Sharps disposal container

Glucagon

Blood Glucose Monitoring

Is the student able to perform their own Blood Glucose Monitoring (BGL)? Y N

Supervision of all blood glucose monitoring is recommended for childcare/primary school students to ensure documentation is accurate and correct technique is used

Target Range for blood glucose levels: 4-8 mmol/L

Further action is required if BGL is <4mmol/L or >15mmol. Refer to Diabetes Action Plan.

Times to test BGLs:

Pre lunch (and others if stipulated by parent/guardian/guardian)

When the child/student feels their blood glucose levels may be low

When the child/student feels sick

Before and after sport/intensive training sessions

Blood glucose ranges will vary day to day for the individual with diabetes and will be dependent on a number of factors such as:

- Age
- Level of activity

- Type / Quantity of food
- Stress
- Growth Spurts
- Puberty
- Insulin Administration

Does the student require insulin at lunchtime at school? Y N

If yes, is supervision required? Y N

Supervision of insulin maybe required for primary school students to ensure the dose of insulin is delivered and is clearly documented in immunisation book/ record

Physical activity usually lowers blood glucose. The drop in blood glucose may be immediate or delayed as much as 12-24 hours

The child will require an extra serve of sustaining carbohydrate for every 30-40 minutes of physical activity. (Available from sport/activity box)

Vigorous activity should not be undertaken if BGL >15mmol and blood ketones >0.6mmol as it can exacerbate the problem

A blood glucose monitor and hypo treatment should always be available. If a hypo does occur,(BGL <4.0mmol/L) treat, rest for 10-15 minutes and re-test before resuming activity.

Excursions / Swimming / Camps

It is important to plan ahead for extra-curricular activities and consider the following:

- Always have extra hypo treatment available
- Permission maybe required to eat on bus –inform bus company in advance
- Staff /parent/guardians/guardians to collaborate and plan well in advance of the activity.
- Additional supervision will be required for swimming and other sporting activities (especially for younger children/students) either by a ‘buddy’ teacher or parent/guardian/guardian
- Seek parent/guardians/guardians advice regarding appropriate foods for parties/celebrations that are occurring whilst in your care
- Early and careful planning with parent/guardians/guardians and medical team is required prior to school camps and a specific management plan for camps is required.
- Students are able to attend camps when they are reliably independent in the management of their diabetes otherwise a parent/guardian/guardian or registered school nurse must attend.
- Investigate local medical services

I have read, understood and agreed with this plan.

Parent/guardian/Guardian

_____ Signature_____ Date_____

Health Professional

Signature _____ Date _____

Evaluation:

This policy will be reviewed as part of the school's three-year review cycle.

This policy last ratified by School Council

May 2018

