

# Diabetes Policy & Procedures

## Policy

Schools must implement strategies to assist students with type 1 diabetes including ensuring they have a Student Health Support Plan.

All schools need to ensure that each student with type 1 diabetes has a current individual diabetes management plan prepared by that student's medical specialist. The student's diabetes management plan provides schools with all required information.

Key points for principals to support students with type 1 diabetes are:

- Follow the school's procedures for medical emergencies for students with type 1 diabetes.
- Parents/guardians should notify the school immediately with changes to the student's individual diabetes management plan.
- The student's Diabetes Medical Support Team may consist of an endocrinologist, diabetes nurse educator, allied health professionals or General Practitioner.
- Contact Diabetes Australia-Victoria for further support or information.

## Definitions

This table describes types of diabetes.

Condition	Description
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<b>Type 1 diabetes</b>	<ul style="list-style-type: none"><li>• is an auto immune condition which occurs when the immune system damages the insulin producing cells in the pancreas. This condition is treated with insulin replacement via multiple injections or a continuous infusion via a pump. Without insulin treatment type 1 diabetes is potentially life threatening.</li></ul>
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## Blood Glucose

This table describes potential problems associated with blood glucose levels.

Glucose level	Description
<b>Hypoglycaemia or hypo (low blood glucose)</b>	<ul style="list-style-type: none"><li>• Hypoglycaemia is a blood glucose level that is lower than normal, ie. below 4mmol/l, even if there are no symptoms. Neurological symptoms can occur at levels below 4mmol/l and include sweating, tremor, headache, pallor, poor co-ordination and mood changes. Hypoglycaemia can also impair concentration, behaviour</li></ul>

Glucose level	Description
<b>Hyperglycaemia (high blood glucose levels)</b>	<p>and attention and symptoms can include a vague manner and slurred speech.</p> <ul style="list-style-type: none"> <li>• Hypoglycaemia is often referred to as a '<b>hypo</b>'. It can be caused by: <ul style="list-style-type: none"> <li>o too much insulin</li> <li>o delaying a meal</li> <li>o not enough food</li> <li>o unplanned or unusual exercise.</li> </ul> </li> <li>• 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.</li> <li>• The student's diabetes management plan will provide guidance for schools in preventing and treating a 'hypo'.</li> </ul> <ul style="list-style-type: none"> <li>• Hyperglycaemia occurs when the blood glucose levels rises above 15 mmol/L.</li> <li>• Hyperglycaemia symptoms can include tiredness, irritability, urinating more frequently. High blood glucose levels can also affect thinking, concentration, memory, problem solving and reasoning. It can be caused by: <ul style="list-style-type: none"> <li>o insufficient insulin</li> <li>o too much food</li> <li>o common illness such as a cold</li> <li>o stress.</li> </ul> </li> </ul>

### Impact at school

Most students with type 1 diabetes can enjoy and participate in school life and curriculum to the full. Some students could require additional support from school staff to manage their diabetes and while attendance at school should not be an issue they may require some time away from school to attend medical appointments.

### Strategies

Schools should ensure that medical advice is received from the student's health practitioner ideally by completing the Department's General Medical Advice Form - Diabetes.

This table describes the different ways schools can support students in managing diabetes.

Strategy	Description
<b>Monitoring blood glucose (BG) levels</b>	<ul style="list-style-type: none"> <li>• Checking blood glucose levels requires a blood glucose monitor and finger pricking device. The student's diabetes management plan should state the times and the method of relaying information about any changes in blood glucose levels. Depending on the student's age, a communication book can be used to provide information</li> </ul>

## Strategy

## Description

about the student's change in BG levels between parents/guardians and the school.

- Checking of BG occurs at least four times a day to evaluate the insulin dose. Some of these checks may need to be done at school.
- Some younger students may need supervision when performing BG checks.
  
- Administration of insulin during school hours may or may not be required in the student's diabetes management plan.
- As a guide insulin is commonly administered:
  - twice a day, before breakfast and dinner, or
  - by a small insulin pump worn by the student that provides continuous insulin delivery, or
  - four times a day with pen insulin.
- Should a student whose health condition(s) requires additional care and attention during school hours, consultation is required with the parents/guardians and health professionals to ensure that teachers are undertaking tasks within their scope of practice and training. Teachers are under no obligation to administer insulin or glucagon.
- Students may need assistance from parents/guardians or a designated school staff member to administer pen insulin.

### **Administering insulin**

### **Activities including excursions and camps**

- With good planning students should be encouraged to participate in all school sanctioned activities including excursion and camps.
- The student's health support plan should be reviewed prior to a student attending a school camp with specific advice prepared by the Diabetes Medical Support Team for the camp.
- Consideration should be given to the student's ability to self-manage their diabetes i.e. BG tests, insulin etc. If needed a parent/career or designated school staff will need to attend the camp to assist the student.
- The school should receive any extra medial information by the parents completing the Department's Confidential Medical Information for School Council Approved School Excursions form.

### **Infection control**

- Infection control procedures must be followed. These include having instruction about ways to prevent infection and cross infection when checking blood glucose levels and administering insulin, hand washing, one student/child one device, disposable lancets and syringes

## Strategy

## Description

and the safe disposal of all medical waste

### Timing meals

- Most meal requirements will fit into regular school routines. Young students may require extra supervision at meal and snack times. It needs to be recognised that if an activity is running overtime, students with diabetes cannot delay meal times.

### Physical activity

- Exercise should be preceded by a serve of carbohydrates.
- Exercise is not recommended for students whose BG levels are high as it may cause them to become even more elevated.

Warning: Water sports need careful planning and supervision as a 'hypo' increases the risk of drowning, see: Swimming Supervision and Water Safety in [Related policies](#)

### Special event participation

- Special event participation including class parties can include students with type 1 diabetes in consultation with their parents/guardians.
- Schools need to provide alternatives when catering for special events, such as offering low sugar or sugar-free drinks and/or sweets at class parties.

### Exam support

- For exam and assessment tasks, schools are required to make reasonable allowances for students with type 1 diabetes. These could include:
  - o additional times for rest and to check their blood glucose levels before, during and after an exam, and take any medication
  - o consuming food and water to prevent and/or treat a hypoglycaemic episode
  - o easy access to toilets as high BG levels causes a need to urinate more frequently
  - o 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. For more information, see: VCAA's [VCE and VCAL Administrative Handbook 2012](#) or call (03)9651 4402 or 1800 635 045.

### Communicating with parents

Schools should communicate directly with the parents/guardians to ensure the student's individual diabetes management plan is current. This should also include a separate school camp and/or excursion plan if required. Depending on the age of the student, establish a home-to-school means of communication to relay health information and

Strategy	Description any health changes or concerns. Setting up a communication book is recommended and where appropriate also make use of e-mails and/or text messaging.
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#### Related policies

- [Health Care Needs](#)
- [Health Support Planning Forms](#)
- [Swimming Supervision and Water Safety](#)

#### Other resources

For more information for schools and online resources see:

- [Caring for Diabetes in Children & Adolescents, Royal Children's Hospital](#)
- Diabetes Australia-Victoria for:
  - o information about teacher professional learning i.e. *Diabetes in Schools* one day seminars for teachers and early childhood setting staff, sample management plans and online resources, see: [Information for Schools](#)
  - o Diabetes Basic's for teachers (a DVD which provides real life stories from students and teachers at primary and secondary schools. It includes a CD-ROM with downloadable sample school diabetes management and camp plans), see: [Online Publication Orders](#)
  - o Diabetes management plan samples for students with/without insulin pumps in primary and secondary schools (including The Royal Children's Hospital diabetes management plan sample and Monash Children's Southern Health diabetes management plan sample), see; [Information for Schools](#)
- [Diabetes planning and support guide for education and childcare services, Department of Education and Children's Services, South Australia](#)