



# SCORESBY PRIMARY SCHOOL

## Diabetes Policy

2020

### RATIONALE

Students enrolled at our school who have from diabetes deserve and require a supportive and flexible school environment that understands and responds to their individual needs. In general, the appropriate preparations and safeguards should ensure that students with diabetes are able to participate fully in the school's educational programs.

### AIM

To provide a school environment to ensure that students with diabetes are happy, safe and participatory members of the school. Students with type 1 diabetes must have:

- a current individual Diabetes Management Plan prepared by the student's treating medical team (provided by parents/carers)
- a current Diabetes Action Plan prepared by the student's treating medical team (provided by parents/carers); and
- a Student Health Support Plan, developed by the school in consultation with the parents/carers and where appropriate the student's treating medical team

### DEFINITIONS

**Type 1 Diabetes** is 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.

- Note: Type 2 diabetes is usually managed by diet and is not necessarily dependent on insulin injections for treatment. Thus, students with type 2 diabetes do not require an individual Diabetes Management Plan or Student Health Support Plan unless specifically requested by the student's treating medical team.

### **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.

**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.

## **IMPLEMENTATION**

Upon enrolment or when a health care need is identified, the school in conjunction with parents/carers and the treating medical team are required to develop a clear and tailored health management plan to support the student's individual health care needs.

- All staff will receive professional development relating to diabetes and its management.
- All staff complete basic level online training so they have an awareness of what type 1 diabetes is and how to respond safely to an emergency
- 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 in light of any changes to a student's Health Support Plan.
- Students with diabetes will be identified and their confidential details retained in the locked student files in the office.

## **Impact at school**

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 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.

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 should not be an ongoing issue.

## **Strategies:**

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

- The management of diabetes depends on balancing the effects on 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 should state monitoring times and the response to the BGL, as well as 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 about the student's change in BGLs between parents/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. This is why 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) 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 call out is greater than 30 minutes away.
- It is the Principal's responsibility to decide how many staff need to be trained, but they must ensure that there will be enough trained staff around 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 should be documented in the Student Health Support Plan.
- If insulin is administered at school, the student's parents/carers must provide clear advice regarding the dose and timing as per the Diabetes Management Plan.
- The student's parents/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. 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/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.
- Schools and parents/carers should 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/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.

### **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/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 in order to enable the student to attend activities including excursions and camps. Schools also owe a duty of care to all students when attending excursions, camps and other school activities.
- The student's Health Support Plan should be reviewed before a student attends an excursion or camp. A specific diabetes camp plan should be created by the student's treating medical team, in consultation with the parents/carers. Staff members who will provide assistance 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/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 should develop risk assessment plans in consultation with the student's parents/carers that identify foreseeable risks and provide reasonable steps to minimise and manage those risks. The plan should 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/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 fully and safely engage in education and related activities.
- Strategies include restricting food-based rewards, ensuring suitable food/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 own 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 should 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 odd 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 should be communicated to all supervising staff. All supervising staff must understand that students with diabetes cannot delay meal times 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.

## Assessment/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.

**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/carers may request further information from the student's treating medical team.

## 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. Principals should ensure all staff that have a supervisory role for students with diabetes have a general level of awareness and knowledge, and are able to quickly access information or support from staff who have received specific diabetes management training.

## General Information

- Students not capable of managing their own diabetes will be managed by staff in accordance with an agreed management plan developed by a doctor, and provided by parents.
- A student's diabetes management kit or 'Hypo Box' (which may include adequate supplies of insulin, disposable syringes or pen injector devices, blood testing equipment, and glucose or suitable sugar products to prevent or treat an insulin reaction) may be kept in the first aid room, or with the child as appropriate. Two kits are preferable, one for each location. One kit will always accompany the child on any camp or school excursion.
- It may be desirable that a student's friends be aware of the student's diabetes to give moral support if needed, to save embarrassment at blood testing and insulin giving times, and to give appropriate help if needed should the student have an insulin reaction.
- In general, the student should undertake all educational activities including school camps and excursions, so long as emergency medical aid is available within two hours. Some free time before breakfast and before the evening meal during camps may be needed for blood testing and insulin injections, and before bed for urine testing. Special considerations need to be undertaken during swimming programs.
- All school meal times should be adhered to as closely as possible. If a meal is delayed, the student should have access to food containing some complex carbohydrate (for example, fruit, biscuits, fruit juice) at the normal meal time while waiting for the meal. A diabetic student should be permitted to take extra food at odd times before extra physical activities to prevent insulin or hypoglycaemic reactions. The student or teacher must take some extra carbohydrate form of food or confectionery on excursions.

## FURTHER INFORMATION AND RESOURCES

- Complex Medical Needs
- Health Care Needs
- Student Health Support Plan
- Medication
- Duty of Care

## REFERENCES

- [The Diabetes Guidelines - Supporting Students with Type 1 diabetes in Victorian Schools](#)
- [Diabetes at School - Online education package for all school staff](#)
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