

Policy Number	Ratification Date	Reviewed	Review Date
19	September 2018	June 2020	June 2023



# DIABETES POLICY

## Rationale

Appropriate preparations and safeguards should ensure that students with Diabetes are able to participate fully in the schools educational programs.

## Aim

To ensure that students (and staff and members of our community) with diabetes are happy, safe and participatory members of the school.

## Legislation

The school has a legal obligation to make reasonable adjustments for students with diabetes to enable them to participate in their education on the same basis as their peers, regardless of whether they are funded under the Program for Students with Disabilities.

## Definition/Administration of Glucagon or Insulin

**Type 1 Diabetes** is an auto immune condition and is the common form of diabetes in children and occurs when the pancreas is unable to make enough insulin. Insulin is a hormone, which allows the body to use glucose in the blood as energy. The glucose in the blood comes mainly from the food we eat and from stores in the liver and muscle. When a person has diabetes, the blood glucose level rises because of the lack of insulin and they become unwell with the symptoms of diabetes, which may include excessive thirst, excessive urination, weight loss and dehydration. Type 1 diabetes always requires insulin treatment. Without insulin treatment type 1 diabetes is potentially 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.

## 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. It is uncommon for blood glucose levels to be high, however this state should be avoided where possible and persistent high levels reported back to parents.

## 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 will 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.

## **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 by health professionals. 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. All administration will be documented in the student's Diabetes Management Plan.

## **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 will 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 will be documented in the student's Diabetes Management Plan.

## **School Implementation**

### **Communication and Diabetes Action Plan**

At enrolment or time of diagnosis the parents/carer should discuss their child's diabetes management with Principal or First Aid Officer/delegated staff member. Parents/carers are responsible for providing the school with a current Diabetes Management Plan/Diabetes Action Plan prepared specifically for their child by their treating medical team. The student's Diabetes Management Plan provides schools with all required information. Appropriate support will be given based-off this management plan which is kept in the front office. Parent's/carers should notify the school immediately with changes to the student's individual Diabetes Management Plan. Parents /carers are responsible for providing the school with the necessary equipment, medication, emergency hypo kit or treatment, as specified in the student's individual Diabetes Management Plan. A student's diabetes emergency management kit or 'Hypo Box' (which may include adequate supplies of glucose or suitable sugar products to prevent a hypoglycaemic reaction) will be kept in the student's individual medication box in the general office (juice kept in First aid fridge) and another kit with the student in the class room. The kit will always accompany the child on any camp or school excursion. Jelly beans will be kept in First aid kits that are taken off campus.

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. Open communication between the school and parents/carers and students is key to ensuring optimal diabetes management and student engagement. The school will 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. Compass, emails and phone calls to a nominated contact are communication methods that will be utilised.

Students whose parents indicate that they are capable of managing their own diabetes will be encouraged to do so. Those deemed capable of managing their own diabetes, those students will have to demonstrate in the school environment with a staff member that they have the ability to measure an insulin dose accurately or manage their pump, carry out blood glucose tests accurately, recognise the early signs of hypoglycaemic reactions and to take sugar when they occur, estimate their diet in portions if necessary, understand the need to take extra food before increased physical activity, and have meals and snacks on time consistent with their Diabetes Management Plan.

### **Staff continuity**

Staff will be briefed at the commencement of each year regarding any students living with diabetes and will be aware of their condition and needs. Teacher assigned to Diabetic student will be educated on student's management at the start of the year. Emergency diabetic card are carried in Yard duty bags. A communication book can be used to enable an effective means to relay health information and any health changes or concerns between home and school and record the daily blood glucose tests and Insulin that is required to be administered. Appropriate staff will receive professional development relating to diabetes and its management. All staff will complete an online DET diabetes training course annually.

### **Classroom Management and School Activities**

School staff will 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.

Camps, excursions and special events enhance self-esteem, promote confidence and independence and are an important part of school education. In general, the student should participate in all educational activities including excursions, swimming lessons, physical education, school camps and special consideration needs to be taken to

allow for blood testing, extra snacks and insulin bolus to ensure students with diabetes are not discriminated against. The school will make reasonable adjustments in order to enable the student to attend school activities. The student's Diabetes Management Plan will be reviewed before a student attends an excursion or camp. A specific Diabetes Camp Plan will be created by the student's treating medical team, in consultation with the parents/carers.

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. Extra caution will 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.

### **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.

### **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.

### **Links: Related policies**

[EPS First Aid](#)

[EPS Health Care Needs](#)

[EPS Administration of Medication](#)

### **Other resources**

[Caring for Diabetes in Children & Adolescents, Royal Children's Hospital](#)

[www.diabetesvic.org.au](http://www.diabetesvic.org.au)

[www.diabeteseducator.org](http://www.diabeteseducator.org)

### **Review period**

This policy was last updated on June 2020 and is scheduled for review on June 2023.