

DIABETES POLICY



Help for non-English speakers

If you need help to understand the information in this policy please contact Glendal Primary School.

PURPOSE

The purpose of this policy is to ensure that Glendal Primary School supports students with diabetes; developing and implementing support and management plans for students living with diabetes.

POLICY

- Glendal Primary School is required to ensure that students with type 1 diabetes have:
 - a current individual Diabetes Management Plan prepared by the student's treating medical team (provided by parents or carers)
 - a current Diabetes Action Plan prepared by the student's treating medical team (provided by parents or carers); and
 - a Student Health Support Plan, developed by the school in consultation with the parents or carers and where appropriate the student's treating medical team
 - a Medication Authority Form, detailing the medications required during regular school hours, the dose, administration and storage
- Schools have a legal obligation to consult with the student and parent or carers about the needs of the student and what reasonable adjustments must be made.
- The Principal will ensure the following training requirements:
 - all staff complete basic level training so they have an awareness of what type 1 diabetes is and how to respond safely to an emergency
 - that 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
- The Supporting Students with Type 1 Diabetes in Victorian Schools Guidelines (the Guidelines) in the Guidance tab provides principals and staff with additional assistance to support students with type 1 diabetes in Victorian government schools.

DETAILS

Diabetes is considered a disability under the Disability Standards for Education 2005 (Cth) and the Equal Opportunity Act 2010 (Vic).

Therefore schools have 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.

Children and young people with diabetes are no more likely to be sick than other young people and can generally be expected to do everything their peers do. However, at times they may need

additional support or special consideration to ensure they are able to participate in education and training on the same basis as other students.

Diabetes Management Plans

Upon enrolment or when a health care need, such as diabetes, is identified, Glendal Primary School in conjunction with parents or carers and the student's treating medical team, will develop a clear and tailored health support plan to support the student's individual health care needs.

Schools have a legal obligation to consult with the student and parents or carers about the needs of the student and what reasonable adjustments must be made.

Glendal Primary School will consult initially with parents or carers and on an ongoing basis through regular Student Support Groups or other meetings or methods of communication.

Diabetes Management Plans and Action Plans (with companion documents) must be completed and signed by the hospital treating team responsible for the student's diabetes care before being provided to the school by the student's parents or carers.

To ensure all relevant parties have been consulted and are in agreement with the stated plan of care for school the Diabetes Management Plan must be signed by the parent or carer; diabetes educator or doctor (specialist endocrinologist or paediatrician) and the Principal.

Glendal will develop a Student Health Support Plan in consultation with parents or carers when appropriate for the student and where appropriate the student's treating medical team.

Support to students

A student's individualised Diabetes Management Plan and Diabetes Action Plan documents the treatment prescribed by the diabetes treating team, to manage the condition throughout the school day and when blood glucose falls outside the normal range.

The Student Health Support Plan summarises how Glendal will implement these plans, including any reasonable adjustments the school will make to support students to participate fully at school.

These plans, once signed by the parents/carers and the Principal, authorise the school to provide the prescribed treatment and consent for the agreed supports to be put into place.

Responsible Staff members voluntarily agree to take on responsibility for supporting students with type 1 diabetes, as documented in the Diabetes Management Plan, Diabetes Action Plan and the Student Health Support Plan. This role is held by staff members who have regular oversight of the student at school and a close relationship, including the Classroom Teacher, School Nurse and First Aid Officer (at least three staff).

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 Blood Glucose Levels (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.

Staff training

The Principal must:

- ensure all staff are aware of which students have type 1 diabetes, have a basic understanding of diabetes and know how to safely respond in an emergency
- ensure a sufficient number of Responsible Staff are trained, capable and available daily to provide the treatment prescribed in a student's individual Diabetes Management Plan and Diabetes Action Plan
- fund and facilitate professional development for school staff, appropriate to a student's individual needs.

All staff need:

- a basic understanding of type 1 diabetes and how to respond in an emergency. Glendal Primary School uses the Diabetes Victoria Diabetes at School online education package that can be accessed by all school staff. The 3 to 5-minute, self-directed learning modules help to ensure that all school staff understand type 1 diabetes and how it impacts on a student's day to day life, provide knowledge about how to respond appropriately to students experiencing hypoglycaemia and hyperglycaemia and information about Diabetes Action and Management plans.

Responsible staff must:

- undertake appropriate training to develop confidence and competence to provide the treatment prescribed in the Diabetes Management Plan and Diabetes Action Plan

Impact at school

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 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 will not be an ongoing issue.

Strategies

Monitoring Blood Glucose Levels (BGLs)

The management of diabetes depends on balancing 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 to parents or carers. Depending on the student's age, a communication book can be used to provide information about the student's change in BGLs between parents or carers and Glendal.

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 (Vic) 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 $<4.0\text{mmol/L}$, or when an ambulance is greater than 30 minutes away.

It is the Principal's responsibility to decide how many staff need to be trained in glucagon administration, but they must ensure that there will be enough trained staff in the school 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 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 must be documented in the Student Health Support Plan.

If insulin is administered at school, the student's parents or carers must provide clear advice regarding the dose and timing as per the Diabetes Management Plan and covered off in the Medication Authority Form.

The student's parents or carers should ensure instructions in these plans are updated as circumstances or health requirements change.

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 or child one device, disposable lancets and syringes and the safe disposal of all medical waste.

Activities, special events, school camps and excursions

Students with diabetes can generally participate fully in camps, excursions and special events. Glendal Primary School will make reasonable adjustments to enable the student to attend activities including excursions and camps.

- The student's Health Support Plan will be reviewed before a student attends an excursion or camp and a specific diabetes camp plan must be created by the student's treating medical team, in consultation with the parents or 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 or 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
- Glendal will develop risk assessment plans in consultation with the student's parents or carers that identify foreseeable risks and provide reasonable steps to minimise and manage those risks. The plan must 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.

In providing food in the event of camps or other special events, Glendal will make reasonable adjustments must be made to allow students with diabetes to participate. A discussion with the parents or carers prior to the event, camp or excursion is recommended to develop an appropriate response for each case.

Classroom Management and Special Activities

Glendal 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 no food-based rewards or class parties and providing alternatives for food based curriculum activities (such as cooking and Science experiments) to improve safety for students with diabetes. No food sharing is permitted at Glendal, and this 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 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.

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 unusual 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 will 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.

Staff continuity

Consideration will 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.

DEFINITIONS

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.

Hypo kit

Includes prescribed fast-acting and slow-acting carbohydrates and is easily accessible by students and staff for prompt treatment of hypoglycaemia in line with the Diabetes Action Plan.

Type 1 diabetes

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.

COMMUNICATION

This policy will be communicated to our school community in the following ways:

- Included in staff induction and child safety training processes
- Discussed at staff briefings/meetings as required
- Included in our staff handbook/manual
- Made available in hard copy from the school administration upon request

POLICY REVIEW AND APPROVAL

Policy last reviewed	August, 2022
Consultation	School Council
Endorsed by	The Principal
Next scheduled review date	August, 2024