

## Diabetes Policy

### Policy Statement

Croydon Hills Primary School strives to ensure the safety and wellbeing of children who are diagnosed with diabetes, and is 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.

### Rationale

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 (see sample in appendix 2). 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 break times and there is a testing kit in the area 1 yard duty bag.
- 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 service.
- 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 service 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 (see sample in appendix 4).

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

## Review

As part of the school's cyclic review or if needs change.

## Definitions

The terms defined in this section relate specifically to this policy. For commonly used terms e.g. Approved Provider, Nominated Supervisor, Regulatory Authority etc. refer to the *General Definitions* section of this manual.

**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: 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 communication book/ record diary

Type of insulin: Humalog Novorapid Apidra

## Physical Activity

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 \_\_\_\_\_

Family Name (please print) First name (please print)

Health Professional

\_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

## Appendix 2: Diabetes Risk Minimisation Plan

Date of Assessment \_\_\_\_\_

(1) **Who is the child?**

|                  |
|------------------|
| Child's name:    |
| Date of birth:   |
| Type of diabetes |

**Does everyone recognise the at risk child?**

**List the strategies for ensuring all staff, including relief staff and family volunteers recognise the child**

**State where the at risk child's Diabetes Management Plan is displayed**

**Do families and staff know how the school manages the risk of Diabetes?**

**Croydon Hills Primary School's Diabetes policy is available to peruse – have you looked at it?**

Date: -

**Record when the families provide a copy of the *Diabetes Management Plan* and**

Date: -

**Record when the families and staff become aware of where the *insulin* is stored for the at risk child**

Date: -

Date: -

Parent/guardian's Signature: -

## Diabetes Risk Minimisation Assessment

Name of person completing the risk assessment: -

Position in organisation: -

Date assessment completed: -

Risk Assessment Matrix.

How to use the risk assessment tool

1. Identify the risk: Consider what can go wrong
2. Determine how bad the outcome would be if it occurred: Consequence
3. Determine how probably it is to happen: Likelihood.
4. Calculate the level of risk using the table below.

### Consequence

| Likelihood     | Catastrophic | Major | Moderate | Minor | Insignificant |
|----------------|--------------|-------|----------|-------|---------------|
| Almost certain | E            | E     | H        | H     | H             |
| Likely         | E            | H     | H        | H     | M             |
| Possible       | H            | H     | M        | M     | M             |
| Unlikely       | H            | M     | M        | M     | L             |
| Rare           | M            | M     | L        | L     | L             |

E= Extreme Risk

H= High Risk

M= Medium Risk

L= Low Risk

*The following strategies will be implemented during the following possible scenarios/risks that will assist the child where a diabetes related event occurs.*

| Risk<br>What are the issues and/or the actual/potential situations that could add to the risk of a reaction occurring? | Strategy<br>What can be done about these risks? What resources do you need? What is the time frame for this to occur? | Who is Involved<br>Parent/guardians, Teachers, Children?<br>Why? |
|--|---|--|
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|  |   |  |
|  |   |  |

Please note that this list above is in no way conclusive and will be reviewed as the need arises.



## Appendix 3: Strategies for the management of diabetes in children

| Strategy                                       | Action  |
|--|---|
| <b>Monitoring of blood glucose (BG) levels</b> | <p>Checking of blood glucose (BG) levels is performed using a blood glucose meter (refer to <i>Definitions</i>) and a finger pricking device. The child's diabetes management plan should state the times that BG levels should be checked, the method of relaying information to parent/guardians/guardians about BG levels and any intervention required if the BG level is found to be below or above certain thresholds. A communication book can be used to provide information about the child's BG levels between parent/guardians/guardians and the service at the end of each session.</p> <p>Checking of BG occurs at least four times every day to evaluate the insulin dose. Some of these checks may need to be done while a child is at the service – at least once, but often twice. Routine times for testing include before meals, before bed and regularly overnight.</p> <p>Additional checking times will be specified in the child's diabetes management plan. These could include such times as when a 'hypo' is suspected.</p> <p>Children are likely to need assistance with performing BG checks. Parent/guardians/guardians should be asked to teach service staff about BG testing.</p> <p>Parent/guardians/guardians are responsible for supplying a blood glucose meter, in-date test strips and a finger pricking device for use by their child while at the service.</p> |
| <b>Managing hypoglycaemia (hypos)</b>          | <p>Hypos or suspected hypos should be recognised and treated promptly, according to the instructions provided in the child's diabetes management plan.</p> <p>Parent/guardians/guardians are responsible for providing the service with oral hypoglycaemia treatment (hypo food) for their child in an appropriately labelled container.</p> <p>This hypo container must be securely stored and readily accessible to all staff.</p>  |
| <b>Administering insulin</b>                   | <p>Administration of insulin during service hours is unlikely to be required; this will be specified in the child's diabetes management plan.</p> <p>As a guide, insulin for service-aged children is commonly administered: twice a day: before breakfast and dinner at home by a small insulin pump worn by the child.</p> <p>Should a student whose health condition(s) requires additional care and attention during school/kindergarten hours, consultation is required with the parent/guardians/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.</p> <p>Students may need assistance from parent/guardians/guardians or a designated school staff member to administer pen insulin</p>  |
| <b>Managing ketones</b>                        | <p>Children on an insulin pump will require ketone testing when their BG level is &gt;15.0 mmol/L.</p>  |

|  |   |
|--|---|
|  | Staff must notify parent/guardians if the ketone level is >0.6 mmol/L (refer to the child's diabetes management plan).  |
| <b>Activities including excursions and camps</b> | <p>With good planning students should be encouraged to participate in all school sanctioned activities including excursion and camps.</p> <p>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.</p> <p>Consideration should be given to the student's ability to self-manage their diabetes i.e. BG tests, insulin etc. If needed a parent/guardian/carer or designated school staff will need to attend the camp to assist the student.</p> <p>The school should receive any extra medical information by the parent/guardians completing the Department's Confidential Medical Information for School Council Approved School Excursions form</p> |
| <b>Off-site excursions and activities</b>        | <p>With good planning, children should be able to participate fully in all service activities, including attending excursions.</p> <p>The child's diabetes management plan should be reviewed prior to an excursion, with additional advice provided by the child's diabetes medical specialist team and/or parent/guardians/guardians, as required.</p>  |
| <b>Infection control</b>                         | Infection control procedures must be developed and followed. Infection control measures include being informed about ways to prevent infection and cross-infection when checking BG levels, handwashing, having one device per child and not sharing devices between individuals, using disposable lancets and safely disposing of all medical waste.   |
| <b>Timing meals</b>                              | <p>Most meal requirements will fit into regular service routines.</p> <p>Children with diabetes require extra supervision at meal and snack times to ensure that they eat all their carbohydrates. If an activity is running overtime, children with diabetes <u>cannot have delayed meal times. Missed or delayed carbohydrate is likely to induce hypoglycaemia (hypo).</u></p>   |
| <b>Physical activity</b>                         | <p>Exercise should be preceded by a serve of carbohydrates.</p> <p>Exercise is not recommended for children whose BG levels are high, as it may cause BG levels to become more elevated.</p> <p>Refer to the child's diabetes management plan for specific requirements in relation to physical activity.</p>   |
| <b>Participation in special events</b>           | <p>Special events, such as class parties, can include children with type 1 diabetes in consultation with their parent/guardians/guardians.</p> <p>Services should provide food and drink alternatives when catering for special events, such as low sugar or sugar-free drinks and/or sweets. This should be planned in consultation with parent/guardians/guardians.</p>   |
| <b>Communicating with parent/guardians</b>       | <p>Services should communicate directly and regularly with parent/guardians/guardians to ensure that their child's individual diabetes management plan is current.</p> <p>Services should establish a mutually agreeable home-to-service means of communication to relay health information and any health changes or concerns.</p> <p>Setting up a communication book is recommended and, where appropriate, make use of emails and/or text messaging.</p>   |



## Appendix 4: blood glucose test authorisation and record form

### BLOOD GLUCOSE TEST AUTHORISATION FORM

I.....(parent's name) give permission for the staff at Croydon Hills Primary to complete blood glucose testing on my

child..... (Child's name) as deemed necessary.

Signed.....

Date.....

### Blood glucose test record form

| Date: | Time: | Blood Glucose level: | Action required: | Educators Name and signature: | Checked by: Educators name and signature | Parent Signature: | Any additional information: |
|-------|-------|----------------------|------------------|-------------------------------|--|-------------------|-----------------------------|
|       |       |                      |                  |                               |  |                   |                             |
|       |       |                      |                  |                               |  |                   |                             |
|       |       |                      |                  |                               |  |                   |                             |