

# DIABETES ACTION PLAN 2019 SCHOOL SETTING

Use in conjunction with Diabetes Management Plan. This plan should be reviewed every year.

## Twice daily injections

### LOW Hypoglycaemia (Hypo)

Blood Glucose Level (BGL) less than **4.0 mmol/L**

**SIGNS AND SYMPTOMS** Pale, headache, shaky, sweaty, dizzy, drowsy, changes in behaviour

**Note:** Symptoms may not always be obvious

**DO NOT LEAVE STUDENT ALONE  
DO NOT DELAY TREATMENT**

**Student conscious**  
(Able to eat hypo food)

**Student unconscious  
/ drowsy**  
(Risk of choking /  
unable to swallow)

**Step 1: Give fast acting  
carbohydrate**  
e.g.  
\_\_\_\_\_

**First Aid DRSABCD**  
Stay with unconscious  
student

**Step 2: Recheck BGL  
in 15 mins**

- If BGL less than 4.0, repeat **Step 1**
- If BGL greater than or equal to 4.0, go to **Step 3**

**CALL AN  
AMBULANCE  
DIAL 000**

**Step 3: Give sustaining  
carbohydrate**  
e.g.  
\_\_\_\_\_

**Contact parent/carer**  
when safe to do so

### HIGH Hyperglycaemia (Hyper)

Blood Glucose Level (BGL) greater than or equal to **15.0 mmol/L**

**SIGNS AND SYMPTOMS** Increased thirst, extra toilet visits, poor concentration, irritability, tiredness

**Note:** Symptoms may not always be obvious

**HIGH BGLs ARE COMMON**

**Student well**  
Re-check BGL in 2 hours

**Student unwell**  
eg. vomiting  
Check blood ketones  
(if able)

**Encourage oral fluids,  
return to class**  
1-2 glasses water per  
hour; extra toilet visits  
may be required

If greater than  
or equal to 1.0 mmol/L  
**CONTACT PARENT/  
CARER TO COLLECT  
CHILD ASAP**

In 2 hours, if BGL still  
greater than or equal  
to 15.0,  
**CALL PARENT/CARER  
FOR ADVICE**

**IF UNABLE TO CONTACT  
PARENT/CARER  
CALL AN  
AMBULANCE  
DIAL 000**

STUDENT'S NAME

DATE OF BIRTH GRADE / YEAR

NAME OF SCHOOL

**INSULIN** will be given before breakfast, at  
 Home  Before-school care  
 Please make sure **all** carbohydrate food is eaten  
 at snack and main meal times.

#### THIS STUDENT IS WEARING

- Continuous Glucose Monitoring (CGM)
- Flash Glucose Monitoring (FGM)

#### ROUTINE BGL CHECKING TIMES

**These are still required if student is using CGM/FGM**

- Anytime, anywhere in the school
- Before main meal
- Anytime hypo is suspected  
 Confirm sensor glucose hypo reading
- Before physical education / sport
- Before exams or tests (e.g. NAPLAN)

#### PHYSICAL EDUCATION / SPORT

- 1 serve of sustaining carbohydrate food before every 30 mins of planned activity.
- Vigorous activity should **not** be undertaken if BGL is greater than or equal to 15.0 **and** blood ketones are greater than or equal to 1.0.

**PARENT / CARER NAME** \_\_\_\_\_

**CONTACT NO.** \_\_\_\_\_

**OTHER CONTACT NAME & NO.** \_\_\_\_\_

**TREATING MEDICAL TEAM** \_\_\_\_\_

**CONTACT NO.** \_\_\_\_\_

**DATE** \_\_\_\_\_

## DIABETES MANAGEMENT PLAN 2019 SCHOOL SETTING

Use this plan in conjunction with Diabetes Action Plan. This plan should be reviewed and updated at least once per year or if insulin delivery regimen changes. Please tick appropriate boxes

### INSULIN ADMINISTRATION

This student is on two injections of insulin per day. Therefore, ALL carbohydrate food must be eaten at regular times throughout the day.

- The student will have their injections at home before breakfast and before the evening meal

The student will have an injection of insulin prior to breakfast

- At home       At before-school care

STUDENT'S NAME

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DATE OF BIRTH

GRADE / YEAR

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NAME OF SCHOOL

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### EMERGENCY MANAGEMENT

Please see the Diabetes Action Plan for the the treatment of **severe hypoglycaemia** (hypo).

The student should not be left alone and requires adult supervision until hypoglycaemia has resolved.

**DO NOT** attempt to give anything by mouth or rub anything onto the gums as this may lead to choking.

**If the school is located more than 30 minutes from a reliable ambulance service, then staff should discuss Glucagon injection training with the student's Diabetes Treating Medical Team.**

## BLOOD GLUCOSE CHECKING

Is the student able to do their own blood glucose check independently

Yes  No

If NO, the responsible trained staff needs to

Do the check  Assist  Observe  Remind

Name/s of responsible trained staff to check Blood Glucose Levels (BGLs):

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Blood glucose levels will vary day to day and be dependent on a number of factors such as:

- Insulin dose
- Excitement / stress
- Age
- Growth spurts
- Type/quantity of food
- Level of activity
- Illness/ infection

Target range for blood glucose levels (BGLs): **4-8 mmol/L**

**BGL results outside of this target range are common.**

Further action is required if BGL is less than 4.0 mmol/L or greater than or equal to 15.0 mmol/L. Refer to Diabetes Action Plan.

If the meter reads '**LO**' this means the BGL is too low to be measured by the meter – follow hypoglycaemia (Hypo) treatment on Diabetes Action Plan.

If the meter reads '**HI**' this means the BGL is too high to be measured by the meter – follow hyperglycaemia treatment on Diabetes Action Plan.

**Prior to BGL checking, ensure student has washed and dried their hands.**

**TIMES TO CHECK BGLS** (tick all those that apply)

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> Anytime, anywhere | <input type="checkbox"/> Anytime hypo suspected                 |
| <input type="checkbox"/> Before snack                 | <input type="checkbox"/> When feeling unwell                    |
| <input type="checkbox"/> Before lunch                 | <input type="checkbox"/> Before exams/tests                     |
| <input type="checkbox"/> Before activity:             | <input type="checkbox"/> Beginning of after-school care session |
|   | <input type="checkbox"/> Other routine times – please specify:  |

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### PLEASE NOTE

**Blood glucose checking should be available where the student is, whenever needed.**

**Blood glucose checking should not be restricted to the sick bay.**

## KETONE CHECKING

Blood ketone check  Urine ketone check

Check if the student is

unwell **and** has a BGL greater than or equal to 15.0 mmol/L

Follow hyperglycaemia treatment on Diabetes Action plan

## INTERSTITIAL SENSOR GLUCOSE MONITORING

Some students will be using a sensor to measure interstitial glucose levels.

A glucose reading from Continuous Glucose Monitoring (CGM) or Flash Glucose Monitoring (FGM) can differ from a finger prick blood glucose reading during times of rapidly changing glucose levels e.g. eating, after insulin administration, during exercise.

Therefore suspected **LOW** or **HIGH** sensor glucose readings must be confirmed by a finger prick blood glucose check.

Hypo treatment is based on a blood glucose finger prick result.

- Refer to Continuous Glucose Monitoring (CGM) section
- Refer to Flash Glucose Monitoring (FGM) section

## ■ Continuous glucose monitoring (CGM)

Some students will attend school wearing a continuous glucose monitoring (CGM) device.

Parents /carers are the primary contact for any questions regarding CGM use.

While these devices provide additional information on glucose trends, they are not compulsory management tools.

Staff are not expected to do more than the current routine diabetes care as per the student's Diabetes Action and Management plans.

It is not necessary for staff to put CGM apps on their computer, smart phone, or carry receivers.

CGM consists of a small sensor that sits under the skin and measures glucose levels in the fluid surrounding the cells (interstitial fluid).

A transmitter sends data to either a receiver, phone app or insulin pump.

Some CGM devices can be monitored remotely by family members.

CGM devices can be programmed to alarm if glucose levels go below or above set targets.

If the sensor/transmitter falls out, staff are required to keep it in a safe place to give to parents/carers.

The sensor can remain on the student during water activities.

### **CGM ALARMS**

**CGM alarms may be 'on' or 'off'.**

If 'on' the CGM will alarm if interstitial glucose is less than 4.0mmol/L.

**ACTION:** Check finger prick blood glucose level (BGL) and if less than 4.0mmol/l, treat as per Diabetes Action Plan.

**Alerts for high glucose levels or in response to changing glucose trends are not recommended in this setting.**

### **THE STUDENT HAS A**

- **Guardian Connect** This system uses a sensor, transmitter and smart phone app.
- **Dexcom G4** This system uses a sensor, transmitter and dedicated receiver.
- **Dexcom G5** This system uses a sensor, transmitter, insulin pump receiver or smart phone app.

## ■ Flash glucose monitoring (FGM)

This system uses a sensor, and reader (which can also be used as a blood glucose / ketone meter).

Some students will attend the centre wearing a flash glucose monitoring (FGM) device.

Parents /carers are the primary contact for any questions regarding FGM use.

While these devices provide additional information on glucose trends, they are not compulsory management tools.

Staff are not expected to do more than the current routine diabetes care as per the student's Diabetes Action and Management Plans.

FGM consists of a small sensor that sits on the upper outer arm and measures glucose levels in the fluid surrounding the cells (interstitial fluid). The device will only give the wearer a glucose reading when the sensor disk is scanned.

This device does not have alarm settings but trend arrows for high or low glucose levels.

If the sensor/transmitter falls out, staff are required to keep it in a safe place to give to parents/carers.

The sensor is water resistant for 30 minutes to a depth 1 meter of water.

## HYPOGLYCAEMIA (HYPO) TREATMENTS

- All hypo treatment foods should be provided by parent/carer.
- Ideally, packaging should be in serve size bags or containers and labelled as **fast acting carbohydrate** food and **sustaining carbohydrate** food.
- Please use one of the options listed below:

FAST ACTING CARBOHYDRATE FOOD	AMOUNT TO BE GIVEN

SUSTAINING CARBOHYDRATE FOOD	AMOUNT TO BE GIVEN

If a student requires more than two (2) consecutive fasting acting carbohydrate treatments, as per their Diabetes Action plan, call the student's parent/carer or the student's Diabetes Treating Medical team, for further advice.

## EATING AND DRINKING

- The student should not go for longer than 3 hours without eating a carbohydrate meal or snack.
- Younger students will require supervision to ensure all food is eaten.
- The student should not exchange food/meals with another student.
- Seek parent/carer advice regarding appropriate foods for parties/celebrations that are occurring at school.
- Allow access to drinking water and toilet at all times (high glucose levels can cause increased thirst and urination).

Does the student have coeliac disease?  No  Yes\*

\*Seek parent/carer advice regarding appropriate foods and hypo treatments

## PHYSICAL ACTIVITY

- Physical activity **may lower** glucose levels.
- The student may require an extra serve of carbohydrate food before every 30 minutes of planned physical activity or swimming.

PHYSICAL ACTIVITY CARBOHYDRATE FOOD TO BE USED	AMOUNT TO BE GIVEN

- Vigorous activity should **not** be undertaken if BGL is greater than or equal to 15.0 mmol/L **and** blood ketones are greater than or equal to 1.0 mmol/L.
- Physical activity should not be undertaken if BGL less than 4.0 mmol/L. (refer to the Diabetes Action plan for hypo treatment).
- A blood glucose meter and hypo treatment should always be available.

## EXCURSIONS

**It is important to plan ahead for extracurricular activities and staff/parents/carers to discuss well in advance of the excursion.**

Consider the following:

- Ensure blood glucose meter, blood glucose strips, blood ketone strips, hypo and activity food are readily accessible during the excursion day.
- Diabetes care is carried out as usual during excursions.
- Always have hypo treatment available.
- Additional adult supervision will be required for swimming and other sporting activities (especially for younger students).

## CAMPS

**It is important to plan ahead for school camps and consider the following:**

- Parents/carers need to be informed of any school camps at the beginning of the year.
- A separate and specific Diabetes Camp Management Plan is required.
- The student's Diabetes Treating Medical Team will prepare the Camp Management Plan and require at least 4 weeks' notice to do so.
- Parents/carers will need to be provided with a copy of the camp menu and activity schedule for preparation of this plan.
- At least 2 responsible staff attending the camp should have a general understanding of type 1 diabetes and the support that the student requires to manage their condition for the duration of the camp.
- School staff will need to discuss any training needs at least 4 weeks before the camp with the student's parents/carers or Diabetes Treating Medical Team. In particular, should school staff be required to either administer or supervise insulin injections, when on camp.
- If the camp location is more than 30 minutes from a reliable ambulance service, school staff attending the camp should discuss the need for Glucagon injection training at least 4 weeks before the camp with the student's Diabetes Treating Medical Team.

## EXAMS

- BGL should be checked before an exam.
- BGL should be greater than 4.0 mmol/L before exam is undertaken.
- Blood glucose meter, monitoring strips, hypo treatments and water should be available in the exam setting.
- Continuous Glucose Monitoring (CGM) or Flash Glucose Monitoring (FGM) devices should be available in the exam setting, if being used.
- Considerations for extra time, if a hypo occurs or for toilet privileges, should be discussed in advance.
- Applications for special consideration for the Victorian Certificate of Education (VCE) exams should be submitted at the beginning of year 11 and 12 — check Victorian Curriculum and Assessment Authority (VCAA) requirements.

## EXTRA SUPPLIES

### PROVIDED FOR DIABETES CARE AT THE SCHOOL

- Insulin and syringes/pens/pen needles
- Finger prick device
- Blood glucose meter
- Blood glucose strips
- Blood ketone strips
- Urine ketone strips
- Sharp container
- Hypo food
- Sport/activity food

## AGREEMENTS

I have read, understood and agree with this plan. I give consent to the school to communicate with the Diabetes Treating Medical Team about my child's diabetes management at school.

### PARENT/CARER

NAME

\_\_\_\_\_  
FIRST NAME (PLEASE PRINT)

\_\_\_\_\_  
FAMILY NAME (PLEASE PRINT)

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

### DIABETES TREATING MEDICAL TEAM

NAME

\_\_\_\_\_  
FIRST NAME (PLEASE PRINT)

\_\_\_\_\_  
FAMILY NAME (PLEASE PRINT)

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

### SCHOOL REPRESENTATIVE

NAME

\_\_\_\_\_  
FIRST NAME (PLEASE PRINT)

\_\_\_\_\_  
FAMILY NAME (PLEASE PRINT)

ROLE  Principal

Vice principal

Other (please specify) \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE