

DIABETES

POLICY

Purpose of this policy

To ensure that schools support students with diabetes, and to provide advice for schools as they develop and implement support and management plans for students living with diabetes.

Policy

Upon enrolment or when a health care need is identified, schools in conjunction with parents/carers and treating medical team are required to develop a clear and tailored health management plan to support the student's individual health care needs. Schools have a legal obligation to consult with the student and parents/carers about the needs of the student and what reasonable adjustments must be made.

All schools are required to ensure that students with Type 1 diabetes have:

1. A current individual Diabetes Management Plan prepared by a student's treating medical team (provided by parents/carers)
2. A current Diabetes Action Plan
3. A Student Health Support Plan, developed by the school in consultation with the parents/carers and where appropriate the student's treating medical team, see: Health Support Planning Forms.

These documents must be completed in line with requirements as listed under **Diabetes Management Plan** below.

Principals must also ensure that the Department's policy requirements and advice is met.

The following lists a range of advice provided below:

Legislative and Medical Context

Definitions

Diabetes Management Plans

Staff Training and Support to Students

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Legislative and Medical Context

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 is considered a disability under the relevant federal and state anti-discrimination laws. 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.

An example of a reasonable adjustment could be having an appropriately trained aide administer insulin where a student is unable to self-administer safely. In addition, schools have an ongoing duty of care obligation to their students to take reasonable steps to reduce the risks of reasonably foreseeable injury.

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 controlled 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.

Hypoglycemia (Hypo) – Low blood glucose

Hypoglycemia occurs when the blood glucose level drops below a normal level. Hypoglycemia 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.

Hyperglycemia (Hyper) – High blood glucose

Hyperglycemia is a condition in which the blood glucose increases above the normal level. Hyperglycemia 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.

Diabetes Management Plans

Diabetes Management Plans, action plans and companion documents can be obtained via Diabetes Australia – Victoria (DA-Vic) and must be completed by the hospital treating team responsible for the student's diabetes care before being presented to the school by the student's parents/carers, see: Diabetes Australia – Victoria

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

The school must develop a school health support plan in consultation with parents/carers when appropriate for the students and where appropriate the student's treating medical team.

Forms, templates and guides are available at:

Health Support Planning Forms (including the Student Health Support Plan)

Diabetes Australia - Victoria (including the Diabetes Management Plan and the Diabetes Action Plan)

Staff Training and Support to Students

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.

Principals must make reasonable adjustments for students with diabetes and take reasonable steps to prevent reasonably foreseeable risks of injury.

These reasonable adjustments are likely to include:

determining any additional arrangements required to assist each student, in accordance with the student's Health Support Plan

assessing staff training requirements based on individual student needs

ensuring staff undertake appropriate diabetes education. *This includes:*

general education for all school staff

specific training for staff closely involved with students with diabetes

targeted support for younger student who require assistance to manage their diabetes

ensuring training is up-to-date and appropriate in light of any changes to a student's Health Support Plan

At enrolment or at the time of diagnosis, the parents/carers should discuss their child's diabetes management and support needs with the principal or delegated officer.

When the school knows that certain students have diabetes, staff (including relief staff) need to know enough about diabetes to ensure the safety of those students.

Training seminars for teachers (pre-school, primary and secondary) and school support staff are held regularly by Diabetes Australia (Vic), see: Diabetes Australia - Victoria. Note: For details on upcoming sessions, see: Diabetes at school and preschool 2014

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 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

This table describes the different ways schools can support students in managing diabetes and make reasonable adjustments to enable students to participate in their education on the same basis as their peers who don't have diabetes.

Strategy

Description

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 BG checks independently.

Student's Diabetes Management Plans 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 testing, however each case must be assessed individually and younger children may need some assistance or supervision.

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 nominated school 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. See: Staff Training and Support to Students

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.

Monitoring Blood Glucose Levels (BGLs)

Administering Insulin

Strategy

Description

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 in school because of a concern about being different. This can lead to medical complications, poor concentration and focus as well as problems such as social isolation, absenteeism, anxiety or depression.

Communication

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.

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.

Activities, Special Events, School Camps and Excursions

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 parent(s)/carer(s). 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 parent(s)/carer(s) 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.

Strategy

Description

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.

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.

Physical Activity

Exercise is not recommended during poor diabetes control periods and 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 blood glucose levels may increase the risk of drowning. Refer to the student's Diabetes Management Plan and Diabetes Action Plan.

See: Swimming Supervision and Water Safety in Related policies

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.

***Specialist Classes
and
Yard Duty
Evaluation:***

Yard Duty First aid packs will be equipped with individual diabetes test kits.

Students with diabetes will take their test kit to all specialist classes.

This policy was last ratified by School Council on....

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