

Bundoora Primary School Policy Manual	Diabetes	Date: September 30, 2021
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PURPOSE

The purpose of this policy is 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.

OBJECTIVE

To explain to Bundoora Primary School parents/carers, staff, and students the processes and procedures in place to support students diagnosed with diabetes.

SCOPE

This policy applies to:

- all staff, including casual relief staff, contractors, and volunteers
- all students who have been diagnosed with diabetes or who may require emergency treatment for diabetes and their parents/carers.

POLICY

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.

An example of a reasonable adjustment could be having an appropriately trained person 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 harm. Schools should refer to the Diabetes Guidelines in the guidance tab for further information on reasonable adjustments for students with diabetes.

Diabetes Management Plans

Upon enrolment or when a health care need, such as diabetes, is identified, schools in conjunction with parents or carers and the student's treating medical team are required to 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.

Schools should 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 agree 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 preschool or school principal or head teacher.

The school must 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, to be completed by the school, summarises how schools 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 school representative, 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. Ideally this role is held by staff members who have regular oversight of the student at school and a close relationship. This could be the classroom or homeroom teacher, school nurse or student welfare coordinator, assistant principal, or office administrator.

It is recommended that at least three people on staff hold the role of Responsible Staff member to allow for staff absences. The principal cannot compel a staff member to become a Responsible Staff member. It is a voluntary role.

For the student health support planning process to be most effective, schools should work closely with families to plan, implement and review agreed strategies to support students to participate fully at school. To achieve this, a focus on communication, training, treatment, and reasonable adjustments is recommended. Refer to [Guidance](#) tab for further information.

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

Principals 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 enough 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. It's recommended that schools use 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 will 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

Additional resources are also available on the [Resources](#) tab for staff wanting to further their knowledge of type 1 diabetes.

Training seminars for teachers and school support staff to develop confidence and competence in supporting students with diabetes and in implementing a student's Diabetes Management Plan and Diabetes Action Plan are held regularly by Diabetes Victoria. For details on upcoming sessions, refer to: [Professional Development](#).

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 will not be an ongoing issue.

Strategies

This section 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.

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 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 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. Therefore, 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 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 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

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 to enable the student to attend activities including excursions and camps.

- The student's Health Support Plan must 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 aid 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.
- Schools must 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.

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 or 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 engage in education and related activities fully and safely.

Strategies include restricting food-based rewards, ensuring suitable food or 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 food sharing between students 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 must 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 must be communicated to all supervising staff. All supervising staff must understand that students with diabetes cannot delay mealtimes 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.

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
- permission to leave the room under supervision.

Exam support for students with Type 1 diabetes includes schools ensuring that they consider the Special Entry Access Scheme in consultation with the student. For Year 11 and 12 students this should be done at the beginning of the VCE year.

Note: While most students with type 2 diabetes will not require additional adjustments, there may be some students with type 2 diabetes who require this extra support. Parents or carers may request further information from the student's treating medical team.

For more information, refer to [VCAA Special Provision](#)

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.

DEFINITIONS

Annual Risk Management Checklist

A tool for schools to review support processes and manage risks for students with type 1 diabetes. Refer to [Resources](#) tab for this checklist.

Diabetes Action Plan

A tailored plan written by the student's diabetes treating team for the urgent management of blood glucose highs and lows outside their target range.

Diabetes Management Plan

A tailored plan written by the student's diabetes treating team prescribing type 1 diabetes management needs during school hours.

Diabetes treating team

The team of health professionals responsible for prescribing and overseeing treatment in the Diabetes Management and Diabetes Action Plans. The team may include an endocrinologist, paediatrician, dietitian, credentialed diabetes educator, social worker, mental health professional or general practitioner.

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.

Medication Authority Form

This form should be completed by the student's medical or health practitioner. It details medications required during regular school hours, specifying the dose, how it is to be administered and storage.

Personal liability of school employees

The Department of Education and Training policy clarifying protections for teachers and other school employees against legal proceedings concerning personal injuries of students.

Responsible staff

Agree to undertake training and provide treatment and support to students with type 1 diabetes as outlined in the Diabetes Management Plan, Diabetes Action Plan and Student Health Support Plan.

Student Health Support Plan

A plan that outlines how the school will support a student's health care needs and adjust support their full participation in school life. An individualised plan must be developed in consultation with parents or carers and students (where applicable) for all students with type 1 diabetes. The Student Health Support Plan is based on health advice received from the student's diabetes treating team.

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 processes
- Available publicly on our school's website
- Available publicly on Compass
- Included in transition and enrolment packs
- Included as annual reference in school newsletter
- Included in our staff handbook/manual
- Discussed at staff briefings/meetings as required
- Discussed at parent information nights/sessions
- Made available in hard copy from school administration upon request

SUMMARY

- For each student diagnosed with epilepsy, schools must have in place:
 - [Student Health Support Plan](#) — outlining the school's role in supporting the student's health needs (including epilepsy)
 - [Medication Authority Form](#) — for a student who requires regular (non-emergency) medication(s) to be administered at school and ensure a log is kept of any medicine administered
 - [Epilepsy Management Plan](#) — signed by the treating doctor and provided to the school by the student's parents/carers
 - [Emergency Medication Management Plan](#) (if required) — signed by a doctor and provided by the student's parents/carers
- Schools must refer to the [Guidance](#) tab for further advice on the management of students with epilepsy and for students who have a seizure.
- All relevant school staff who work directly with a student with epilepsy are required to receive training in:
 - Epilepsy: An Introduction to Understanding and Managing Epilepsy (one hour eLearning module) or a suitable equivalent delivered by a recognised epilepsy provider
 - as required — Epilepsy: Administration of Emergency Medication Parts 1 (theory) & Part 2 (practical) or a suitable equivalent delivered by a recognised epilepsy provider
- For each student that has been prescribed emergency medication, an up-to-date individual emergency medication kit must be easily accessible.
- Schools must provide a first aid response and post seizure support when a student has a non-epileptic seizure event. This includes preventing them from injuring themselves and staying with them until the seizure has finished. An ambulance should be called if the seizure lasts for more than 5 minutes, or if the person is unresponsive for more than 5 minutes.
- Schools should call an ambulance immediately if:
 - you do not know the student
 - it is the student's first seizure
 - there is no epilepsy management plan
 - a serious injury has occurred
 - the seizure occurs in water
 - you have reason to believe the student may be pregnant
 - other factors outlined on the epilepsy management plan are occurring

FURTHER INFORMATION AND RESOURCES

The Department's Policy and Advisory Library (PAL):

- [Medication Policy](#)
- [First Aid for Students and Staff Policy](#)

Our School policies and documents:

- First Aid

- Medication Authority Form
- Medication Administration log

POLICY REVIEW AND APPROVAL

Policy last reviewed	30 September 2021
Approved by	Principal
Next scheduled review date	September 2024