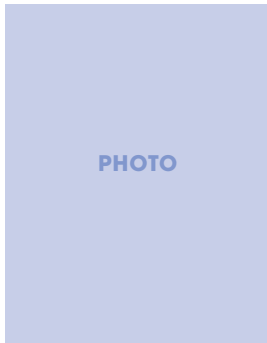


# TYPE 1 DIABETES ACTION PLAN 2023 SCHOOL SETTING

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

## Twice daily injections

AP TDI SS VIC © Diabetes Victoria, RCH, MCH 2023 V1.1



PHOTO

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)

### BLOOD GLUCOSE LEVEL (BGL) CHECKING TIMES

BGL check should occur where the student is at the time it is required. See Management Plan

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

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

DIABETES TREATING TEAM \_\_\_\_\_

HOSPITAL UR NO. \_\_\_\_\_

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

DATE PLAN CREATED \_\_\_\_\_

## 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: Check BGL if hypo suspected

Symptoms may not always be obvious

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

### MILD

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

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

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**

Step 3: Give slow acting carbohydrate  
e.g. \_\_\_\_\_

Step 4: Resume usual activity when BGL 4.0 or higher

### SEVERE

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

First Aid DRSABCD  
Stay with student

**CALL AN  
AMBULANCE  
DIAL 000**

Contact parent/carer when safe to do so

## HIGH Hyperglycaemia (Hyper)

Blood Glucose Level (BGL) greater than or equal to **15.0 mmol/L** is well above target and requires additional action

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

Note: Symptoms may not always be obvious

### Student well

- Encourage 1-2 glasses water per hour
- Return to usual activity
- Extra toilet visits may be required
- Re-check BGL in 2 hours

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

### Student unwell (e.g. vomiting)

- Contact parent/carer to collect student ASAP
- Check ketones (if able)

### KETONES

If unable to contact parent/carer and blood ketones greater than or equal to 1.0 mmol/L or dark purple on urine strip

**CALL AN AMBULANCE  
DIAL 000**

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

STUDENT'S NAME \_\_\_\_\_

GRADE / YEAR \_\_\_\_\_

## RESPONSIBLE STAFF

School staff who have voluntarily agreed to undertake training and provide support with diabetes care to the student.

STAFF MEMBER	GLUCOSE CHECKING	INSULIN ADMINISTRATION / SUPERVISION	REMIND

## INSULIN ADMINISTRATION

The 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.
- The student will require an insulin injection before their breakfast at Before School Care.

### BEFORE SCHOOL CARE

Before school care may be provided by the school, or an outside organisation.

**Parent/carer to obtain and complete the relevant documentation from this setting, authorising staff to administer/supervise insulin administration to their child.**

# BLOOD GLUCOSE LEVEL (BGL) CHECKING

## Target range for blood glucose levels (BGL) pre-meals: 4.0 - 7.0 mmol/L

- BGL results outside of this target range are common.
- BGL check should occur where the student is at the time it is required.
- The student should always wash and dry their hands before doing the BGL check.

Blood glucose levels will vary day-to-day.

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

- Yes  No support required

The responsible staff member needs to

- Do the check  Assist  Observe  Remind

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

- Anytime hypo suspected  Before snack  Before lunch  
 Before activity  Before exams/tests  When feeling unwell  
 Beginning of after- school care session  
 Other times – please specify \_\_\_\_\_

### **The student is wearing a Continuous Glucose Monitoring / Flash Glucose Monitoring device.**

A BGL check is required (tick all those that apply)

- Anytime hypo suspected  Before snack  Before lunch  
 Before activity  Before exams/tests  When feeling unwell  
 Beginning of after-school care session  
 Other times – please specify \_\_\_\_\_

- 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 monitor reads '**LO**' this means the BGL is too low to be measured by the monitor — follow hypoglycaemia (Hypo) treatment on Diabetes Action Plan.
- If the monitor reads '**HI**' this means the BGL is too high to be measured by the monitor — follow hyperglycaemia (Hyper) treatment on Diabetes Action Plan.

# SENSOR GLUCOSE (SG) MONITORING

The student is wearing

Continuous Glucose Monitor (CGM)

Model: \_\_\_\_\_

Flash Glucose Monitor (FGM)

Model: \_\_\_\_\_

- CGM and FGM consist of a small sensor that sits under the skin and measures glucose levels in the fluid surrounding the cells.
  - With CGM, a transmitter sends data to either a receiver or phone app.
  - With FGM, the device will only give a glucose reading when the sensor disc is scanned by a reader or phone app.
  - These devices are not compulsory.
  - A sensor glucose (SG) reading can differ from a finger prick blood glucose (BG) reading during times of rapidly changing glucose levels e.g. eating, after insulin administration, during exercise.
  - An SG reading less than \_\_\_\_\_ mmol/L **must** be confirmed by a finger prick blood glucose check.
- Hypo treatment is based on a finger prick blood glucose result.**
- If SG reading is above \_\_\_\_\_ mmol/L, it must be confirmed by a finger prick blood glucose check.

## ALARMS

- Alarms will be  ON  OFF.
- If "on" the device will alarm if sensor glucose is low or high.

**ACTION:** Check finger prick blood glucose level (BGL) and follow Diabetes Action Plan for treatment.

## USE AT SCHOOL

- Staff are not expected to do more than the current routine diabetes care as per the student's Diabetes Action and Management plans.
- Staff do not need to put CGM or FGM apps on their computer, smart phone or carry receivers.
- Parents/carers are the primary contact for any questions regarding CGM/FGM use.
- CGM/FGM devices can be monitored remotely by family members. They should only contact school if there is an emergency.
- **If the sensor/transmitter falls out, staff to do finger prick blood glucose checks.**
- The sensor can remain on the student during water activities.

NAME \_\_\_\_\_

HOSPITAL UR NO. \_\_\_\_\_

DATE PLAN CREATED \_\_\_\_\_

# LOW BLOOD GLUCOSE LEVELS (Hypoglycaemia / Hypo)

Follow the student's Diabetes Action Plan if BGL less than 4.0 mmol/L.

**Mild hypoglycaemia is common.**

Mild hypoglycaemia is treated using the student's own hypo supplies.

HYPO SUPPLIES LOCATED: \_\_\_\_\_

## HYPO TREATMENT

FAST ACTING CARBOHYDRATE FOOD	AMOUNT

SLOW ACTING CARBOHYDRATE FOOD	AMOUNT

- **If the student requires more than 2 consecutive fast acting carbohydrate treatments, as per their Diabetes Action Plan, call the student's parent/carer. Continue hypo treatment if needed while awaiting further advice.**
- All hypo treatment foods should be provided by the parent/carer.
- Ideally, packaging should be in serve size bags or containers and labelled as **fast acting carbohydrate** food and **slow acting carbohydrate** food.

If the student is having more than **3 episodes of hypoglycaemia per week** at school, notify their parent /carer.

## SEVERE HYPOGLYCAEMIA (HYPO) MANAGEMENT

Severe hypoglycaemia is not common.

Follow the student's Diabetes Action Plan for any episode of severe hypoglycaemia.

**DO NOT** attempt to give anything by mouth to the student 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 Team.

## HIGH BLOOD GLUCOSE LEVELS (Hyperglycaemia / Hyper)

- Although not ideal, BGLs above target range are common.
- If BGL is 15.0 mmol/L or more, follow the student's Diabetes Action Plan.
- If BGL is still greater than or equal to 15 mmol/L after 2 hours call parent/carer for advice.
- If the student is experiencing **more than 3 episodes** of high glucose levels per week, at school, notify their parent/carer.

## KETONES

- Ketones occur most commonly when there is not enough insulin in the body.
- Ketones are produced when the body breaks down fat for energy.
- Ketones can be dangerous in high levels.

If student is UNWELL check ketone level if strips provided.  
Follow the student's Diabetes Action Plan.

Blood ketone check                       Urine ketone check

If ketones are **more than 1.0 mmol/L, or dark purple on urine strip**, follow action for ketones on the student's Diabetes Action Plan.

## EATING AND DRINKING

- The student should not go for longer than 3 hours without eating a carbohydrate meal or snack.
- Some younger students will require supervision to ensure all food is eaten.
- No food sharing.
- Seek parent/carer advice regarding foods for school parties/celebrations.
- Always allow access to water.

Does the student have coeliac disease?     No     Yes\*

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

NAME \_\_\_\_\_

HOSPITAL UR NO. \_\_\_\_\_

DATE PLAN CREATED \_\_\_\_\_

# PHYSICAL ACTIVITY

A blood glucose monitor and hypo treatment should always be with the student.

- Physical activity may cause glucose levels to go high or low.
- Some students may require a finger prick blood glucose level check before physical activity
- Some students MAY require a slow acting carbohydrate before planned physical activity.

ADDITIONAL INFORMATION: \_\_\_\_\_

■ ACTIVITY FOOD REQUIRED. LOCATED: \_\_\_\_\_

## ACTIVITY FOOD

GLUCOSE LEVEL RANGE	CARBOHYDRATE FOOD	AMOUNT

- Physical activity should not be undertaken if BGL less than 4.0 mmol/L. Refer to the Diabetes Action Plan for hypo treatment.
- Vigorous activity should not be undertaken if BGL is greater than or equal to 15.0 mmol/L and the student is unwell.

# EXCURSIONS / INCURSIONS

It is important to plan for extracurricular activities.

Consider the following:

- Ensure blood glucose monitor, blood glucose strips, ketone strips, hypo and activity food are readily accessible.
- Plan for meal and snack breaks.
- Always have hypo treatment available.
- Know location of toilets.

## CAMPS

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

- Parents/carers need to be informed of any school camp at least 2 months prior to ensure a **Camp Diabetes Management Plan** is provided by the student's diabetes treating team.
- Parents/carers will need a copy of the camp menu and activity schedule.
- At least 2 responsible staff attending the camp require training to be able to support the student on camp.
- School staff will need to discuss any training needs at least 6 weeks before the camp with the student's parents/carers or Diabetes Treating Team.
- If the camp location is more than **30 minutes** from a reliable ambulance service, **Glucagon injection training is recommended.**

## EXAMS

- BGL should be checked before an exam.
- BGL/SG should be greater than 4.0 mmol/L before exam is started.
- Blood glucose monitor and blood glucose strips, hypo treatments and water should be available in the exam setting.
- Continuous Glucose Monitoring (CGM) or Flash Glucose Monitoring (FGM) devices and receivers or smart phones should be available in the exam setting.
- Extra time will be required if a hypo occurs or for toilet privileges.

### APPLICATIONS FOR SPECIAL CONSIDERATION

#### National Assessment Program Literacy and Numeracy (NAPLAN)

Applies to Grade 3, Grade 5, Year 7, Year 9. Check National Assessment Program website – Adjustment for student with disability for further information.

#### Victorian Certificate of Education (VCE)

Should be lodged at the beginning of Year 11 and 12. Check Victorian Curriculum and Assessment Authority (VCAA) requirements.



# EQUIPMENT CHECKLIST

## EQUIPMENT THAT COMES TO SCHOOL / BEFORE SCHOOL CARE DAILY

Supplied by the parent/carer

- Insulin pens and pen needles if needed for breakfast insulin.
- Finger prick device
- Blood glucose monitor used by student at school and at home
- Blood glucose strips
- Blood ketone strips
- Urine ketone strips
- Hypo food
- Activity food

## BACKUP EQUIPMENT TO STAY AT SCHOOL

Supplied by the parent/carer

- Insulin pens and pen needles if needed for breakfast insulin.  
Stored according to the school's Medication Policy.
- Finger prick device
- Blood glucose monitor
- Charging cable for glucose monitoring devices (if required)
- Blood glucose strips
- Blood ketone strips
- Urine ketone strips
- Sharps container (if administering insulin)
- Hypo food
- Activity food

# DISPOSAL OF MEDICAL WASTE

Dispose of any used pen needles in Sharp's container provided.

Dispose of blood glucose strips, blood ketone strips, or urinary ketone strips as per the school's medical waste policy.

# AGREEMENTS

## PARENT/CARER

Organise a meeting with school representatives to discuss implementation and sign off on your child’s action and management plan.

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

NAME

\_\_\_\_\_

FIRST NAME (PLEASE PRINT)

FAMILY NAME (PLEASE PRINT)

\_\_\_\_\_

SIGNATURE

DATE

## SCHOOL REPRESENTATIVE

- I have read, understood, and agree with this plan.

NAME

\_\_\_\_\_

FIRST NAME (PLEASE PRINT)

FAMILY NAME (PLEASE PRINT)

ROLE  Principal  Vice Principal

\_\_\_\_\_

SIGNATURE

DATE

## DIABETES TREATING MEDICAL TEAM

NAME

\_\_\_\_\_

FIRST NAME (PLEASE PRINT)

FAMILY NAME (PLEASE PRINT)

\_\_\_\_\_

SIGNATURE

DATE

\_\_\_\_\_

HOSPITAL NAME

NAME \_\_\_\_\_

HOSPITAL UR NO. \_\_\_\_\_

DATE PLAN CREATED \_\_\_\_\_