TYPE 2 DIABETES ACTION PLAN SCHOOL SETTING

Insulin Requiring

Use in conjunction with Diabetes Management Plan. **SCHOOL :**

LOW Hypoglycaemia (Hypo)

Blood Glucose Level (BGL) less than 3.9mmol/L

SIGNS AND SYMPTOMS Pale, headache, shaky, sweaty, dizzy, drowsy, changes in behaviour
Note: Symptoms may not always be obvious

DO NOT LEAVE CHILD ALONE
DO NOT DELAY TREATMENT

Child conscious (Able to eat hypo food)	Child unconscious / drowsy (Risk of choking / unable to swallow)
Step 1 : Give fast acting carbohydrate	**First Aid DRSABCD** Stay with unconscious child
Step 2: Recheck BGL in 15 mins • If BGL less than 3.9, repeat **Step 1** • If BGL greater than or equal to 3.9, go to **Step 3**	**CALL AN AMBULANCE** **DIAL 000**
Step 3: Give sustaining carbohydrate	**Contact parent/carer** when safe to do so

HIGH Hyperglycaemia (Hyper)

Blood Glucose Level (BGL) 15.0 mmol/L or higher

SIGNS AND SYMPTOMS Increased thirst, extra toilet visits, poor concentration, irritability, tiredness **Note: Symptoms may not always be obvious**

HIGH BGLs ARE COMMON

Child well Re-check BGL in 2 hours	Child unwell eg. vomiting
Encourage oral fluids, return to activity 1–2 glasses water per hour; extra toilet visits may be required	**CONTACT PARENT/ CARER TO COLLECT CHILD ASAP** IF UNABLE TO CONTACT PARENT/CARER **Refer to school policy.**

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STUDENT'S NAME

DATE OF BIRTH

GRADE / YEAR

Date of plan

Review due

INSULIN is given 1 or more times per day.
An injection will be needed.

☐ At school, before lunch ☐ At home

Able to inject insulin:

☐ Yes ☐ No

Injection will be given in: _____
(ROOM/LOCATION)

ROUTINE BGL CHECKING TIMES

- ☑ Anytime, anywhere in the school
- ☐ Before main meal
- ☑ Anytime hypo is suspected
- ☐ Before physical education / sport
- ☐ Before exams or tests (e.g. NAPLAN)
- ☐ Child using CGM / FGM

PARENT / CARER NAME _____

CONTACT NO. _____

Other contact name & no. _____

_____

TREATING MEDICAL TEAM _____

CONTACT NO. _____

I, the parent/carer, authorise school staff to follow this plan to support my child.

Childs name _____ Signature: _____ Date: _____

TYPE 2 DIABETES MANAGEMENT PLAN SCHOOL SETTING

Use this plan in conjunction with Diabetes Action Plan. This plan should be reviewed and updated for each school year or if insulin delivery regimen changes. Please tick appropriate boxes.

INSULIN ADMINISTRATION

- ☐ The student requires an injection of insulin at lunchtime.
- ☐ Insulin given at home.

Is supervision required? ☐ Yes ☐ No

If yes, the responsible staff need to:

- ☐ Remind ☐ Observe ☐ Assist
- ☐ Administer injection (Dose as per additional documentation provided)

Responsible staff will need to receive training on how to administer insulin injections. This will need to be discussed with the student's Diabetes Treating Clinical Team listed on the last page of this plan.

Name/s of responsible trained staff administering injection(s):

_____

The location in the school where the injection is to be given:

_____

Parent/carer will determine insulin doses and any adjustments that need to be made.

The student's parent/carer is responsible for providing a sharps disposal container and other supplies as listed on page 4. If the container needs replacing School staff to inform the student's parent/carer.

STUDENT'S NAME _____

DATE OF BIRTH _____ GRADE / YEAR_____

NAME OF SCHOOL _____

I, the parent/carer, authorise school staff to follow this plan to support my child.

Childs name _____ Signature: _____ Date: _____

BLOOD GLUCOSE CHECKING

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

☐ Yes ☐ No

The student uses:

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

If NO, the responsible trained staff needs to:

☐ Perform ☐ Assist ☐ Observe ☐ Remind

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

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

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

Target range for blood glucose levels (BGLs): **3.9 – 8 mmol/L**

BGL results outside of this target range are not unusual.

Further action is required if BGL is less than 3.9 mmol/L or more than 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 (Hyper) treatment on Diabetes Action Plan.

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

Times to check and document as per school policy (tick all that apply)

- ✓ Anytime, anywhere
- ☐ Before snack
- ☐ Before lunch
- ☐ Before activity:
- ✓ Anytime hypo suspected
- ☐ When feeling unwell
- ☐ Before exams/tests
- ☐ Beginning of after-school care session
- ☐ Other routine times – please specify:

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.

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 fast 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.

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.

I, the parent/carer, authorise school staff to follow this plan to support my child.

Childs name _____ Signature: _____ Date: _____

EATING AND DRINKING

- For younger students taking insulin at lunch please supervise to ensure all food packed from home 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).
- Promote and follow healthy eating principles for ALL students.

PHYSICAL ACTIVITY

- Physical activity is an essential part of diabetes management and school activities can support this.
- Physical activity may lower blood glucose levels.
- For planned activities over 30 minutes extra glucose monitoring and/or carbohydrate food may be required.
- For prolonged activities (i.e. sports carnivals) discuss with the parents/carers in advance.
- Is carbohydrate required for activities over 30 minutes

☐ Yes ☐ No

CARBOHYDRATE FOOD TO BE USED	AMOUNT TO BE GIVEN

- Physical activity should not be undertaken if BGL less than 5.0 mmol/L. (refer to the Diabetes Action plan for hypo treatment)
- A blood glucose meter and hypo treatment should always be available.

EXCURSIONS / SCHOOL ACTIVITIES

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, hypo and activity food are readily accessible during the excursion day. Don't forget the insulin pen / syringe.
- Diabetes care is carried out as usual during excursions.
- Always have hypo treatment available.
- Additional adult supervision may 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 or as soon as possible.
- A separate and specific Diabetes Camp Management Plan may be required if monitoring overnight or insulin or medications become the responsibility of the school staff.
- The student's Diabetes Treating Clinical 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 2 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 Clinical 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 Clinical Team.

I, the parent/carer, authorise school staff to follow this plan to support my child.

Childs name _____ Signature: _____ Date: _____

ASSESSMENTS

- BGL should be checked before an exam.
- BGL should be greater than 5.0 mmol/L before exam is undertaken.
- It is advisable to check and record BGL prior to (and during, if unwell) WACE assessments as medical evidence, in the event that an Application for Sickness/Misadventure is necessary.
- Blood glucose meter, monitoring strips, hypo treatments and water should be available in the exam setting.
- 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.
- The School Curriculum and Standards Authority's Guidelines for Disability Adjustments for Timed Assessments includes type 2 diabetes and is available at www.scsa.wa.edu.au
- Where required, schools should apply in advance for special provisions for all externally set assessments (e.g. NAPLAN, OLNA, WACE).

EXTRA SUPPLIES

PROVIDED FOR DIABETES CARE AT THE SCHOOL

- ☐ Insulin and pens/pen needles
- ☐ Finger prick device
- ☐ Blood glucose monitor
- ☐ Blood glucose strips
- ☐ Sharps container
- ☐ Hypo food

Date of plan _____ Review Due _____

AGREEMENTS

DIABETES TREATING CLINICAL TEAM

This plan has been agreed to by the Clinical Team at Perth Children's Hospital. Any variation to this plan must be endorsed by the Clinical Team and a new plan provided.

NAME (Please Print) _____

POSITION (Please Print) _____

SIGNATURE _____ DATE _____

PARENT/CARER

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.

NAME (Please Print) _____

RELATIONSHIP (Please Print) _____

SIGNATURE _____ DATE _____

SCHOOL REPRESENTATIVE

NAME (Please Print) _____

ROLE ☐ Principal ☐ Vice principal ☐ Other (please specify) _____

SIGNATURE _____ DATE _____

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I, the parent/carer, authorise school staff to follow this plan to support my child.

Childs name _____ Signature: _____ Date: _____