

Diabetes Management Plan for School

Name of Student:

Date of Birth:

Name of School:

Grade/Year:

Medical Condition:

Type 1 diabetes

Insulin Administration:

Multiple Daily Injections

Date management plan completed:

Next review date for management plan:

Emergency Contact Details

Contact No.1

Name:

Relationship to student:

Home Number:

Mobile Number:

Email Address:

Contact No.2

Name:

Relationship to student:

Home Number:

Mobile Number:

Email Address:

Diabetes Health Care Team *(Personnel involved in managing the student's health)*

Hospital/Clinic:

Hospital Phone Number:

Endocrinologist Name:

Diabetes Educator Name:

Emergency Management

Refer to student's individualised **ACTION PLAN** for treatment in conjunction with the below details.

Hypoglycaemia (Hypo)

A hypo is a low blood glucose level (BGL), occurring when the BGL is less than

Causes: Being physically active, delaying/missing snacks, not eating enough carbohydrate or having too much insulin

Symptoms: Headache, trembling, looking pale, feeling hungry, sweating, lethargy, crying, being irritable, hunger or feeling/acting confused.

Treatment:

Severe Hypo

A severe hypo is when a student has a low blood glucose reading and is not responding.

Causes: Being physically active, delaying/missing snacks, not eating enough carbohydrate or having too much insulin

Symptoms: Extremely drowsy or disorientated and completely refusing food; unconscious or is having a fit/convulsion and unresponsive

Treatment: **DO NOT ATTEMPT to give anything by mouth.**

1. Lay student on his/her side in the recovery / coma position
2. **Call the ambulance (dial 000) and state it's a DIABETIC EMERGENCY**
3. Contact the parents
4. Stay with student until ambulance arrives

Hyperglycaemia (Hyper)

A hyper is a BGL above

Causes: Not enough insulin administered, eating too many carbs, stress, hormones, weather and physical activity

Symptoms: Drowsy, thirsty, frequent urination, Headache, looking pale, feeling hungry, sweating, lethargy, crying and being irritable

Treatment: If the students BGL is above _____ and is well then no action needed.
If unwell with a high reading, then please contact parents/guardian immediately.

Time BGL need to be tested: *(Please Tick)*

	Anytime and anywhere necessary
	Prior to recess or snack
	Prior to lunch
	When hypo suspected
	Prior to activity
	Prior to exam/tests
	When student feels unwell
	Other:

Physical Activity

All students should be encouraged to participate in physical activities, including students living with diabetes.

The students BGL needs to be above _____ before sport.

If below _____ treat as a hypo before sport. Test 15 minutes later and if within range then student can participate as per usual.

Physical education instructors and sports coaches must have a copy of the action plan and be able to recognize and assist with the treatment of low blood glucose levels.

Please let parent/guardian know blood glucose reading for the day, especially if student has had hypos or hypers.

Camps and Excursions

Notify parents/guardian ahead of the event to ensure further planning is done.

Ensure that action plans are adjusted depending on activity and duration of camp or excursion.

All planning should be in consultation with the student’s parent/guardian and if necessary the Diabetes Healthcare Team.

Roles and Responsibilities

Parent/Guardian will:

- Inform the school of their child's condition upon enrolment. If the student is already enrolled, the school should be informed as soon as possible after diagnosis
- Contribute to the development of the school-based diabetes management plan and the action plans
- Ensure the school has the current and appropriate diabetes management plan for their child
- Provide all the equipment the child needs to be safely supported at school which may include medication, blood glucose meter with test strips, insulin pump consumables and hypo treatment foods/drinks
- Provide guidance and support to school staff when concerns or issues arrive with their child's management of diabetes
- Provide consent for the school to contact the appropriately qualified health professionals about their child's condition

School Principals will:

- Co-ordinate a safe and encouraging school environment that:
 - Recognises the student and family are covered under the Disability Discrimination Act and Disability Standard of Education
 - Includes all students with health conditions in school activities
 - Supports students who need supervision or assistance in administering medication
 - Ensures the student's diabetes management plan is adhered to in the school setting
- Ensure that all staff, including casual staff, are aware of children diagnosed with diabetes, symptoms of low BGL's and the location of medication including the hypo kit.
- Communicate with parents/guardians and health care teams in regards to the student's diabetes management plan in an agreed manner

School Staff will:

- Have a comprehensive understanding of the requirements of the student living with type 1 diabetes in their classroom
- Understand the signs and symptoms of a hypoglycaemic (hypo) and hyperglycaemic (hyper) episode
- Assist the student with diabetes if a hypo or hyper episode occurs and treatment is needed according to the Action Plan
- Support the student living with type 1 diabetes in management of their condition where the child is unable to do so them self. This may include BGL testing and/or administering insulin

Diabetes Healthcare Team will:

- Assist parents/ guardians and schools in developing a child's individual diabetes management plan
- Provide relevant contact details in case specific questions arise from parents/schools and Diabetes NSW & ACT

The Student will:

- Be permitted to carry they hypo treatment and BGL equipment with them at all times
- Be permitted to have immediate access to water by keeping a water bottle on their desk
- The student shall be permitted to use the bathroom without restriction
- Have open communication with their teacher
- Notify their teacher when they are low or feel unwell
- Do their BGL tests and insulin administration if able to do so
- Bring diabetes supplies to school

Agreements

Parent/Guardian

Name	Signature	Date
------	-----------	------

Diabetes Health Professional

Name	Signature	Date
------	-----------	------

Role

School Representative

Name	Signature	Date
------	-----------	------

Role