

TYPE 1 DIABETES ACTION PLAN 2022 SCHOOL SETTING

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

Multiple daily injections

STUDENT'S NAME _____

DATE OF BIRTH _____ GRADE / YEAR _____

NAME OF SCHOOL _____

INSULIN is given 4 or more times per day. An injection will be needed before meals.

Able to inject insulin:

independently with supervision with assistance

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

THIS STUDENT IS WEARING

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

BLOOD GLUCOSE LEVEL (BGL) CHECKING TIMES

BGL checks should occur where the student is at the time it is required

- Before main meal
- Anytime hypo is suspected
- Confirm low or high sensor glucose reading
- Before physical education / sport
- Before exams or tests

PHYSICAL EDUCATION (PE) / SPORT

- Some students MAY require a BGL check before PE/sport.
- Some students MAY require slow acting carbohydrate food before planned activity.
- Vigorous activity **should not** be undertaken if BGL is greater than or equal to 15.0 **and** the student is unwell.

PARENT / CARER NAME _____

CONTACT NO. _____

DIABETES TREATING TEAM _____

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 3a: If insulin is due & BGL greater than 4.0, give usual insulin dose & then immediately eat meal.

Step 4: Resume normal activity when BGL 4.0 or higher

SEVERE

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

First Aid DRABCD
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 oral fluids
- 1-2 glasses water per hour
- Return to 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 requires an injection of insulin at:

Lunchtime Other: _____

Is supervision required? Yes No Remind only

Responsible staff will need training if they are required to:

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

Insulin injection _____ minutes before meal.

Type of injection device: Pen Syringe

Location in the school where the injection is to be given:

Carbohydrate food must always be eaten after a mealtime insulin injection.

A Medication Authority Form is required if school staff are to administer / supervise insulin.

Medication Authority Form Yes No

BLOOD GLUCOSE LEVEL (BGL) CHECKING

Target range for blood glucose levels (BGLs): 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 and be dependent on several factors such as:

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

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

- Yes No

The responsible staff member needs to

- Do the check Assist Observe
 Remind No support required

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 _____

- 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 reading during times of rapidly changing glucose levels e.g. eating, after insulin administration, during exercise.
- Therefore, a SG reading less than _____ or above _____ **must** be confirmed by a finger prick blood glucose check.

Hypo treatment is based on a finger prick blood glucose result.

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.
- Some CGM/FGM devices can be monitored remotely by family members. They should only contact the school if they foresee 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.

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 can be treated by using the student's 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 low BGLs at school in a week, make sure that the parent/carer is aware.

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 frequent episodes of high BGLs 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 will need to have an insulin bolus injection **before** carbohydrate foods are eaten. The insulin dose for meals/snacks will be determined by:

Set dose Flexible dosing guide _____

All carbohydrate foods should be clearly labelled by the parent/carer with carbohydrate amounts in grams / serves

- 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 drinking water and toilet (high glucose levels can cause increased thirst and extra toilet visits).

Does the student have coeliac disease? No Yes*

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

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 slow acting carbohydrate food before every 30 minutes of planned physical activity or swimming.

■ 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, insulin device and needle, 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 camps at the **beginning of the year**.
- Parents/carers should request a **Camp Diabetes Management Plan** from the Diabetes Treating Team who will require at least 4 weeks' notice to prepare the plan.
- 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 4 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 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 a medical condition for further information.

Tasmanian Certificate of Education (TCE)

Should be lodged at the beginning of Year 11 and 12. Check the Office of Tasmanian Assessment, Standards & Certification (TASC) reasonable adjustment requirements.

EQUIPMENT CHECKLIST

EQUIPMENT THAT COMES TO SCHOOL DAILY

Supplied by the parent/carer

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

DISPOSAL OF MEDICAL WASTE

Dispose of any used pen needles or syringes 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