

# TYPE 1 DIABETES ACTION PLAN 2022 SCHOOL SETTING

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

## Twice daily injections

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**

- 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 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 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 (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 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 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 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, 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 / BEFORE SCHOOL CARE DAILY

### Supplied by the parent/carer

- Insulin pens and pen needles (or syringes and insulin) 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 (or syringes and insulin) if needed for breakfast 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 (if administering insulin)
- 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