

Policy Document No:
Category:
Topic:

ELC30
Early Learning
Diabetes Policy



Date of Issue: March 2012
Date last reviewed: December 2016

Considerations

Philosophy: Provide a safe and healthy environment for students with diabetes.

Legislation and Sources

Education and Care Services National Regulations, Regulation 90, 1a;
Department of Education and Early Childhood Development; Diabetes Australia

Policy Statement

To ensure all education services at Mount Scopus Memorial College support students with diabetes.

Definition

Diabetes mellitus is a condition that occurs when the body can't use glucose (a type of sugar) normally. Glucose is the main source of energy for the body's cells. The levels of glucose in the blood are controlled by a hormone called insulin, which is made by the pancreas. Insulin helps glucose enter the cells and maintain normal blood glucose levels.

In diabetes, the pancreas does not make enough insulin ([type 1 diabetes](#)) or the body can't respond normally to the insulin that is made ([type 2 diabetes](#)). This causes glucose levels in the blood to rise, leading to symptoms such as increased urination, extreme thirst, and unexplained weight loss.

Management Responsibilities:

- Ensure all relevant staff caring for the diabetic student have adequate diabetes training.
- Ensure there are medical management plans and a communication plan (appendix A) plans for all children with specific health care needs or medical conditions who attend their centre. This is to be done on a child's enrolment to the centre.
- Inform new relief staff or volunteers of all students in their class with medical conditions, their action plans and their risk management plans. This is to take place at the beginning of each year, or when a new relief staff member or volunteer is engaged in the Early Learning.
- Ensure all relief staff and volunteers to the centre can identify the child with a medical condition, and know the location of the child's medication.
- Ensure relief staff trained in how and where to record all administration of medications (see Medication Policy).
- A list of all students with medical conditions is displayed in each Early Learning Centre and Tuck shop. This information is also available on the TASS data base which is accessible by all employed staff. Along with the medical conditions list in the Early Learning Centres, is each individual child's medication, their Action Plan and their Risk Minimisation Plan.

- Ensure staff are to promptly communicate any concerns to a parent in relation to a student with a medical condition. This can be verbally or in writing.
- Ensure the child with a medical condition does not attend the Early Learning Centre without medication (which is not expired) prescribed by a medical practitioner in relation to the child's specific health care need, or medical condition.
- Ensure staff are to be aware and make written changes to a child's medical condition; their management plan or their risk management plan as soon as practicable. This may have been communicated either verbally or in writing by a parent/guardian or verbally and in writing from management. Any verbal communication is to be documented by staff then signed by the parent/guardian.
- Teachers are not expected to take responsibility for insulin and/or glucadon administration, but can do so if willing and with appropriate training.
- Ensure diabetic students have adequate supervision and a safe environment.

Staff Responsibilities:

- Make themselves aware of any medical management plans and any risk management plans for all children with specific health care needs or medical conditions who attend their centre. This is to be done on a child's enrolment to the centre.
- Staff are to ensure all relief staff and volunteers to the centre can identify the child with a medical condition, know the location of the child's medication.
- Ensure relief staff trained in how and where to record all administration of medications (see Medication Policy).
- A list of all students with medical conditions is displayed in each Early Learning Centre office. This information is also available on the TASS data base which is accessible by all employed staff.
- Along with the medical conditions list in the Early Learning Centre, is each individual child's medication, their Action Plan and their Risk Minimisation Plan.
- Staff are to promptly communicate any concerns to a parent in relation to a student with a medical condition. This can be verbally or in writing.
- Staff are to ensure the child with a medical condition does not attend the Early Learning Centre without medication (which is not expired) prescribed by a medical practitioner in relation to the child's specific health care need, or medical condition.
- Staff are to be aware and make written changes to a child's medical condition; their management plan or their risk management plan as soon as practicable. This may have been communicated either verbally or in writing by a parent/guardian or verbally and in writing from management. Any verbal communication is to be documented by staff then signed by the parent/guardian.
- Teachers are not expected to take responsibility for insulin and/or glucadon administration, but can do so if willing and with appropriate training.
- Staff are to attend relevant training and regular update training by an appropriate health professional.

Parents/guardians Responsibilities:

- Parents are required to provide accurate, appropriate written information about their diabetic child to those staff who are responsible for their child's wellbeing while at school, so their child can enjoy and participate in school life to the fullest.
- On the first day a child attends the centre, the parent/guardian is to provide a written management plan and specific medication for their child's medical condition. This is to be developed in collaboration with the parent/guardians, doctor and diabetes educator. At this meeting, parents are to run through the diabetes management plan and explain what expectations they have in terms of the blood glucose testing. As well as the diabetes management plan, the parents are to show the teachers any insulin delivery device used by the student and are to provide emergency hypoglycaemic packs and well as extra supplies of batteries, lancets etc.
- In consultation with staff, they are to develop a risk minimisation plan to be implemented while their child attends the centre.
- Ensure their child does not attend the centre without any medication prescribed by a medical practitioner in relation to their child's specific health care need, allergy or medical condition. That medication is not to be past the expiry date (see Medication policy).
- Communicate either verbally or in writing to staff, any changes to their child's medical condition; their management plan or their risk minimisation plan. This is to be done prior to the child recommencing at the centre, if they absent due to their medical condition or as soon as practicable. Any verbal communication is to be documented by staff then signed by the parent/guardian as soon as possible.
- Ensure they update the child's management plan yearly or if the management plan changes.

The Australian Diabetes Council recommends that all people at risk of hypoglycaemia wear some kind of medical identification. Parents are encouraged to consider their child wearing a medical alert whilst at school.

Practices and Procedures

Attendance at school should not be an issue for a student with diabetes, however they may require:

- Routine visits to their medical practitioner every few months
- Extra support and consideration due to their diabetes management.

Strategies to Support the Diabetic Student

The timing of injections and food intake is most important. Carbohydrate foods are essential and raise blood glucose levels while insulin and exercise lower them. Maintaining a balance so the level of glucose is neither too high nor too low is very important, however, is sometimes difficult to achieve.

Monitoring Blood Glucose levels

- Testing occurs at least four times a day to evaluate the insulin dose. This will require some of these tests to be done at school. A communication book/school diary is to be kept to relay information about the students Blood Glucose levels between parents/guardians and school.
- Younger students may need supervision when performing Blood Glucose tests.

A Hypoglycaemic (Hypo) Reaction is an indicator of low blood sugar.

Brain function and behaviour deteriorate if the brain is not supplied with enough glucose for its needs.

Too much insulin and/or exercise, or not enough carbohydrate foods may cause a low blood glucose level (hypo) depriving the brain of energy. Treatment is needed promptly to raise the blood glucose level to prevent a mild hypo from progressing to a severe hypo.

- Each child may experience different symptoms and staff should be guided by their management plan.
- Treatment for a hypo will include a fast acting sugar and a slower acting carbohydrate. Individual treatments are to be followed via the students' management plan. Early treatment of a hypo will prevent a mild hypo progressing to a severe hypo. If in doubt, **treat**.
- A child experiencing a hypo is not to be left alone and must be accompanied to their hypo kit, or their hypo kit is to be taken to them.
- If a student shows any sign of hypoglycaemia or complains of feeling "low" then they must immediately do a blood glucose test in the classroom and take a fast acting carbohydrate (CHO) from their hypo box, followed by a slow acting carbohydrate as per their management plan. A follow up blood glucose is to be done 20 minutes later. There is no need to send the child to the Health Centre unless concerned. All blood glucose readings must be recorded in the students' communication book/school diary.
- Adult supervision is needed until the student has fully recovered.
- After a severe hypo, the child may have difficulty concentrating for several hours.
- Glucometer and CHO should be carried with the student to sport and specialty classes
- Parents/guardians must be advised about the hypo and students must not be allowed to travel home unaccompanied.
- Severe hypos causing unconsciousness, seizures or extreme disorientation **cannot** be treated by giving sweet foods or drinks by mouth. They require urgent specialised care using injections of glucose or an injection of Glucagon, which is to be kept with the hypo kit and stored below 25 degrees Celsius. The glucagon injection can be administered by the school nurse or staff member trained and willing to administer this injection.
- An ambulance should be called if recovery takes longer than 15 to 30 minutes or if the child becomes unconscious, whereupon the Glucagon injection must be administered and basic life support commenced.

A hyperglycaemic (hyper) reaction is an indicator of high blood sugar

- A student having a hyper may have an increased need to urinate and drink and may become very tired.
- An individual's management plan must be followed for any hyper

Administering Insulin

- Insulin may be required to be administered during school hours either by an insulin pen or an insulin pump worn by the student.
- Some students may need assistance from the school nurse or designated school staff member to administer the insulin pen.
- Discussion with the parent/guardian and student should take place regarding where in the school the student feels most comfortable taking their blood glucose levels and administering insulin. Students should be encouraged to do this in class.
- A copy of the diabetic management plan is to be kept with the insulin in the Health Centre; in the classroom with the teacher and the management plan should also be kept with the sports teacher.

Meal times

- Most meal requirements should fit into the regular school routine, however if an activity is running overtime, students with diabetes **cannot** delay their meals.
- Extra supervision may be required for young students at meal/snack times

Physical Activity

- Exercise should be preceded by a serve of carbohydrates. Time must be given for the diabetic student to do this.
- Physical education staff should ensure diabetic students have extra glucose and carbohydrates at hand in the case of a hypoglycaemic state.
- It is not recommended for students with high blood glucose levels to participate in sport as it may cause them to become more elevated. Staff must follow the students' management plan.

- Water sports need special supervision as a hypoglycaemic state increases the risk of drowning. There is to be a designated person to observe the young child at all times while in the pool.

Feeling Unwell at School

- Students with diabetes who are unwell should not be sent to the Health Centre alone.
- If a diabetic student vomits or has diarrhoea, their parent needs to be called immediately, and the child needs to be taken to their doctor. If the parent or guardian is not available, an ambulance must be called.

Special Events

- Consideration must be given when catering for special events such as class parties, such as having diet soft drinks available. Staff should discuss with parents/guardians catering before such events.

Communication with Parents

- A communication book/school diary is to be used to communicate daily with the diabetic students family to relay information regarding the students blood glucose levels
- Regular communication will allay parents/guardians anxieties and ensure optimal care of their student whilst at school

Approved by College Principal:

Date: December 2016

A handwritten signature in black ink, appearing to read "James Keard". The signature is written in a cursive style with a large, stylized 'K'.

Appendix A

Communication Plan 2016

This plan is to be completed by the Principal or Nominee on the basis of information from the student's medical practitioner provided by the parent/carer			
Campus:		Phone:	
Student:			
DOB:		Year level:	
Severely allergic to:			
Other health conditions:			
Asthmatic:			
Medication at school:			
EMERGENCY CONTACT DETAILS (PARENT)			
Name:		Name:	
Relationship:		Relationship:	
Home phone:		Home phone:	
Work phone:		Work phone:	
Mobile:		Mobile:	
Address:		Address:	
EMERGENCY CONTACT DETAILS (OTHER THAN PARENT)			
Name:		Name:	
Relationship:		Relationship:	
Home phone:		Home phone:	
Work phone:		Work phone:	
Mobile:		Mobile:	
Address:		Address:	
Medical practitioner contact	Name:	Phone:	

The following communication procedures will be in place to ensure that relevant staff members and volunteers are informed about the Medical Conditions policy; the Action Plan for allergic reactions, and the Risk Minimisation plans for all students with Medical Conditions. The procedures also include the steps parents are to take to communicate with staff any changes to the medical management plan and risk management plan for their child.

Parents/guardians Responsibilities:

- Prior to or on enrolment, inform staff at the centre if their child has a known medical condition.
- On the first day a child attends the centre, the parent/guardian is to provide a written management plan and specific medication for their child's medical condition.
- In consultation with staff, they are to develop a risk minimisation plan to be implemented while their child attends the centre.
- Ensure their child does not attend the centre without any medication prescribed by a medical practitioner in relation to their child's specific health care need, allergy or medical condition. That medication is not to be not past the expiry date (see Medication policy).
- Communicate either verbally or in writing to staff, any changes to their child's medical condition; their management plan or their risk minimisation plan. This is to be done prior to the child recommencing at the centre, if they absent due to their medical condition or as soon as practicable. Any verbal communication is to be documented by staff then signed by the parent/guardian as soon as possible.

Staff Responsibilities:

- Make themselves aware of any medical management plans and any risk management plans for all children with specific health care needs or medical conditions who attend their centre. This is to be done on a child's enrolment to the centre.
- In consultation with parents, Early Learning staff are to develop a risk minimisation plan of those children with medical conditions be implemented while the child attends the centre.
- Early Learning Centre teacher will inform new relief staff or volunteers of all students in their class with medical conditions, their action plans and their risk management plans. This is to take place at the beginning of each year, or when a new relief staff member or volunteer is engaged in the Early Learning Centre.
- Staff are to ensure all relief staff and volunteers to the centre can identify the child with a medical condition, know the location of the child's medication.
- Ensure relief staff trained in how and where to record all administration of medications (see Medication Policy).
- A list of all students with medical conditions is displayed in each Early Learning Centre office. This information is also available on the TASS data base which is accessible by all employed staff.
- Along with the medical conditions list in the Early Learning Centre, is each individual child's medication, their Action Plan and their Risk Minimisation Plan.

- Staff are to promptly communicate any concerns to a parent in relation to a student with a medical condition. This can be verbally or in writing.
- Staff are to ensure the child with a medical condition does not attend the Early Learning Centre without medication (which is not expired) prescribed by a medical practitioner in relation to the child's specific health care need, or medical condition.
- Staff are to be aware and make written changes to a child's medical condition; their management plan or their risk management plan as soon as practicable. This may have been communicated either verbally or in writing by a parent/guardian or verbally and in writing from management. Any verbal communication is to be documented by staff then signed by the parent/guardian.