



# HIGHVIEW COLLEGE MEDICAL DIABETES MANAGEMENT PLAN Responsible – Executive OPERATIONAL

(Ratified in even years)

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Updated by	Director of Pastoral Care, Marion Martin	2016 / 2018
Updated by	First Aid Officer, Sharon O'Shea	2019
Updated & Ratified by	Board Director, Nickola Allan	April 2020
		2022
		2024
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		2028

## Rationale

Most students with diabetes can enjoy and participate in school life and curriculum to the full. Some students could require additional support from school staff to manage their diabetes and while attendance at school should not be an issue, they may require some time away from school to attend medical appointments.

## Aims

- To provide increased levels of support for the medical and educational needs of students with diabetes in order to improve their educational progress and achievement
- To raise awareness of diabetes and to follow Individual Management Plans as set out by medical specialists

## Implementation

- It is essential that all students with diabetes have a current individual diabetes management plan while they are at school
- Development of this plan involves consultation between students, parents(s)/or guardians, diabetes medical support teams and relevant Heads of School
- The plan should have a photograph of the student and address all requirements relating to the student's care and diabetes management for all school activities, including:
  - Emergency procedures e.g. in case of hypoglycaemia "Hypo" (low blood glucose level)
  - Identifying what diabetes health tasks the student can undertake themselves and those requiring school staff supervision and or action (i.e. blood glucose checks, insulin administration)
  - Provision for storage and taking insulin
  - Provision for school excursions and other extracurricular activities, including regular PE classes, sports days and school camps. Camps require a separate plan specific to each camp

- Linking the school community to diabetes information and seminars for teachers
- Provision for review of Individual Management Plans at least annually, or when there is a change in the student's condition, treatment and/or medication
- Students must provide the necessary drinks/food supplies for Hypo treatment
- Student must supply the relevant testing equipment while at school
- Whilst most students are able to manage their diabetes by themselves, some students may need supervision to ensure they are administering their insulin in the correct manner and at the correct time. Whilst students will always administer injections themselves, office staff may monitor the process. This will only happen following communication between the Head of School and parents / guardians.

### **References**

Diabetes Australia – Living with Diabetes. Retrieved from <https://www.diabetesaustralia.com.au/school> , April 2020.

### **Additional information**

**APPENDIX A** - What is diabetes?

**APPENDIX B** - Potential problems associated with blood glucose levels

**APPENDIX C** – Flow Chart of Responsibility



## APPENDIX A: WHAT IS DIABETES?

**Type 1 diabetes** is an auto immune condition which occurs when the immune system damages the insulin producing cells in the pancreas. This condition is treated with insulin replacement via multiple injections or a continuous infusion via a pump. Without insulin treatment type 1 diabetes is potentially life threatening.

**Type 2 diabetes** occurs when either insulin is not working effectively (insulin resistance) or the pancreas does not produce sufficient insulin (or a combination of both). Type 2 diabetes affects between 85 and 90 per cent of all cases of diabetes and usually develops in adults over the age of 45 years, but it is increasingly occurring at a younger age. Type 2 diabetes is initially managed with a healthy diet and life style and/or medication that could include tablets and/or insulin.



## APPENDIX B - POTENTIAL PROBLEMS ASSOCIATED WITH BLOOD GLUCOSE LEVELS

### **Hypoglycaemia or hypo (low blood glucose level)**

Hypoglycaemia is a blood glucose level that is lower than normal, ie. below 4mmol/L, even if there are no symptoms. Neurological symptoms can occur at levels below 4mmol/L and include sweating, tremor, headache, pallor, poor co-ordination and mood changes.

Hypoglycaemia can also impair concentration, behaviour and attention and symptoms can include a vague manner and slurred speech.

Hypoglycaemia is often referred to as a 'hypo'. It can be caused by:

- too much insulin
- delaying a meal
- not enough food
- unplanned or unusual exercise

It is important to treat hypoglycaemia promptly and appropriately to prevent the blood glucose level from falling even lower, as very low levels can lead to loss of consciousness and convulsions.

The student's diabetes management plan will provide guidance for schools in preventing and treating a 'hypo'.

### **Hyperglycaemia (high blood glucose levels)**

Hyperglycaemia occurs when the blood glucose levels rises above 15 mmol/L.

Hyperglycaemia symptoms can include tiredness, irritability, urinating more frequently. High blood glucose levels can also affect thinking, concentration, memory, problem solving and reasoning. It can be caused by:

- insufficient insulin
- too much food
- common illness such as a cold
- stress



## APPENDIX C – RESPONSIBILITIES

### **The Heads of School will be responsible for:**

- Providing staff with a copy of the school's Diabetes Management Policy and ensure that staff are aware of Diabetes management strategies
- Providing for Diabetes education and staff training (qualifications to be renewed every three years and staff training provided annually)
- Identifying students at risk of Diabetes
- Keeping a register stating that staff have read, understood and are willing to abide by the school Diabetes Management Policy and that they are aware of students at risk and their 'Individual Management Plans'

### **The First Aid Officers are responsible for:**

- Ensuring that all students at risk have an 'Individual Diabetes Management Plan', which is updated annually
- Ensuring that parent/carers provide up-to-date, properly labelled medication
- Providing at least two Diabetes emergency first aid kits
- Displaying emergency management information in classrooms, staffrooms and Health Centre
- Communicating regularly with parents/carers about the frequency and severity of symptoms and use of medication at school

### **The Staff members are responsible for:**

- Ensuring they are aware of the College's Diabetes Management Policy and first aid procedures
- Being aware of students at risk and their 'Individual Diabetes Management Plans'. These are stored on the staff drive in 'Emergency Medical Plans' and alerts appear in SEQTA and SIP
- Having up-to-date qualifications and making a copy of this available to the Principal's Secretary
- Following Diabetes emergency procedures when needed and notifying the office immediately.

### **Parents/Carers are responsible for:**

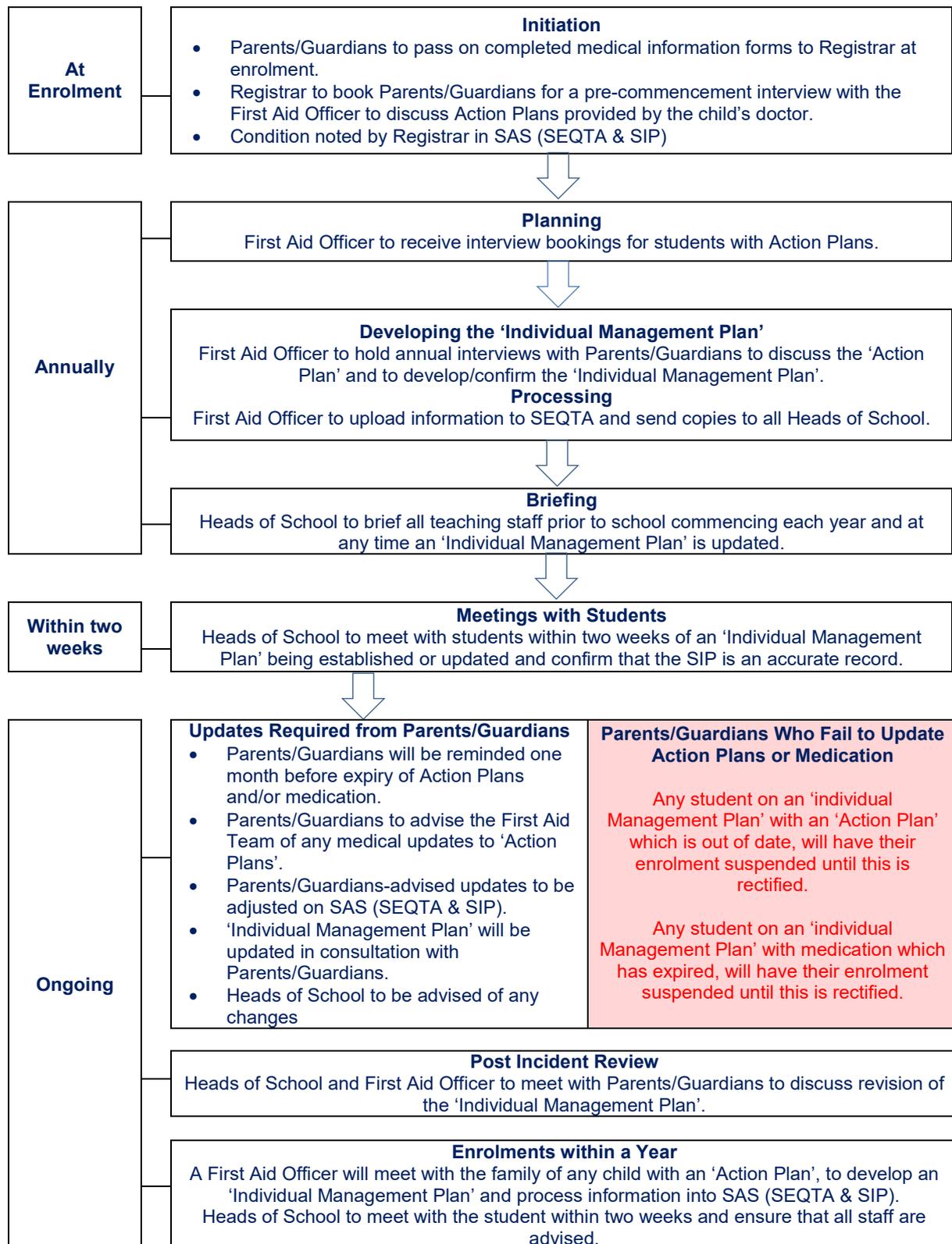
- Providing a signed 'Diabetes Action Plan' created annually by a medical practitioner
- Reading and abiding by the College's Diabetes Management Policy
- Providing the College with medication, and if self-regulating, ensuring that the child carries this medication with them at all times
- Communicating any changes to their child's Diabetes treatment or condition

### **Students are responsible for:**

- Immediately informing staff if they experience any Diabetes symptoms
- Informing staff if they have self-administered any Diabetes medication
- Having their Diabetes medication with them at all times

## ‘INDIVIDUAL MANGEMENT PLAN’ PROCESS

Applies to Anaphylaxis, Severe Allergies, Diabetes, Asthma and Epilepsy





## APPENDIX D 'INDIVIDUAL MANGEMENT PLAN' FORM FOR DIABETES, EPILEPSY, ASTHMA AND SEVERE ALLERGY

This plan outlines how the school will support the student's health care needs, based on health advice received from the student's medical/health practitioner. This form must be completed for each student with an identified health care need (not including those with Anaphylaxis as this is done via an 'Individual Anaphylaxis Management Plan' – see Appendix C

This Plan is to be completed by the Principal (or nominee) in collaboration with the Parent/Guardian.

School:		Phone:	
Student's name:		Date of birth:	
Year level:		Proposed date for review of this Plan:	
Parent/carer information (1)	contact	Parent/carer information (2)	contact
Other contacts (if parent/carer not available)		emergency (if not)	
Name:		Name:	
Relationship:		Relationship:	
Home phone:		Home phone:	
Work phone:		Work phone:	
Mobile:		Mobile:	
Address:		Address:	

Medical /Health practitioner contact:

Ideally, this plan should be developed based on health advice received via the appropriate Departmental Medical Advice form or in case of Asthma, the Asthma Foundation's School Asthma Action Plan. Please tick the appropriate form which has been completed and attach to this Plan.

1	Condition Specific Medical Advice Form – Epilepsy	
2	Specific Medical Advice Form – Diabetes	
3	School Asthma Action Plan	
4	General Medical Advice Form - for a student with a health condition	
5	Condition Specific Medical Advice Form – Cystic Fibrosis	
6	Condition Specific Medical Advice Form – Acquired Brain Injury	
7	Condition Specific Medical Advice Form – Cancer Condition	
8	Personal Care Medical Advice Form - for a student who requires support for transfers and positioning	
9	Personal Care Medical Advice Form - for a student who requires support for oral eating and drinking	
10	Personal Care Medical Advice Form - for a student who requires support for continence	

Who will receive a copy of this 'Individual Management Plan'

1. Student's Family

2. Other: \_\_\_\_

3. Other: \_\_\_\_\_

The following 'Individual Management Plan' has been developed with my knowledge and input

Name of Parent/Guardian

Signature:

Date:

Name of Principal (or nominee): :

Signature

Date

**Privacy Statement**

The school collects personal information so as the school can plan and support the health care needs of the student. Without the provision of this information the quality of the health support provided may be affected. The information may be disclosed to relevant school staff and appropriate medical personnel, including those engaged in providing health support as well as emergency personnel, where appropriate, or where authorised or required by another law. You are able to request access to the personal information that we hold about you/your child and to request that it be corrected.

**How the school will support the student's health care needs**

Student's name:	
Date of birth:	Year level:
What is the health care need identified by the student's medical/health practitioner?	

Other known health conditions:	
When will the student commence attending school?	
Detail any actions and timelines to enable attendance and any interim provisions:	

Below are some questions that may need to be considered when detailing the support that will be provided for the student's health care needs. These questions should be used as a guide only.

	What needs to be considered?	Strategy – how will the school support the student's health care needs?	Person Responsible for ensuring the support
Overall Support	Is it necessary to provide the support during the school day?	For example, some medication can be taken at home and does not need to be brought to the school.	
	How can the recommended support be provided in the simplest manner, with minimal interruption to the education and care program?	For example, students using nebulisers can often learn to use puffers and spacers at school.	

	<p>Who should provide the support?</p>	<p>For example, the Principal, should conduct a risk assessment for staff and ask:</p> <p>Does the support fit with assigned staff duties and basic first aid training.</p>	
	<p>How can the support be provided in a way that respects dignity, privacy, comfort and safety and enhances learning?</p>	<p>For example, detail the steps taken to ensure that the support provided respects the students, dignity, privacy, comfort and safety and enhances learning.</p>	
<p>Routine Supervision for health-related safety</p>	<p>Does the student require medication to be administered and/or stored at the School?</p>	<p>Ensure that the parent/carer is aware of the School's policy on medication management.</p> <p>Ensure that written advice is received, ideally from the student's medical/health practitioner for appropriate storage and administration of the medication – via the Department's Medication Authority Form.</p> <p>Ensure that a medication log or equivalent official medications register is completed by the person administering the taking of the medication.</p>	

<p>Are there any facilities issues that need to be addressed?</p>	<p>Ensure the schools first aid room/sick bay and its contents provide the minimum requirements and discuss and agree if other requirements are needed in this room to meet the student's health care needs.</p> <p>Ensure the school provides sufficient facilities to assist a student who requires a wheelchair or other technical support. Discuss this with the parent/carer/student.</p>	
<p>Does the student require assistance by a visiting nurse, physiotherapist, or other health worker?</p>	<p>Detail who the worker is, the contact staff member and how, when and where they will provide support.</p> <p>Ensure that the school provides a facility which enables the provision of the health service.</p>	
<p>Who is responsible for management of health records at the school?</p>	<p>Ensure that information privacy principles are applied when collecting, using, retaining or disposing of personal or health information.</p>	
<p>Where relevant, what steps have been put in place to support continuity and relevance of curriculum for the student?</p>	<p>For example, accommodation in curriculum design and delivery and in assessment for a student in transition between home, hospital and school; for a student attending part-time or episodically.</p>	

<p style="text-align: center;">Other considerations</p>	<p>Are there other considerations relevant for this health support plan?</p>	<p>For example, in relation to behaviour, such as special permission to leave group activities as needed; planned, supportive peer environment.</p> <p>For example, in relation to the environment, such as minimising risks such as allergens or other risk factors.</p> <p>For example, in relation to communication, is there a need to formally outline the communication channels between the school, family and health/medical practitioner?</p> <p>For example, is there a need for planned support for siblings/peers?</p>	
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