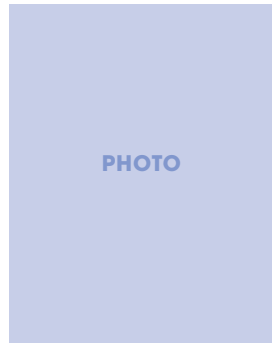


# TYPE 2 DIABETES ACTION PLAN 2024 SCHOOL SETTING

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

## Insulin Injections



STUDENT NAME

DATE OF BIRTH

GRADE / YEAR

NAME OF SCHOOL

PARENT / CARER NAME

CONTACT NO.

DIABETES TREATING TEAM

HOSPITAL UR NO.

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 TREATMENT TO OCCUR WHERE STUDENT IS AT TIME OF HYPO HYPO SUPPLIES LOCATED** \_\_\_\_\_

#### MILD\*

**Student conscious**  
(Able to eat hypo food)  
\* MILD IS COMMON

**Step 1: Give fast acting carbohydrate**

**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**

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

**Step 4: Resume usual activity when BGL 4.0 or higher**

#### SEVERE

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

**First Aid DRSABCD**  
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 1–2 glasses water per hour
- Return to usual 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 strips supplied)

#### KETONES

If unable to contact parent/carer **and** blood ketones greater than or equal to 1.0 mmol/L

**CALL AN AMBULANCE DIAL 000**

Use in conjunction with Diabetes Action Plan. This plan should be reviewed every year.  
**TICK BOXES THAT APPLY**

## INSULIN ADMINISTRATION

INSULIN is given multiple times per day.

The student requires an injection of insulin:

- At home prior to school
- Before breakfast at before school care
- Lunchtime
- Other \_\_\_\_\_

**Insulin injection \_\_\_\_\_ minutes before meal.**

- Other diabetes medication required at school.  
[SEE MEDICATION AUTHORITY FORM OR RELEVANT DOCUMENT](#)

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

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

\_\_\_\_\_

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

## RESPONSIBLE STAFF

Staff who have voluntarily agreed to undertake training and provide support with diabetes care to the student.

STAFF MEMBER	GLUCOSE CHECKING	INSULIN ADMINISTRATION / SUPERVISION

**(continues page 3)**

NAME \_\_\_\_\_

HOSPITAL UR NO. \_\_\_\_\_

DATE PLAN CREATED \_\_\_\_\_

**SCHOOL SETTING**

A Medical Authority Form is required if school staff are to administer / supervise insulin injection / other diabetes medication.

Medication Authority Form

Yes

No

**BEFORE / AFTER SCHOOL CARE**

Before / after 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 injection/other diabetes medication to their child.

## GLUCOSE LEVEL CHECKING

**Target range for glucose levels pre-meals: 4.0 - 7.0 mmol/L.**

**7.1 - 14.9 mmol/L are outside target range requiring no action.**

- Glucose levels outside this target range are common.
- A glucose check should occur where the student is at the time it is required.
- Before doing a **blood glucose check** the student should wash and dry their hands.

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

Yes

No (Support is required)

The responsible staff member needs to

Do the check

Assist

Observe

Remind

**BLOOD GLUCOSE LEVEL (BGL) TO BE CHECKED** (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 \_\_\_\_\_

## CONTINUOUS GLUCOSE MONITORING (CGM)

- Continuous glucose monitoring consists of a small sensor that sits under the skin and measures glucose levels in the fluid surrounding the cells.
- A CGM reading can differ from a blood glucose level (BGL) reading during times of rapidly changing glucose levels e.g., eating, after insulin administration, during exercise.
- A CGM reading less than \_\_\_\_\_ mmol/L must be confirmed by a BGL check.  
**FOLLOW ACTION PLAN**
- Hypo treatment is based on a BGL check.
- A CGM reading above \_\_\_\_\_ mmol/L must be confirmed by a BGL check.  
**FOLLOW ACTION PLAN**
- **If the sensor/transmitter falls out, staff to do BGL checks.**

A student wearing CGM must do a blood glucose level (BGL) check:

(tick all those that apply)

- Anytime hypo suspected       When feeling unwell
- Other times – please specify \_\_\_\_\_

### USE AT SCHOOL

- Parents/carers are the primary contact for any questions regarding CGM.
- 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 apps on their personal computers, smart phones or carry receivers.
- CGM devices can be monitored remotely by family members. They should only contact the school if there is an emergency.
- The CGM sensor can remain on the student during water activities.

## LOW BLOOD GLUCOSE LEVELS (Hypoglycaemia / Hypo) FOLLOW ACTION PLAN

- **If the student requires more than 2 consecutive fast acting carbohydrate treatments, as per their Diabetes Action Plan, call their parent/carer. Continue hypo treatment if needed while awaiting further advice.**
- All hypo treatment should be provided by parent/carer. **(continues page 5)**

NAME \_\_\_\_\_

HOSPITAL UR NO. \_\_\_\_\_

DATE PLAN CREATED \_\_\_\_\_

## SEVERE HYPOGLYCAEMIA (HYPO) MANAGEMENT FOLLOW ACTION PLAN

Is NOT common.

**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.

LOW BLOOD  
GLUCOSE LEVELS

## HIGH BLOOD GLUCOSE LEVELS (Hyperglycaemia / Hyper)

**MORE THAN 15 mmol/L FOLLOW THE ACTION PLAN**

HIGH BLOOD  
GLUCOSE LEVELS

## KETONES FOLLOW THE ACTION PLAN

- Ketones occur most commonly in response to high glucose level and student unwell.
- Ketones are produced when the body breaks down fat for energy.
- Ketones can be dangerous.

If the student is UNWELL check ketone level if strips supplied.

KETONES

## EATING AND DRINKING

- Some younger students will require supervision to ensure some food is eaten.
- No food sharing.
- Seek parent/carer advice regarding foods for school parties/celebrations.
- Always allow access to water.

EATING AND  
DRINKING

## PHYSICAL ACTIVITY

Hypo treatment and a glucose monitoring device should always be with the student.

- Physical activity **may cause glucose levels to go high or low.**
- Some students may require a glucose check before, during and after physical activity.
- Some students **MAY** require a slow acting carbohydrate before planned physical activity.

ADDITIONAL INFORMATION: \_\_\_\_\_

\_\_\_\_\_

- Physical activity should not be undertaken **if BGL less than 4.0 mmol/L.**  
**REFER TO THE DIABETES ACTION PLAN FOR HYPO TREATMENT**
- Physical activity **should not** be undertaken if the student is **unwell.**

## EXCURSIONS / INCURSIONS

It is important to plan for extracurricular activities.

- Ensure blood glucose monitor, blood glucose strips, ketone strips (if supplied), insulin device and needle and hypo food are readily available.
- Plan for meal and snack breaks.
- Always have hypo treatment available.
- Know location of toilets.

## SCHOOL CAMPS

- Parents/carers need to be informed of any school camp **at least 2 months** prior to ensure the student's diabetes treating team can provide a Camp Diabetes Management plan and any training needs required.
- 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.
- If the camp location is more than **30 minutes** from a reliable ambulance service, **Glucagon injection training is recommended.**

## EXAMS

- Glucose level should be checked before an exam.
- Glucose level should be greater than 4.0 mmol/L before exam is started.
- Blood glucose monitor and blood glucose strips, CGM devices or smart phones, hypo treatments, and water should be available in the exam setting.
- Extra time will be required if a hypo occurs, for toilet privileges or student unwell.

### 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 disability for further information.

#### Victorian Certificate of Education (VCE)

Should be lodged at the beginning of Year 11 and 12. Check Victorian Curriculum and Assessment Authority (VCAA) requirements.

## EQUIPMENT CHECKLIST

### Supplied by the parent/carer

- Insulin pens and pen needles  
Stored according to the school's Medication Policy
- Finger prick device
- Blood glucose monitor
- Blood glucose strips
- Blood ketone strips (if supplied)
- Hypo treatment
- Sharps' container
- Charging cables for diabetes management devices

## DISPOSAL OF MEDICAL WASTE

- Dispose of any used pen needles in sharps container provided.
- Dispose of blood glucose and 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