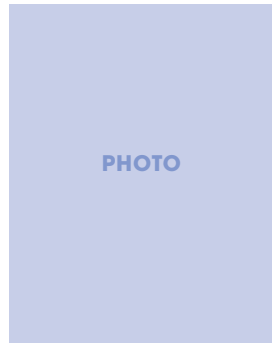


TYPE 2 DIABETES ACTION PLAN 2024 SCHOOL SETTING

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

Insulin Injections



PHOTO

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.

EXAMS

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

EQUIPMENT CHECKLIST

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.

DISPOSAL

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