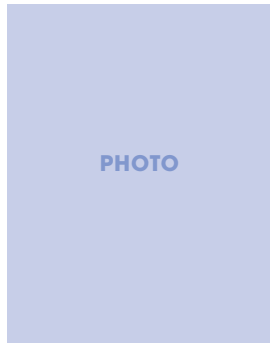


TYPE 2 DIABETES ACTION PLAN 2024 SCHOOL SETTING

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

Medication (Not 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

The student is on a medication that **DOES NOT CAUSE** Hypoglycaemia (Hypo/Low Blood Glucose Levels)

If a student's Blood Glucose Level is less than 4.0 mmol/L they **DO NOT** require treatment.

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

MEDICATION ADMINISTRATION

The student requires diabetes medication at school: Yes No

- Oral medication Injection (It is **NOT INSULIN**)
 Lunchtime Other _____

Medication to be given _____

SEE MEDICATION AUTHORITY FORM OR RELEVANT DOCUMENT

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

Is supervision required? Yes No Remind only

Responsible staff will need training if they are required to:

- Administer medication (Dose as per additional documentation provided)
 Assist Observe

RESPONSIBLE STAFF

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

STAFF MEMBER	GLUCOSE CHECKING	MEDICATION ADMINISTRATION / SUPERVISION

SCHOOL SETTING

A Medical Authority Form is required if school staff are to administer / supervise 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 medication administration to their child.

NAME _____
 HOSPITAL UR NO. _____
 DATE PLAN CREATED _____

GLUCOSE LEVEL CHECKING

Is a glucose level check required at school?

Yes (See information below)

No

**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 LEVELS (BGLs) 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 some medication, during exercise.
 - 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.**

(continues page 4)

A student doing CGM must check their BGL:

- 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.

HIGH BLOOD GLUCOSE LEVELS (Hyperglycaemia / Hyper)

MORE THAN 15 mmol/L FOLLOW THE ACTION PLAN

KETONES FOLLOW THE ACTION PLAN

- Ketones occur most commonly in response to high glucose levels 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.

EATING AND DRINKING

- No food sharing.
- Seek parent/carer advice regarding foods for school parties/celebrations.
- Always allow access to water.

NAME _____

HOSPITAL UR NO. _____

DATE PLAN CREATED _____

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.

SCHOOL CAMPS

EXAMS

- Glucose level should be checked before an exam.
- Blood glucose monitor and blood glucose strips, CGM devices or smart phones and water should be available in the exam setting.
- Extra time will be required for toilet privileges or student unwell.

EXAMS

EQUIPMENT CHECKLIST

Supplied by the parent/carer

- Pen device and pen needles if having injectable medication.
Stored according to the school Medication Policy.
- Finger prick device
- Blood glucose monitor
- Blood glucose strips
- Blood ketone strips (if supplied)
- Sharps' container

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 <input type="checkbox"/> Principal	<input type="checkbox"/> Vice Principal

SIGNATURE	DATE

DIABETES TREATING MEDICAL TEAM

NAME

FIRST NAME (PLEASE PRINT)	FAMILY NAME (PLEASE PRINT)

SIGNATURE	DATE

HOSPITAL NAME