

DIABETES (Type 1 & 2) MANAGEMENT POLICY

Rationale

- Children and young people with diabetes are no more likely to be sick than other young people and can generally be expected to do everything their peers do and can enjoy and participate in school life and curriculum to the full. However, at times they may need additional support or special consideration to ensure they are able to participate in education and training on the same basis as other children.
- Diabetes is considered a disability under the relevant federal and state anti-discrimination laws. Therefore schools have a legal obligation to make reasonable adjustments for children with diabetes to enable them to participate in their education on the same basis as their peers, regardless of whether they are funded under the Program for Students with Disabilities.
- An example of a reasonable adjustment could be having an appropriately trained aide administer insulin where a child is unable to self-administer safely. In addition, schools have an ongoing duty of care obligation to children to take reasonable steps to reduce the risks of reasonably foreseeable injury.
- Upon enrolment or when a health care need is identified, schools in conjunction with parents/carers and treating medical team are required to develop a current, clear and tailored health management plan to support the child's individual health care needs.
- Schools have a legal obligation to consult with the child and parents/carers about the needs of the child and what reasonable adjustments must be made. Schools should consult initially with parents/carers and on an ongoing basis through regular Support Groups.
- Schools are required to ensure that children with **Type 1 diabetes** have an individual Diabetes Management Plan prepared by the student's treating medical team (provided by parents/carers) a current Diabetes Action Plan prepared by the student's treating medical team (provided by parents/carers); and a Student Health Support Plan, developed by the school in consultation with the parents/carers and where appropriate the student's treating medical team, see: Health Support Planning Forms.
These documents must be completed in line with requirements as listed under Diabetes Management Plan below.
- Principals must also ensure that the Department of Education and Training (DET) policy requirements and advice is met.

Purpose

- To ensure Tarneit Rise Primary School supports children diagnosed with diabetes.
- To ensure a Diabetes Management Plan and Action Plan developed by the hospital team responsible for the child's diabetes care is presented to the school by the parents/carers.
- To ensure the school discharges its duty of care towards its children.
- To ensure the school complies with DET policy, guidelines and advice.
- To ensure the school complies with Child Safe Standards 1 & 2.

Definitions

Type 1 Diabetes is an auto-immune condition which occurs when the immune system damages the insulin producing cells in the pancreas. Insulin is the hormone that controls blood glucose levels (BGLs). This condition is predominantly treated with insulin replacement via multiple injections each day or a continuous infusion via a pump. Without insulin treatment, Type 1 diabetes is 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 accounts for around 85 per cent of all cases of diabetes, but less than 5% of cases in the school-based population. Type 2 diabetes 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 lifestyle and/or medication that could include tablets and/or insulin.

Note: Type 2 diabetes is usually controlled by diet and is not necessarily dependent on insulin injections for treatment. Thus, children with Type 2 diabetes do not require an individual Diabetes Management Plan or Student Health Support Plan unless specifically requested by the student's treating medical professional.

Hypoglycaemia (Hypo) – Low blood glucose

Hypoglycaemia occurs when the blood glucose level drops below a normal level. Hypoglycaemia can be caused by too much insulin; delaying a meal; not enough food; or unplanned or unusual exercise. A 'hypo' can be dangerous if not treated promptly and can potentially cause irrational or confused behaviour, a seizure and possible loss of consciousness. It is important to treat hypos rapidly as students can feel unwell and their judgment and cognitive abilities may be impaired.

Hyperglycaemia (Hyper) – High blood glucose

Hyperglycaemia is a condition in which the blood glucose increases above the normal level. Hyperglycaemia can be caused by insufficient insulin; too much food; common illness; and/or stress. It is uncommon for blood glucose levels to be high, however this state should be avoided where possible and persistent high levels reported back to parents.

Implementation

- The safety and wellbeing of children is this school's highest priority.
- The school acknowledges that this policy is of a general nature and may not be directly applicable to every child's individual health needs.
- The school has developed a mandatory prerequisite Health Needs Policy.
- The Principal will ensure that the Department's policy requirements and advice is met.
- Parents/carers are expected to discuss their child's diabetes management and support needs with the Principal or delegated officer on enrolment.
- Upon enrolment or when a health care need is identified, the school, in conjunction with parents/carers and the treating medical team will develop a clear and tailored health management plan to support the child's individual health care needs. (The school has a legal obligation to consult with the child and parents/carers about the needs of the child and what reasonable adjustments must be made.)
- The school will consult initially with parents/carers and on an ongoing basis through regular a Support Group.
- The school will ensure that children with **Type 1 diabetes** have:
 - a current individual Diabetes Management Plan prepared by a child's treating medical team (provided by parents/carers)
 - a current Diabetes Action Plan and
 - a Health Support Plan, developed by the school in consultation with the parents/carers and where appropriate the child's treating medical team
- These documents must be completed in line with requirements as listed under the Diabetes Management Plan below.

- To ensure all relevant parties have been consulted and are in agreement with the stated plan of care, the Diabetes Management Plan must be signed by the parent/carer, diabetes educator or doctor (specialist endocrinologist or paediatrician) and the school Principal.
- The school will develop a school health support plan in consultation with parents/carers when appropriate for the child and where appropriate the child's medical practitioner(s).
- Forms, templates and guides are available at:
 - Health Support Planning Forms (including the Health Support Plan)
 - Diabetes Australia – Victoria (including the Diabetes Management Plan and the Diabetes Action Plan)
- The child will be supported to learn to take responsibility for the management of his/her own health needs in non-emergency situations where possible and according to their age. Diabetes management for younger children may be harder to achieve given the complexity of BGL monitoring and treatment. Individual children will become independent at various ages therefore additional support by educators and support staff may be necessary until this time occurs.
- The school will make reasonable adjustments for children with diabetes and take reasonable steps to prevent reasonably foreseeable risks of injury. These reasonable adjustments are likely to include:
 - determining any additional arrangements required to assist each child, in accordance with the child's Health Support Plan
 - assessing staff training requirements based on individual needs
 - ensuring staff undertake appropriate diabetes education which includes general education for all school staff, specific training for staff closely involved with children with diabetes, targeted support for a younger child who requires assistance to manage their diabetes
 - special consideration when participating in sport, excursions, camps and other activities
 - extra diabetes management plans for overnight camps and excursions prepared by the student's treating medical team
 - special consideration during exams and tests
 - extra toilet provisions
 - extra consideration if unwell
 - some individual supervision
 - to eat at additional times, especially when involved in physical activity
 - special provisions for privacy when checking blood glucose levels and injecting insulin, if required.
- Students may require some time away from school to attend medical appointments, but in general, attendance at school should not be an ongoing issue.
- The school will access the training seminars for teachers and school support staff which are held regularly by Diabetes Australia (Vic), see: Diabetes Australia – Victoria.
- The training will be kept up-to-date and appropriate in light of any changes to a child's Health Support Plan.
- The school will ensure that staff (including relief and canteen staff and volunteer workers) know enough about diabetes to ensure the safety of children.
- Families are responsible for providing schools with the food and drink needed by their child.
- Most children with diabetes can enjoy and participate in school life and curriculum to the full. However, due to their diabetes a child may need:
 - monitoring blood glucose levels (BGLs)
 - administering insulin by a nominated school staff member who has received appropriate training in the administration of insulin
 - administering glucagon (in most circumstances this should not be necessary)

- The school will establish a culture of inclusion and to support young people with diabetes so they can participate fully and safely at school.

Please note: if insulin is to administered at school, parent/carers must provide clear advice regarding the dose and timing as per the Diabetes Management Plan and ensure instructions in these plans are updated as circumstances or health requirements change

- infection control including providing clear instructions to relevant staff on how to prevent infection and cross contamination when checking blood glucose levels and administering insulin. This includes measures such as hand washing, one child one device, disposable lancets and syringes and the safe disposal of all medical waste.
- establishing a culture of inclusion to support the child with diabetes so they can participate fully and safely at school
- discussing the child's participation in such activities with parent/carers prior to the event and ensuring the child's Health Support Plan is reviewed before a child attends the camp or excursion
- developing a risk assessment plan in consultation with parents/carers to identify foreseeable risks and to take reasonable steps to minimise those risks
- the plan should consider the potential for injury to the child and/or others, the location, remoteness, risk-level of the activities, transport, sleeping arrangements, proposed supervision and information relating to the child's needs and medication
- making reasonable adjustments to enable the child to participate in school activities including excursions and camps and those activities where food is provided discussing the child's participation in such activities with parent/carers prior to the event

Please note: the school cannot require parental attendance as a condition of participation but if parents/carers wish to attend and this is not inconsistent with school policy then this may be agreed at the discretion of the Principal

- making reasonable adjustments in classroom activities and other special events to ensure a child with diabetes are able to fully and safely engage in education and related activities
 - restricting food-based rewards, ensuring suitable food/snack alternatives are available for class parties and altering food based curriculum activities (such as cooking) to improve safety for children with diabetes.
 - food sharing is not safe for children with diabetes and will be discouraged
 - raising the awareness of children and the school community about diabetes and the importance of their role in fostering a school environment that is safe and supportive for all children
 - taking special precautions during sport and physical education and extra precautions during swimming
 - timing meals and communicating meal requirements to all supervising staff
 - making reasonable adjustments for a child with Type 1 diabetes including extra rest during assessment tasks
 - ensuring staff continuity in that all staff (including relief and canteen staff) have a general level of awareness and knowledge, and are able to quickly access information or support from staff who have received specific diabetes management training.
- The school will determine with parents/carers what method will best facilitate regular and reliable communication between parties. The school will be proactive in establishing effective communication lines to ensure parents/carers can regularly and easily relay health changes or updates to a child's individual Diabetes Management Plans. Communication books, emails and text messages to a nominated contact are strategies that may be considered.
 - Further information and online resources may be obtained from

- Caring for Diabetes in Children & Adolescents, Royal Children's Hospital
- Diabetes Australia - Victoria for:
 - the Diabetes Management Plan and the Diabetes Action Plan for children with/without insulin pumps in primary and secondary schools, see: Diabetes and School
 - information about teacher professional learning i.e. Diabetes in Schools one day seminars for teachers and early childhood setting staff, see: Information for Schools

Diabetes planning and support guide for education and childcare services, Department of Education and Children’s Services, South Australia

- A webcast that aims to increase teachers and staff’ understanding of the special needs of a child with type 1 diabetes and to recognise the precautions and strategies necessary to maintain a safe and effective learning environment, see: Diabetes and School
- Diabetes Queensland - Students with Diabetes: Guidelines for Queensland Schools
- Please refer also to the school’s mandatory Health Care Needs Policy, the Medication Policy, the Duty of Care Policy and the Swimming Supervision/Water Safety Policy.

Evaluation

- This policy will be reviewed as part of the school’s three-year review cycle or if guidelines change (latest DET update early July 2017).

<u>Ratification Date</u>	<u>Review Date</u>	<u>Policy Number</u>	<u>Version Number</u>	<u>Date Produced</u>
October 2017	2019	27	1	September 2017

Reference:

- <http://www.education.vic.gov.au/school/principals/spag/health/Pages/diabetes.aspx>
- <http://www.education.vic.gov.au/childhood/providers/regulation/Pages/medicalconditions.aspx>