

DIABETES POLICY

RATIONALE:

When notified by the parent/caregiver, the school will manage and support students diagnosed with diabetes and provide information to staff and support to families in managing the student's medical needs.

AIMS:

To provide:

- guidelines to ensure appropriate and equitable treatment of students with diabetes
- information about the illness, symptoms and duty of care for students with diabetes
- an individualised Diabetes Management Plan for students with diabetes attending Findon Primary School by the parent/caregiver, completed by a Health Professional
- staff with current information and support in managing diabetes.

IMPLEMENTATION:

Duty of Care:

For students with diabetes, schools have a responsibility to provide a safe environment and adequate supervision. This includes:

- ensuring supervising staff know of the student's diabetes and their routine and emergency support plans
- ensuring that annually, a Diabetes Management Plan is provided to the school by the student's medical specialist via the parents/caregivers and is signed off by the Principal and the first aid delegate/school nurse. This plan is communicated to all relevant staff including the Physical Education (PE) teacher
- recognising that if the student's behaviour is unusual this may be due to a low or high blood glucose level and the student's Diabetes Management Plan needs to be followed
- enabling the student to eat meals or snacks as required
- allowing the student access to the toilet when requested outside usual times
- ensuring preventative strategies prior to sporting activities or physical activities are followed as per Individual Diabetes Management Plan
- ensuring supervision by first aid person if unwell. Students with diabetes should NEVER be sent to the First aid room alone or left unattended when feeling unwell. Hypo kits and care is to come to them wherever they are at the time of a hypo/hyper glycaemic event
- if vomiting is present, contacting the parent/caregiver. If this is not possible contact the student's doctor/medical Diabetes team or transfer the student by ambulance to hospital
- enabling privacy when testing blood glucose levels or injecting insulin at school, if requested
- providing a written log of any episodes (which the students keep) of hypoglycaemia or hyperglycaemia and the action taken while supervised by staff, inform nurse of any episodes
- ensuring information relevant to recognition and treatment of hypoglycaemia or hyperglycaemia is in a prominent place in the classroom, staff room and also in the First Aid room, and that all staff are conversant with the information
- students are supported to develop an increasing level of self care and responsibility in association with the student, parent/caregiver and school, while still providing appropriate level of care as per age and ability
- ensuring that students and parents/caregivers are prepared for excursions and special activities through communication
- CAMPS: Prior to camp a Camp Diabetes Management Plan is provided by the Hospital diabetes treatment team via the parent/caregiver. This plan will be followed for the duration of the camp and a new plan must be provided for each camp. The camp first aid officer will be responsible for the adherence to this plan and the parents will be informed directly of any changes to the student's condition as per the plan

Hypoglycaemia (low blood glucose or hypo) *Hypoglycaemia deprives the brain of energy.

The causes of a hypoglycaemia include: a) too much insulin; b) exercise; c) not enough food. Hypoglycaemia may occur at any time, but there is a greater chance of this happening with exercise or before the next meal or snack is due. The signs of hypoglycaemia can progress from mild to severe.

In **MILD** hypoglycaemia signs develop which include:

- sweating, paleness, trembling, hunger, weakness
- changes in mood and behaviour eg crying, argumentative outbursts, aggressiveness
- inability to think straight; lack of coordination

In **MODERATELY SEVERE** hypoglycaemia, additional signs develop, including:

- inability to help oneself
- glazed expression
- being disoriented, unaware or seemingly intoxicated
- inability to drink and swallow without encouragement
- headache, abdominal pains or nausea

In **SEVERE hypoglycaemia**, the signs have progressed to include:

- inability to stand
- inability to respond to instructions and extreme disorientation (may be thrashing about)
- inability to drink and swallow which may lead to inhaling food.
- unconsciousness or seizures such as jerking or twitching of face, body or limbs

Procedures: First Aid Response

Mild to Moderate low blood glucose:

- Act swiftly
- Give sugar immediately in accordance with student's individual plan
- Retest if there has been no response, in accordance with the students plan, or within 10-15 minutes
- When recovery begins to occur continue to monitor and follow student's individual plan and do not leave alone

Severe Hypoglycaemia:

- Lie student on side and protect from injury
- Maintain Basic First Aid **Danger Response** Send for help **Airway, Breathing, CPR Defibrilator**
- Call ambulance 000
- Notify emergency contacts

Most Importantly

If a student with diabetes is unwell and exhibits the following symptoms the parents/caregivers should be contacted or if they are unavailable a doctor should be contacted or the student transferred by ambulance to hospital.

- Vomiting
- Rapid laboured breathing
- Drowsiness
- Abdominal Pain
- Sweet acetone smell to the breath
- Severe dehydration

OTHER ISSUES:

Hyperglycaemia (high blood glucose level) occurs from time to time and is not usually a problem in the short term. During periods of hyperglycaemia the student with diabetes may need to drink extra water and go to the toilet during class. Students experiencing hyperglycaemia may find it difficult to concentrate and can be irritable.

Key points to note re: Hyperglycaemia

- Hyperglycaemia happens from time to time to all people who have diabetes
- Hyperglycaemia can be a very serious problem if it is not treated

- Long term hyperglycaemia is a major cause of many of the complications that happen to people who have diabetes. For this reason, it's important to know what hyperglycemia is, what its symptoms are, and how to treat it
- Untreated hyperglycaemia in Type 1 diabetics can lead to a life threatening condition called diabetic ketoacidosis (DKA)
- Students exhibiting signs of hyperglycaemia should be monitored and parents/caregivers contacted if there are concerns

Specific Documentation: Provisions Required:

- The parent/caregiver is to provide all food, drink, blood glucose testing equipment and diabetes log book
- Bite size food (hypo packs) appropriately labelled and packaged, and a suitable drink eg. water, fruit juice, cordial must be provided
- A blood glucose monitor is required at school at all times student is in attendance. When the monitor is used, the reading is to be noted and recorded by the student in the diabetes log

EVALUATION: This policy shall be reviewed as part of the ongoing process and review.

REFERENCES:

Findon Medication Policy

Royal Children's Hospital: Individual Diabetes Management Plan

http://www.rch.org.au/clinicalguide/guideline_index/Diabetes_Mellitus_and_Endoscopy

Diabetes Australia

www.diabetesaustralia.com.au

DET School Policy & Advisory Guide

<http://www.education.vic.gov.au/school/principals/spag/health/pages/diabetes.aspx>