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

SIGNATURE

ROLE

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 CHILD/STUDENT ALONE • DO NOT DELAY TREATMENT TREATMENT TO OCCUR WHERE CHILD/STUDENT IS AT TIME OF HYPO HYPO SUPPLIES LOCATED _____

MILD*

Child/student conscious

(Able to eat hypo food)

* MILD IS COMMON

Step1: 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

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

Step 3a:

Step 4: Resume usual activity when BGL 4.0 or higher

SEVERE

Child/student drowsy / unconscious (Risk of choking / unable to swallow)

First Aid DRSABCD Stay with child/ 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

Child/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

Child/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 or dark purple on urine strip

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

The child/student requires	an injection of	insulin:	
At home prior to early		0.	
Before breakfast at ea	rly childhood se	etting / before scho	ool care
Lunchtime Other			
Insulin injection	minutes be	fore meal.	
Carbohydrate food mus	t always be ea	ten after a mealti	me insulin injection.
The insulin dose for meals	/ snacks will be	determined by:	
Set dose			
Flexible dosing guide/	• •		
Supervision required to	ensure correct	information adde	d to app.
Location in the early child	dhood setting/so	chool where the inj	ection is to be given:
ls supervision required?	■ Yes	■ No	Remind only
			Remind only
Responsible staff will need	d training if they	are required to:	·
Responsible staff will need Administer injection (D	d training if they ose as per add	are required to:	·
Is supervision required? Responsible staff will need Administer injection (D Assist	d training if they	are required to:	·
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■ EARLY CHILDHOOD SETTING

Centre director / manager will need to ensure that the parent / carer has completed the relevant documentation, authorising responsible staff to administer insulin to the child.

SCHOOL SETTING

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

Medication Authority Form

	Υ	e

No

mmol/L must be confirmed by a BGL check.

■ 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 administration to their child.

CONTINUOUS GLUCOSE MONITORING (CGM)

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.
- 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.

•	If the sensor/transmitter falls out, s	taff to do BGL (Fingerprick) checks.
	FOLLOW ACTION PLAN	
•	A CGM reading above	mmol/L must be confirmed by a BGL check.
•	Hypo treatment is based on a BGL ch	eck.
	FOLLOW ACTION PLAN	

A child/student wearing CGM <u>must</u> do a blood glucose level check: (tick all those that apply)

Anytime hypo suspected	When feeling unwell

Office fiftes - piece	ase specify		

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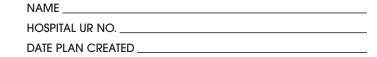
A CGM reading less than

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USE AT EARLY CHILDHOOD SETTING AND 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 child/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 early childhood setting /school if there is an emergency.
- The CGM sensor can remain on the child/student during water activities.

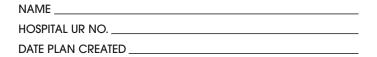
BLOOD GLUCOSE LEVEL (BGL) FINGERPRICK CHECKING - IF NOT WEARING A CGM

- A glucose check should occur where the child/student is at the time it is required.
- Before doing a blood glucose check the child/student should wash and dry their hands.

Is the student able to do their	own blood glucose level	(BGL) check?
Yes	No (Support is required	d)
The responsible staff member	needs to	
Do the check	Assist	Observe
Remind		
BLOOD GLUCOSE LEVELS (BGL) TO BE CHECKED (tick all t	those that apply)
Anytime hypo suspected	Before snack	Before lunch
Before activity	Before exams/tests	When feeling unwell
Beginning of after-school of	care session	
Other times - please speci	fy	

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OW BLOOD GLUCOSE LEVELS

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

- If the child/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.

SEVERE HYPOGLYCAEMIA (HYPO) MANAGEMENT **FOLIOW ACTION PLAN**

Is NOT common.

DO NOT attempt to give anything by mouth to the child/student or rub anything onto the gums as this may lead to choking.

If the early childhood setting/school is located more than 30 minutes from a reliable ambulance service, then staff should discuss Glucagon injection training with the child/student's Diabetes Treating Team.

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 level and child/student is unwell.
- Ketones are produced when the body breaks down fat for energy.
- Ketones can be dangerous.

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

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EATING AND DRINKING

- If using flexible dosing all carbohydrate foods should be clearly labelled by the parent/carer with carbohydrate amounts in grams.
- It is not the responsibility of the early childhood/school staff to count carbohydrates.
 However, school staff may need to assist a student to add up the carbohydrate amounts they wish to eat.
- If meals/snacks provided by the Early Childhood Setting, provide a copy of the menu to the parent/carer so they can determine carbohydrate amounts.
- Children and some younger students will require supervision to ensure all food is eaten.
- No food sharing.
- Seek parent/carer advice regarding foods for early childhood setting/ school parties/celebrations.
- Always allow access to water.

Does the child/student have coeliac disease? \blacksquare No \blacksquare Yes* *Seek parent/carer advice regarding appropriate food and hypo treatments.

PHYSICAL ACTIVITY

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

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

ACTIVITY FOOD

GLUCOSE LEVEL RANGE	CARBOHYDRATE FOOD	AMOUNT

- 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 child/student is **unwell**.

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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, hypo, and activity food are readily accessible.
- 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.
- A Camp Diabetes Management Plan is different to the usual School Plan.
- 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)

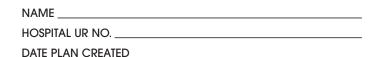
Should be lodged at the beginning of Year 11 and 12. Check Victorian Curriculum and Assessment Authority (VCAA) requirements.





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EQUIPMENT CHECKLIST

Supplied by the parent/carer

- Insulin pens and pen needlesStored according to the early childhood setting /school Medication Policy
- Finger prick device
- Blood glucose monitor
- Blood glucose strips
- Blood ketone strips (if supplied)
- Hypo treatment
- Activity food
- 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 early childhood setting/ school's medical waste policy.

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AGREEMENTS

PARENT/CARER

Organise a meeting with the early childhood setting/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 early childhood setting/school to communicate with the Diabetes Treating Team about my child's diabetes management at early childhood setting/school.

NAME	
FIRST NAME (PLEASE PRINT)	FAMILY NAME (PLEASE PRINT)
SIGNATURE	DATE
EARLY CHILDHOOD SETTING / SCHO I have read, understood, and ag NAME	
FIRST NAME (PLEASE PRINT)	FAMILY NAME (PLEASE PRINT)
ROLE Principal	Vice Principal Centre Manager
Other (please specify	
SIGNATURE	DATE
DIABETES TREATING MEDICAL TEAM	
NAME	
FIRST NAME (PLEASE PRINT)	FAMILY NAME (PLEASE PRINT)
SIGNATURE	DATE
HOSPITAL NAME	

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