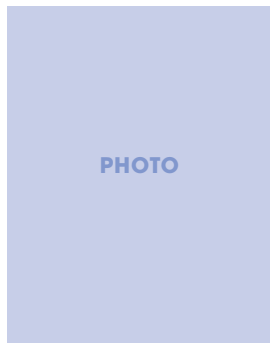


Use in conjunction with Diabetes Management Plan. This plan should be reviewed every year.



PHOTO

CHILD / STUDENT NAME _____

DATE OF BIRTH _____ GRADE / YEAR _____

NAME OF EARLY CHILDHOOD SETTING / SCHOOL _____

PARENT / CARER NAME _____

CONTACT NO. _____

DIABETES TREATING TEAM _____

HOSPITAL UR NO. _____

CONTACT NO. _____

DATE PLAN CREATED _____

AUTHORISED BY DIABETES TREATING TEAM _____

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

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

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

INSULIN is given multiple times per day.

The child/student requires an injection of insulin:

- At home prior to early childhood setting/school
- Before breakfast at early childhood setting / before school care
- Lunchtime
- Other _____

Insulin injection _____ minutes before meal.

Carbohydrate food must always be eaten after a mealtime insulin injection.

The insulin dose for meals / snacks will be determined by:

- Set dose
- Flexible dosing guide/app
- Supervision required to ensure correct information added to app.

Location in the early childhood setting/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 child / student.

The responsible staff needs to be available when the child attends the early childhood setting and in the child's room.

STAFF MEMBER	GLUCOSE CHECKING	INSULIN ADMINISTRATION / SUPERVISION

(continues page 3)

NAME _____
 HOSPITAL UR NO. _____
 DATE PLAN CREATED _____

■ 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

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 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.
- 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 (Fingerprick) checks.**

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

Anytime hypo suspected

When feeling unwell

Other times – please specify _____

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)

The responsible staff member needs to

- Do the check Assist Observe
 Remind

BLOOD GLUCOSE LEVELS (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 _____

NAME _____

HOSPITAL UR NO. _____

DATE PLAN CREATED _____

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 FOLLOW 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.

LOW BLOOD GLUCOSE LEVELS

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.

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

HIGH BLOOD
GLUCOSE LEVELS

KETONES

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? No 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 LOCATED: _____

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**.

NAME _____

HOSPITAL UR NO. _____

DATE PLAN CREATED _____

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.

EQUIPMENT CHECKLIST

Supplied by the parent/carer

- Insulin pens and pen needles
Stored 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.

NAME _____

HOSPITAL UR NO. _____

DATE PLAN CREATED _____

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 / SCHOOL REPRESENTATIVE

- I have read, understood, and agree with this plan.

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