

DIABETES POLICY



Help for non-English speakers

If you need help to understand the information in this policy please contact the school on 03 9555 4155 during office hours.

PURPOSE

The purpose of this policy is to ensure that schools support students with diabetes and to provide advice for schools as they develop and implement support and management plans for students living with diabetes.

POLICY

Diabetes is considered a disability under the [Disability Standards for Education 2005 \(Cth\)](#) and the [Equal Opportunity Act 2010 \(Vic\)](#).

Therefore schools have a legal obligation to make reasonable adjustments for students 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 Disability Inclusion Profile.

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. 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 students.

An example of a reasonable adjustment could be having an appropriately trained person administer insulin where a student is unable to self-administer safely. In addition, schools have an ongoing duty of care obligation to their students to take reasonable steps to reduce the risks of reasonably foreseeable harm. Schools should refer to the Diabetes Guidelines in the guidance tab for further information on reasonable adjustments for students with diabetes.

Diabetes Management Plans

Upon enrolment or when a health care need, such as diabetes, is identified, schools in conjunction with parents or carers and the student's treating medical team are required to develop a clear and tailored health support plan to support the student's individual health care needs.

Schools have a legal obligation to consult with the student, parents or carers about the needs of the student and what reasonable adjustments must be made.



Schools should consult initially with parents or carers and on an ongoing basis through regular [Student Support Groups](#) or other meetings or methods of communication.

[Diabetes Management Plans](#) and Action Plans (with companion documents) must be completed and signed by the hospital treating team responsible for the student's diabetes care before being provided to the school by the student's parents or carers.

To ensure all relevant parties have been consulted and are in agreement with the stated plan of care for school the [Diabetes Management Plan](#) must be signed by the parent or carer; diabetes educator or doctor (specialist endocrinologist or paediatrician) and principal class officer.

The school must develop a [Student Health Support Plan](#) in consultation with parents or carers when appropriate for the student and where appropriate the student's treating medical team.

Support to students

A student's individualised [Diabetes Management Plan](#) and [Diabetes Action Plan](#) documents the treatment prescribed by the diabetes treating team, to manage the condition throughout the school day and when blood glucose falls outside the normal range.

The [Student Health Support Plan](#), to be completed by the school, summarises how schools will implement these plans, including any reasonable adjustments the school will make to support students to participate fully at school.

These plans, once signed by the parents/carers and school representative, authorise the school to provide the prescribed treatment and consent for the agreed supports to be put into place.

Responsible Staff members voluntarily agree to take on responsibility for supporting students with type 1 diabetes, as documented in the [Diabetes Management Plan](#), [Diabetes Action Plan](#) and the [Student Health Support Plan](#). Ideally this role is held by staff members who have regular oversight of the student at school and a close relationship. At Bayside Special Developmental School, students with diabetes are supported by their regular classroom staff.

It is recommended that at least three people on staff hold the role of Responsible Staff member to allow for staff absences. The principal cannot compel a staff member to become a Responsible Staff member. It is a voluntary role.

For the [student health support planning](#) process to be most effective, schools should work closely with families to plan, implement and review agreed strategies to support students to participate fully at school.

Students should be supported to learn to take responsibility for the management of their own health needs in non-emergency situations where possible. However, diabetes management in younger students may be harder to achieve given their various stages of development and complexity of Blood Glucose Levels (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.

Staff training

Principals must:

- ensure all staff are aware of which students have type 1 diabetes, have a basic understanding of diabetes and know how to safely respond in an emergency
- ensure a sufficient number of Responsible Staff are trained, capable and available daily to provide the treatment prescribed in a student's individual [Diabetes Management Plan](#) and [Diabetes Action Plan](#)
- fund and facilitate [professional development](#) for school staff, appropriate to a student's individual needs

All staff need:

- a basic understanding of type 1 diabetes and how to respond in an emergency.

Responsible staff must:

- undertake appropriate training to develop confidence and competence to provide the treatment prescribed in the [Diabetes Management Plan](#) and [Diabetes Action Plan](#).

Impact at school

Most students with diabetes can enjoy and participate in school life and curriculum to the full. However, due to their diabetes they may need:

- 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 will not be an ongoing issue.



Strategies

This section describes the different ways schools can support students in managing diabetes and make reasonable adjustments to enable students to participate in their education on the same basis as their peers who don't have diabetes.

Monitoring Blood Glucose Levels (BGLs)

The management of diabetes depends on balancing blood glucose levels. Food (carbohydrate), physical activity, insulin and stress can all impact on an individual's blood glucose levels.

Checking blood glucose levels requires a blood glucose monitor and finger pricking device.

A student's [Diabetes Management Plan](#) will state monitoring times and the response to the BGL, as well as the method of relaying information about any changes in blood glucose levels to parents or carers. Depending on the student's age, a communication book can be used to provide information about the student's change in BGLs between parents or carers and the school.

Checking of BGL occurs at least four times a day to evaluate the insulin dose. Some of these checks will need to be done at school.

BGL monitoring must be assessed individually and students will need some assistance or supervision.

Administering Glucagon

Glucagon should not be necessary to administer in the day-to-day school context except under certain pre-arranged circumstances. This is why it does not appear in the Diabetes Action and Management Plans.

Glucagon is safe to administer with appropriate training. Under the [Drugs, Poisons and Controlled Substances Act 1981 \(Vic\)](#) there is no reason why any trained adult, teacher or school staff member cannot administer a glucagon injection in appropriate circumstances such as when the student is experiencing a severe hypo, preferably confirmed by BGL of <4.0mmol/L, or when an ambulance is greater than 30 minutes away.

It is the Principal's responsibility to decide how many staff need to be trained in glucagon administration, but they must ensure that there will be enough trained staff in the school to be able to supervise students and to know how to deal with diabetes emergencies.

Glucagon injection training can be obtained from the diabetes treating team who usually care for the child's diabetes or from other health professionals such as a general practitioner or Division 1 Registered Nurse. It is advised that while a trained parent or legal guardian can provide this training, a health professional is preferred.



Administering insulin

Administration of insulin during school hours may or may not be required as per the student's [Diabetes Management Plan](#).

Students who require assistance to administer their insulin can receive this support from a responsible staff member who has received appropriate training in the administration of insulin. The Principal should allocate staff to provide support in consultation with the relevant staff and the parents/carers of the student. Arrangements for administering insulin during school hours must be documented in the [Student Health Support Plan](#).

If insulin is administered at school, the student's parents or carers must provide clear advice regarding the dose and timing as per the Diabetes Management Plan and covered off in the [Medication Authority Form](#) .

The student's parents or carers should ensure instructions in these plans are updated as circumstances or health requirements change.

Communication

It is important to establish a culture of inclusion and to support young people with diabetes so they can participate fully and safely at school.

Young people with diabetes can be worried about and even avoid managing their [diabetes at school](#). This can lead to medical complications, poor concentration and focus as well as problems such as social isolation, absenteeism, anxiety or depression.

Open communication between the school and parents or carers and students is key to ensuring optimal diabetes management and student engagement, as well as ensuring there is clarity and shared understanding in relation to roles and responsibilities for everyone involved in the student's care.

It is important for schools and parents or carers to determine in each case what method will best facilitate regular and reliable communication between parties. Schools should be proactive in establishing effective communication lines to ensure parents or carers can regularly and easily relay health changes or updates to a student's individual Diabetes Management Plans. Communication books, emails and text messages to a nominated contact are strategies that may be considered.

Infection control

Infection control procedures must be followed. These include 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 student or child one device, disposable lancets and syringes and the safe disposal of all medical waste.



Activities, special events, school camps and excursions

Camps, excursions and special events enhance self-esteem, promote confidence and independence and are an important part of school education. Students with diabetes can generally participate fully in camps, excursions and special events.

Schools are required to make reasonable adjustments in order to enable the student to attend activities including excursions and camps.

- The student's Health Support Plan must be reviewed before a student attends an excursion or camp and a specific diabetes camp plan must be created by the student's treating medical team, in consultation with the parents or carers.
- Staff members who will provide assistance with the diabetes management must be identified.
- Schools cannot require parental attendance as a condition of the student attending the excursion or camp. However if the parents or carers wish to attend the excursion or camp and this is consistent with school policy and practice in relation to parents attending excursions or camps, then this may be agreed to at the discretion of the principal.
- Schools must develop risk assessment plans in consultation with the student's parents or carers that identify foreseeable risks and provide reasonable steps to minimise and manage those risks. The plan must consider the potential for injury to the student and/or others and include details about the camp or excursion, including the location, remoteness, risk-level of the activities, transport and sleeping arrangements, proposed supervision and information relating to the student's needs and diabetes.

If schools are providing food in the event of camps or other special events, reasonable adjustments must be made to allow students with diabetes to participate. A discussion with the parents or carers prior to the event, camp or excursion is recommended to develop an appropriate response for each case.

Classroom Management and Special Activities

School staff should make reasonable adjustments in their management of classroom activities and other special events to ensure students with diabetes are able to fully and safely engage in education and related activities.

Strategies include restricting food-based rewards, ensuring suitable food or snack alternatives are available for class parties and altering food based curriculum activities (such as cooking and hospitality) to improve safety for students with diabetes. Staff should note that food sharing between students is not safe for students with diabetes.



Physical activity

Students should be encouraged to participate in physical activity as it has broad health and wellbeing benefits for the individual. However, special precautions are necessary for students with diabetes.

Exercise may affect blood glucose levels and as a result student's [Diabetes Management Plans](#), [Diabetes Action Plans](#) and Health Support Plans must include specific advice on how staff should assist and monitor students participating in physical activity.

Exercise is not recommended when BGLs are outside of the target range particularly for students with high BGL levels as exercise may further increase BGLs.

Extra caution must be taken when considering water sports for young people with diabetes as the environmental factors combined with unstable BGLs may increase the risk of drowning. Refer to the student's Diabetes Management Plan and Diabetes Action Plan.

Timing meals

Most students will have a food plan that fits in with regular school and care routines, avoiding the need to eat regularly in class or at unusual times. Students may require extra supervision at meal and snack times to ensure they eat the food provided and do not share food with other students.

Meal requirements of students must be communicated to all supervising staff. All supervising staff must understand that students with diabetes cannot delay meal times and special consideration must be given to students with diabetes if an activity is running overtime. Families are responsible for providing schools with the food and drink needed by their child.

Staff continuity

Consideration should be given to maintaining adequately trained staff during times of staff changeover, while students are in the playground or under the supervision of relief, specialist and/or non-contact teachers.

For good practice examples of making reasonable adjustments for students to allow them to fully participate in school, see the Diabetes Guidelines in the Guidance tab.

Diabetes Guidelines

These strategies/guidelines:

- supplement the department's Diabetes policy and can be used in conjunction with the [Mastering Diabetes in preschools and schools resource](#)
- will help schools to meet their legal and policy obligations and inform [student health support planning](#)



- provide practical advice on effective communication, staff training, implementing treatment plans and making reasonable adjustments to optimise student's engagement in school life

DEFINITIONS

Annual Risk Management Checklist - A tool for schools to review support processes and manage risks for students with type 1 diabetes. Refer to [Resources tab](#) for this checklist.

Diabetes Action Plan - A tailored plan written by the student's diabetes treating team for the urgent management of blood glucose highs and lows outside their target range.

Diabetes Management Plan - A tailored plan written by the student's diabetes treating team prescribing type 1 diabetes management needs during school hours.

Diabetes treating team - The team of health professionals responsible for prescribing and overseeing treatment in the Diabetes Management and Diabetes Action Plans. The team may include an endocrinologist, paediatrician, dietitian, credentialed diabetes educator, social worker, mental health professional or general practitioner.

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. This state should be avoided where possible and persistent high levels reported back to parents.

Hypo kit - Includes prescribed fast-acting and slow-acting carbohydrates and is easily accessible by students and staff for prompt treatment of hypoglycaemia in line with the [Diabetes Action Plan](#).

Medication Authority Form - This form should be completed by the student's medical or health practitioner. It details medications required during regular school hours, specifying the dose, how it is to be administered and storage.

Personal liability of school employees - The Department of Education policy clarifying protections for teachers and other school employees against legal proceedings concerning personal injuries of students.

Responsible staff - Agree to undertake training and provide treatment and support to students with type 1 diabetes as outlined in the Diabetes Management Plan, Diabetes Action Plan and Student Health Support Plan.



Student Health Support Plan - A plan that outlines how the school will support a student's health care needs and make adjustments to support their full participation in school life. An individualised plan must be developed in consultation with parents or carers and students (where applicable) for all students with type 1 diabetes. The [Student Health Support Plan](#) is based on health advice received from the student's diabetes treating team.

Type 1 diabetes - 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.

RELATED POLICIES

- [Duty of Care](#)
- [Excursions](#)
- [Health Care Needs](#)
- [Medication](#)

RELEVANT LEGISLATION

- [Equal Opportunity Act 2010 \(Vic\)](#)
- [Disability Discrimination Act 1992 \(Cth\)](#)
- [Disability Standards for Education 2005 \(Cth\)](#)
- [Drugs, Poisons and Controlled Substances Act 1981 \(Vic\)](#)

COMMUNICATION

This policy will be communicated to our school community in the following ways:

- Available publicly on our school's website
- Covered in staff online learning
- Hard copy available from school administration upon request.



POLICY REVIEW AND APPROVAL

Policy last reviewed	August 2023
Approved by	Principal
Next scheduled review date	August 2027

