# Page 으

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

# 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: Symptoms may not always be obvious

# DO NOT LEAVE STUDENT ALONE **DO NOT DELAY TREATMENT**

# MILD

**Student conscious** (Able to eat hypo food)

Step1: Give fast acting carbohydrate e.g.

# Step 2: Recheck BGL in 15 mins

- If BGI less than 4.0. repeat Step 1
- If BGL greater than or equal to 4.0, go to Step 3

Step 3: Give sustaining carbohydrate e.g.

# **SEVERE**

Student drowsy / unconscious

# First Aid DRSABCD

Stay with unconscious 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

# Student well

Re-check BGL in 2 hours

# Encourage oral fluids, return to activity

1-2 glasses water per hour: extra toilet visits may be required

In 2 hours, if BGL still greater than or equal to 15.0.

CALL PARENT/CARER **FOR ADVICE** 

# Student unwell

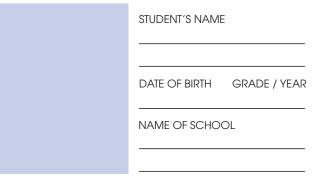
(eg. vomiting)

- Contact parent/ carer to collect student ASAP
- Check ketones (if able)

# **KETONES**

If unable to contact parent/carer and blood ketones areater than or equal to 1.0 mmol/L or dark purple on urine strip

**CALL AN AMBULANCE DIAL 000** 



Twice daily injections

**INSULIN** will be given before breakfast, at

Home Before-school care

Please make sure **all** carbohydrate food is eaten at snack and main meal times.

### THIS STUDENT IS WEARING

- Continuous Glucose Monitoring (CGM)
- Flash Glucose Monitoring (FGM)

### **ROUTINE BGL CHECKING TIMES**

These are still required if student is using CGM/FGM

- Anytime, anywhere in the school
- Before main meal
- Anytime hypo is suspected
- Confirm sensor glucose hypo reading
- Before physical education / sport
- Before exams or tests

### PHYSICAL EDUCATION / SPORT

- Check BGL before physical education/sport.
- 1 serve of sustaining carbohydrate food before every 30 mins of planned activity.
- Vigorous activity should not be undertaken if BGL is greater than or equal to 15.0 and/or the student is unwell.

PARENT / CARER NAME
CONTACT NO
DIABETES TREATING TEAM
CONTACT NO
DATE PLAN CREATED





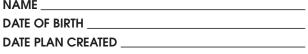


STUDENT'S NAME		GRADE / YEAR
School staff who have volument diabetes care to the	untarily agreed to undertake tro	aining and provide support
STAFF MEMBER	GLUCOSE CHECKING	INSULIN ADMINISTRATION
	tions of insulin per day. Therefor	re, ALL carbohydrate food
The student is on two inject must be eaten at regular to the student will have the	etions of insulin per day. Therefor times throughout the day.	
The student is on two inject must be eaten at regular to the student will have the student will require Before School Care.  BEFORE SCHOOL CARE	etions of insulin per day. Therefor times throughout the day. Their injections at home.	breakfast at
The student is on two inject must be eaten at regular to the student will have the student will require Before School Care.  BEFORE SCHOOL CARE Before school care may be parent/carer to obtain and	etions of insulin per day. Therefor times throughout the day. neir injections at home. an insulin injection before their	breakfast at  outside organisation.  entation from this setting,
The student is on two inject must be eaten at regular to the student will have the student will require Before School Care.  BEFORE SCHOOL CARE Before school care may be parent/carer to obtain and	etions of insulin per day. Therefore times throughout the day.  Their injections at home.  The an insulin injection before their injection before the provided by the school, or and injection before the relevant document in the complete the relevant document injection before the complete the relevant document injection before the relevant document injection injectio	breakfast at  outside organisation.  entation from this setting,
The student is on two inject must be eaten at regular to the student will have the student will require Before School Care.  BEFORE SCHOOL CARE Before school care may be parent/carer to obtain and	etions of insulin per day. Therefore times throughout the day.  Their injections at home.  The an insulin injection before their injection before the provided by the school, or and injection before the relevant document in the complete the relevant document injection before the complete the relevant document injection before the relevant document injection injectio	breakfast at  outside organisation.  entation from this setting,









# **BLOOD GLUCOSE LEVEL (BGL) CHECKING**

# Target range for blood glucose levels (BGLs): 4 - 7 mmol/L

- BGL results outside of this target range are common.
- BGL check should be done where the student is, whenever needed.
- The student should always wash and dry their hands before doing the BGL check.

Blood glucose levels will vary day-to-day and be dependent on a number of factors such as:

- Insulin Dose
- Excitement / stress
- Age

- Growth spurts
- Type/quantity of food
- Level of activity

• Illness / infection

ls	the	student	able to	do tl	neir	own	blood	glucose	check ir	ndepend	dently'

Yes

No

If NO, the responsible staff member needs to

Do the check

Assist

Observe

Remind

TIMES TO CHECK BGLS (tick all those that apply)

- Anytime, anywhere
- Before snack
- Before lunch

- Before activity
- Before exams/tests
- Beginning of afterschool care session
- When feeling unwell Anytime hypo suspected
- Other routine times please specify \_
- Further action is required if BGL is **less than 4.0 mmol/L** or **greater than or equal to 15.0 mmo/L**. Refer to Diabetes Acton Plan.
- If the meter reads `LO' this means the BGL is too low to be measured by the meter
   — follow the hypoglycaemia (Hypo) treatment on Diabetes Action Plan.
- If the meter reads `HI' this means the BGL is too high to be measured by the meter
   follow hyperglycaemia (Hyper) treatment on Diabetes Action Plan.









# SENSOR GLUCOSE (SG) MONITORING

The student is wearing

# Continuous Glucose Monitor (CGM)

- Dexcom G4®
- Dexcom G5®
- Guardian™ Connect
- Guardian™ Sensor 3
- Flash Glucose Monitor (FGM)
  - Freestyle Libre
- CGM and FGM consist of a small sensor that sits under the skin and measures glucose levels in the fluid surrounding the cells (interstitial fluid).
- These devices are not compulsory management tools.
- With CGM, a transmitter sends data to either a receiver, phone app or insulin pump.
- With FGM, the device will only give a glucose reading when the sensor disc is scanned by a reader or phone app.
- A sensor glucose (SG) reading can differ from a finger prick blood glucose reading during times of rapidly changing glucose levels e.g. eating, after insulin administration, during exercise.
- Therefore, LOW or HIGH SG readings must be confirmed by a finger prick blood glucose check.

Hypo treatment is based on a blood glucose finger prick result.

# **CGM ALARMS**

- CGM alarms may be 'on' or 'off'.
- If 'on' the CGM will alarm if interstitial glucose is low or high.

ACTION: Check finger prick blood glucose level (BGL) and follow Diabetes Action Plan for treatment.

FGM device does not have alarm settings.

# **USE AT SCHOOL**

- Staff are not expected to do more than the current routine diabetes care as per the student's Diabetes Action and Management plans.
- Staff do not need to put CGM apps on their computer, smart phone or carry receivers.
- Parents/carers are the primary contact for any questions regarding CGM/FGM use.
- Some CGM devices can be monitored remotely by family members. They should only contact the school if they foresee a prompt response is required.
- If the sensor/transmitter falls out, staff are required to keep it in a safe place to give to parents/carers.
- The sensor can remain on the student during water activities.

NAME \_\_\_\_\_
DATE OF BIRTH \_\_\_\_\_





MP TDLSS VIC © Diabetes Victoria, RCH, MCH 2020 V1.1



DATE PLAN CREATED

# LOW BLOOD GLUCOSE LEVELS

# LOW BLOOD GLUCOSE LEVELS (Hypoglycaemia / Hypo)

Follow the student's Diabetes Action Plan **if BGL less than 4.0 mmol/L**. Mild hypoglycaemia can be treated by using supplies from the student's HYPO BOX.

HYPO BOX LOCATION/S:	
HYPO BOX FAST ACTING CARBOHYDRATE FOOD	AMOUNT TO BE GIVEN
SUSTAINING CARBOHYDRATE FOOD	AMOUNT TO BE GIVEN

- If the student requires more than 2 consecutive fast acting carbohydrate treatments, as per their Diabetes Action Plan, call the student's parent/carer. Continue hypo treatment if needed while awaiting further advice.
- All hypo treatment foods should be provided by the parent/carer.
- Ideally, packaging should be in serve size bags or containers and labelled as fast acting carbohydrate food and sustaining carbohydrate food.

## Mild hypoglycaemia is common.

If the student is having more than 3 episodes of low BGLs at school in a week, make sure that the parent/carer is aware.

# SEVERE HYPOGLYCAEMIA (HYPO) MANAGEMENT

# Severe hypoglycaemia is not common.

Follow the student's Diabetes Action Plan for any episode of severe hypoglycaemia.

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

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

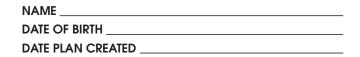
MP TDI SS VIC © Diabetes Victoria, RCH, MCH 2020 V1.1

Page 5 of 10









# HIGH BLOOD GLUCOSE LEVELS (Hyperglycaemia / Hyper)

- Although not ideal, BGLs above target range are common.
- If BGL is 15.0 mmol/L or more, follow the student's Diabetes Action Plan.
- If the student is experiencing frequent episodes of high BGLs at school, make sure the parent/carer is aware.

# **KETONES**

- Ketones occur most commonly when there is not enough insulin in the body.
- Ketones are produced when the body breaks down fat for energy.
- Ketones can be dangerous in high levels.

# You will be required to check the student's ketone level if

- Student is unwell or
- BGL is above 15.0 mmol/L
- Blood ketone check

Urine ketone check

If ketones are **more than 1.0 mmol/L, or dark purple on urine strip**, follow action for ketones on the student's Diabetes Action Plan.

# EATING AND DRINKING

- The student should not go for longer than 3 hours without eating a carbohydrate meal or snack.
- Younger students will require supervision to ensure all food is eaten.
- The student should not exchange food/meals with another student.
- Seek parent/carer advice regarding appropriate foods for parties/celebrations that are occurring at school.
- Always allow access to drinking water and toilet (high glucose levels can cause increased thirst and extra toilet visits).

**Does the student have coeliac disease?**No Yes\*

\*Seek parent/carer advice regarding appropriate food and hypo treatments.

Page 6 of 10









# HYSICAL ACTIVITY

# PHYSICAL ACTIVITY

A blood glucose meter and hypo treatment should always be available.

- Check blood glucose level before physical activity.
- Physical activity may lower glucose levels.
- The student may require an extra serve of carbohydrate food before every 30 minutes of planned physical activity or swimming as provided in the Activity Food Box.

ACTIVITY FOOD BOX LOCATION:	
ACTIVITY FOOD BOX CARBOHYDRATE FOOD TO BE USED	AMOUNT TO BE GIVEN

- Physical activity should not be undertaken if BGL less than 4.0 mmol/L.
   Refer to the Diabetes Action Plan for hypo treatment.
- Vigorous activity should not be undertaken if BGL is greater than or equal to 15.0 mmol/L and/or the student is unwell.

# **EXCURSIONS / INCURSIONS**

It is important to plan for extracurricular activities.

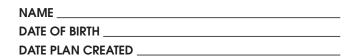
Consider the following:

- Ensure blood glucose meter, blood glucose strips, ketone strips, hypo and activity food are readily accessible.
- Plan for meal and snack breaks.
- Always have hypo treatment available.









# **CAMPS**

It is important to plan for school camps and consider the following:

- Parents/carers need to be informed of any school camps at the beginning of the year.
- A separate and specific **Camp Diabetes Management Plan** is required.
- Parents/carers should request a Camp Diabetes Management Plan from their Diabetes Treating Team.
- The student's Diabetes Treating Team will prepare the Camp Diabetes
   Management Plan and require at least 4 weeks' notice to do so.
- Parents/carers will need a copy of the camp menu and activity schedule.
- At least 2 responsible staff attending the camp should have a general understanding of type 1 diabetes and the support that the student requires to manage their condition for the duration of the camp.
- If the camp location is more than **30 minutes** from a reliable ambulance service, **Glucagon injection training will be required.**
- School staff will need to discuss any training needs at least 4 weeks before the camp with the student's parents/carers or Diabetes Treating Team.

# **EXAMS**

- BGL should be checked before an exam.
- BGL should be greater than 4.0 mmol/L before exam is started.
- Blood glucose meter, monitoring strips, hypo treatments and water should be available in the exam setting.
- Continuous Glucose Monitoring (CGM) or Flash Glucose Monitoring (FGM) devices and receivers (smart phones) should be available in the exam setting.
- Extra time will be required if a hypo occurs or for toilet privileges.

# **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.

Page 8 of 10

NAME	
DATE OF BIRTH	
DATE DI ANI CDEATED	





# XTRA SUPPLIES

# **EXTRA SUPPLIES**

# Provided for diabetes care at the school by parent/carer

- Insulin and syringes / pens / pen needles
- Finger prick device
- Blood glucose meter
- Blood glucose strips
- Blood ketone strips
- Urine ketone strips
- Sharps container
- Hypo food
- Activity food

MP TDI SS VIC  $\,\,$  © Diabetes Victoria, RCH, MCH 2020 V1.1  $\,\,$ 



Page 9 of 10







# **AGREEMENTS**

PARENT/CARER			
<ul> <li>I have read, understood and agree</li> <li>I give consent to the school to comabout my child's diabetes manage</li> </ul>	nmunicate with the Diabetes Treating Team		
NAME			
FIRST NAME (PLEASE PRINT)	FAMILY NAME (PLEASE PRINT)		
SIGNATURE	DATE		
SCHOOL REPRESENTATIVE			
I have read, understood and agree	e with this plan.		
NAME			
FIRST NAME (PLEASE PRINT)	FAMILY NAME (PLEASE PRINT)		
ROLE Principal  Other (please specify)	■ Vice principal		
SIGNATURE	DATE		
DIABETES TREATING MEDICAL TEAM NAME			
FIRST NAME (PLEASE PRINT)	FAMILY NAME (PLEASE PRINT)		
SIGNATURE	DATE		

Page 10 of 10







