

DIABETES MANAGEMENT POLICY

1. PURPOSE

St Hilda's is committed to providing a safe, healthy and supportive environment for all students. For students with diabetes, additional care must be taken to ensure the safety and support of these students.

2. SCOPE

- To provide, as far as practicable, a safe and supportive environment in which students with diabetes can participate equally in all aspects of the student's schooling.
- To raise awareness about diabetes in the School community.
- To engage with parents/carers of each student with diabetes to understand individual management of the student.
- To ensure that staff have knowledge about diabetes and the School's guidelines and procedures within this policy.

3. BACKGROUND

Diabetes is a serious, complex health condition requiring constant management, support and care. It affects around 11,000 school-aged children and young people in Australia. More than 96% of these children and young people have type 1 diabetes, one of the highest rates in the world. If not treated appropriately, diabetes can pose immediate life-threatening health risks and must be considered with the same seriousness as acute asthma and anaphylaxis. While type 1 diabetes is the most prevalent type of diabetes seen in young people of school age, the incidence of type 2 diabetes amongst young people is increasing.

4. DEFINITIONS

Diabetes exists when blood glucose builds up to high levels. There are two main types:

Type 1 diabetes is an autoimmune condition that attacks the cells in the pancreas that produce insulin. This results in an absolute deficiency of insulin, which if not replaced is fatal. Type 1 diabetes can occur at any age but it most frequently occurs in children and young adults. It cannot be prevented. People with type 1 diabetes require multiple daily injections of insulin or use of an insulin pump for life. There is no known cure.

Type 2 diabetes is a condition where the body produces some insulin but either not enough or it does not work efficiently to regulate blood glucose levels. Type 2 diabetes is a chronic, progressive disease. While it is uncommon in children, type 2 diabetes is increasingly being seen in children, adolescents and young adults. It may be treated other medications or insulin injections are commonly required early in the disease in childhood.

Insulin is a hormone produced by the pancreas. The body uses insulin to move glucose from the bloodstream into cells where it is used as energy. All people with type 1 diabetes, and some people with type 2 diabetes, need insulin.

Blood Glucose Level (BGL) - The international standard way of measuring blood glucose levels in the blood. Normal BGL 4.0 mmol/L - 8.0 mmol/L.

Insulin Pump - a small battery-operated electronic device that holds a reservoir of insulin. It is about the size of a mobile phone and is worn 24 hours a day. The pump is programmed to deliver insulin into the body through thin plastic tubing and is worn outside the body.

Continuous Glucose Monitoring (CGM) - a means of measuring glucose levels continuously. A Continuous Glucose Monitoring System sensor is worn separately to the pump, inserted under the skin, and measures the level of glucose continuously.

Glucometer - a medical device used to determine the approximate concentration of glucose in the blood via finger prick. It can measure glucose and ketones.

Ketones – a chemical substances that the body makes when it does not have enough insulin in the blood. When ketones build up in the body for a long time, serious illness or coma can result. Exercising when ketones are high may increase ketones.

Glucagon is a hormone that is involved in controlling blood glucose levels produced by the pancreas. Manufactured glucagon may be injected to help raise blood glucose levels in a person with severe hypoglycaemia who is unable to eat due to a low level of consciousness. This can only be administered by trained staff.

Hypoglycaemia (also known as hypo or low) occurs when blood glucose levels become too low. This can be caused by missing a meal, having too much insulin or not eating enough carbohydrates for a given dose of insulin, being unwell or unplanned physical exercise. Symptoms can include weakness, trembling or shaking, sweating, irrational behaviour, light headedness, lack of concentration, irritability, crying, dizziness or becoming unconscious. It is defined as a blood glucose level less than 4.0 mmol/L.

Hyperglycaemia (also known as hyper or high) occurs when blood glucose levels become too high. It can be caused by not enough insulin or missing an insulin injection, eating extra carbohydrates, sickness, an infection or reduced physical activity. Symptoms can include excessive thirst, tiredness, blurred vision, frequent urination and lack of concentration. It is defined as blood glucose levels greater than 15 mmol/L. Blood ketones should be checked, if greater than 0.6 mmol/l advice sought from parent/carer.

Diabetic ketoacidosis is a potentially life-threatening condition that can occur during illness or as a result of insufficient insulin which results in very high blood glucose levels and the build-up of ketones. Ketones are a potentially toxic as they are a by-product of the breakdown of fat. Symptoms can include nausea, vomiting and/or abdominal pain, deep rapid breathing or breathlessness, extreme drowsiness and a 'fruity' odour to the breath.

Diabetes Action Plan – a guide to help manage signs, symptoms and treatment of hypoglycaemia and hyperglycaemia. Reference to Diabetes Action Plans in this policy relate to those supplied specifically for education settings by [Diabetes WA](#).

Hypoglycaemic (hypo) Kit is a personalised emergency bag containing a glucometer, short and long acting carbohydrates to treat low BGL.

5. LEGISLATION

Occupational Safety and Health Act 1984 (WA)

Privacy Act 1988 (Cth)

Poisons Act 1964 (WA)

Poisons Regulations 1965 (WA)

School Education Act 1999 (WA)

School Education Regulations 2000 (WA)

The following references were used in creating this policy:

Department of Education Student Health Care Policy Version 3.
Department of Education Student Health Care Procedures Version 3.5
Diabetes Australia
Diabetes WA

6. RELATED POLICIES

Excursion and Incursion Policy – Junior School
Wellness Centre Procedures – Junior School
Supportive Schools Environment Policy
Medical Policy

7. GUIDELINES

The primary care and responsibility regarding diabetes management, including BGL and insulin dosage rests with the student and parent/carer.

7.1 Students

- To carry hypoglycaemic kit and any other diabetic requirements at all times.
- To advise staff/Registered Nurse of any symptoms or concerns.
- Preference is to wear CGM on all school camps and overnight excursions from Year 5.
- If age appropriate and able, to check their own blood glucose levels and manage their insulin injections or insulin pump. If not age appropriate or requires extra support, to seek assistance from Registered Nurse or trained staff member.

7.2 Parents/Carers

- Inform the School upon enrolment, or if the student is enrolled, as soon as possible after diagnosis, that their child has diabetes.
- Consult with the Registered Nurse regarding Diabetes Action Plan and management.
- Are responsible for the provision of accurate, up to date health information completed and signed by the relevant medical team and parents as requested.
- Consult with the School staff in the development of additional plans for off campus activities such as camps and excursions.
- Advises the Registered Nurse/Head of Year (SS)/Teacher (JS) of the student's need to test BGL and administer insulin in accordance with the student's ability to manage their health needs.
- Provide a written request for relevant school staff to administer or assist with administration of a prescribed medication or blood glucose testing.
- Provide equipment and consumables, including medication and spares to the Health Centre (SS) or Wellness Centre (JS) and ensure it is in date.
- Replace medication, equipment and consumables as it expires or has been used.
- Provide medical identification jewellery where appropriate.
- Ensure their child has a fully stocked Hypo Kit with them at all times.
- Keep their child home if unwell.
- Ensure that they or nominated emergency contacts are accessible to provide advice in management or pick up their child if unwell.

7.3 Boarding

Boarding and Health Centre Staff are available for support and assistance however primary care in regard to BGL and insulin dosage rests with the student and her parents.

It is a requirement for a student with diabetes in Boarding at St Hilda's and her parents, to enter a contractual agreement with the School.

Due to the inherent instability of this medical condition, it may be necessary for a student in Boarding, who is newly diagnosed with type 1 diabetes, to be temporarily withdrawn from Boarding until the following requirements can be met.

7.3.1 Boarding Student

- Will be able to demonstrate a clear understanding of her condition and dietary requirements.
- Independently manage her diabetes. This includes administering insulin by injection and/or pump and calculating insulin doses. Checking her BGL regularly before all meals, before bed and overnight, as well as manage BGL sensor and all recordings. Recognise and treat 'Hypo' and 'Hyper' conditions, checking for ketones if BGL greater than 15. Ask for assistance as needed.
- To wear CGM whilst in Boarding **or self-check 2am BGL as required after increased physical activity during the day or lower BGL at bedtime.**
- Be responsible for carrying Hypo Kit and phone at all times and informing Health Centre staff/parents for replenishment of all supplies including medication, glucose tablets, carbohydrate of choice, equipment (spares and supplies for Glucometer-glucostix and ketostix, insulin pens, pump line change equipment, batteries, Glucagon injection etc.)
- Store and dispose of sharps safely.
- Check in with the School Nurse as needed (during Health Centre opening hours) depending on diabetes stability.
- Check with Boarding House Supervisor each afternoon regarding the day's BGL and before bed each night.
- Advise Boarding House Supervisor and parent (out of Health Centre opening hours) of any issues with illness, low or high blood glucose levels or equipment malfunction.
- Be responsible for choosing a healthy diet and counting carbohydrates for administration of insulin.
- Have a parent/ guardian to take to diabetes medical appointments, out of boarding if unwell or if diabetes is poorly managed.

7.3.2 Boarding Parent/Carers

- Establish a protocol of communication in regard to BGL management and insulin dosage as required.
- Be responsible for maintaining and replenishing all supplies such as Hypo Kits, insulin and all equipment, including safe disposal of used needles.
- Supply Hypo Kit, emergency Glucagon injection along with Doctor's letter and Diabetes Action Plan to Health Centre.
- Ensure adequate additional snacks are supplied for supper and co-curricular activities, along with Hypo Kits.
- Ensure Health Centre is kept informed of all appointments and is provided with written and verbal feedback regarding progress.
- Acknowledge that temporary withdrawal from Boarding may be necessary if:
 - BGL becomes unstable as a result of regular insulin omission or manipulation or dietary non-compliance.

- Significant observation, supervision and/or treatment be required, including when BGL monitoring during the night occurs twice in a one week period for two consecutive weeks.
- The student is unwell, is vomiting or has a BGL greater than 15mmol/L with positive ketones greater than 0.6 mmol/L.
- Ensure a suitable Guardian is available in Perth.
- Ensure continued compliance of the contractual agreement and the requirements within the agreement, of both parents and student.

7.4 Nursing Staff

- Ensure Parent/Guardian complete and sign Medical Information forms at enrolment and as part of regular medical updates.
- Arrange a meeting with Parent/Carer to discuss student's management and treatment for diabetes.
- Inform staff of students with diabetes and ensure Diabetes Action Plans are sent to the relevant areas and are available on the School's database for download.
- Ensure Diabetes Action Plans are reviewed annually or when changes in diabetes management occurs.
- Ensure that equipment and consumables, including medication and hypo kits are supplied and kept in the Health/Wellness Centre at the beginning of each year and supplies updated as required.
- Ensure extra supplies of sweet drinks, Glucodin tablets, muesli bars, glucometer, glucose and ketone strips are available.
- Ensure student Glucagon and extra insulin are kept in the Health/Wellness Centre fridge
- Ensure Glucodin tablets are kept in all relevant School First Aid kits.
- Supervise students with BGL less than 4 mmol/L. Follow Diabetes Action Plan until BGL greater than 4mmol/L.
- Contact the parent/carer if there are any concerns regarding diabetic management at school or when the student is unwell
- Educate relevant staff in management of diabetes.

7.5 Staff

- Are familiar with the Diabetes Policy.
- Adhere to the student's individual Diabetes Action Plan.
- Complete appropriate training when closely involved in management of a student with diabetes.
- Recognise the signs and symptoms of hypoglycaemia and act promptly.
- Support the student to access:
 - Extra toilet privileges
 - Drinking water
 - Additional foods as appropriate i.e. physical and outdoor education
 - Blood glucose testing equipment
 - Hypo kit
 - Privacy as needed
- Supervise or assist as necessary, the student's administration of insulin, food consumption, blood glucose testing with parental permission, appropriate training and skill level.
- Encourage student's independence and communication with staff as needed.
- Give special consideration when participating in sport, excursions, camps and other activities.
- Ensure extra diabetes management plans for overnight camps and excursions prepared by the student's treating medical team.
- Allow special considerations during exams and tests as needed.
- Give extra consideration if unwell. Supervise and do not leave unattended including when sending to Health/Wellness Centre.

- Consult with parents in relation to out of school activities and give extra support, if required.
- Report concerns with the student's health or diabetes to the parent/carer and Registered Nurse.
- Consider the needs of the student with diabetes when planning class parties, excursions, camps, exams and sporting activities.

7.6 School

- Approves the wearing of medical alert jewellery on school grounds or during school activities.
- Ensure relief staff are informed of students with diabetes and their management and school policy.
- Ensure adequate staff have a current First Aid qualification and follow first aid procedures for diabetes management.

8. BREACH

Should a staff member breach this policy, St Hilda's may take disciplinary action.

Responsibility: Dean of Student Wellbeing, Head of Junior School & Registered Nurse

Review Date: February 2019

Next Review Date: February 2020



CONTRACT FOR BOARDER WITH TYPE 1 DIABETES

To be read in conjunction with the St Hilda's Diabetes Policy.

NAME: _____

DOB: _____

DATE: _____

_____ was diagnosed with Type 1 Diabetes on _____ (date).

The following requirements are to be met by the student and parents prior to returning to or starting boarding at St Hilda's:

- Independently check her BGL (blood glucose level), inject her own insulin or have complete knowledge of how to manage her insulin pump. She should know how to adjust dosage and boluses, as needed.
- Demonstrate re-siting of pump site if in use.
- Demonstrate that she will responsibly check BGLs on waking, prior to eating, sport and before bedtime.
- Agree to use a Continuous Glucose Monitor (CGM) whilst in boarding or self-check 2am BGL as required after increased physical activity during the day or lower BGL at bedtime.
- Demonstrate a clear understanding of her condition and of her dietary requirements including carbohydrate counting and managing hypoglycaemia and hyperglycaemia.
- Parents to be the first point of contact when adjusting or confirming insulin doses etc. on a 24 hour basis. PRIMARY CARE RESTS WITH THE STUDENT AND HER PARENTS.

It is necessary for a student newly diagnosed with diabetes to be temporarily withdrawn from Boarding until nightly or alternate nightly BGL checks have concluded and are only performed when necessary.

Boarding and Health Centre staff are available for support and assistance.

Health Centre staff (Registered Nurses) are on duty:

Monday – Friday 8am to 5pm PH: 9285 4235/0439 956 031

Boarding House staff have been instructed on the first aid management of a diabetes emergency and treatment of a "hypo". If unconscious, the student will be placed in the 'recovery position' and an ambulance called immediately. Parents and nominated guardian in Perth will also be contacted.

NOMINATED GUARDIAN: _____

RELATIONSHIP TO BOARDER: _____

MOBILE PHONE: _____

STUDENT WILL:

- Be responsible for checking BGLs and administering insulin by injection or pump.
- Be responsible for contacting parents, nominated guardian or Perth Children’s Hospital (PCH) regarding BGLs, any insulin adjustments or questions regarding diabetes management.
- Carry her mobile phone, hypoglycaemic kit and diabetes supplies on her person at all times on and off campus.
- Be responsible for reporting to the Supervisor daily with BGLs during the day and advising the bedtime BGL (to be greater than 6mmol/L) and having CGM set and functioning at all times in boarding and/or reporting 2am BGL as requested to Supervisor and parents (if BGL low)
- If any issues or changes with diabetes, advise the Health Centre Monday – Friday 8am to 5pm.
- Test for ketones if BGL higher than 15mmol/L. Report if ketones are 0.6mmol/L or greater to staff.
- Ensure safe storage and disposal of needles.
- Be responsible for looking after ALL supplies including insulin, glucometer, CGM, pump and spares as requested.
- Ensure all equipment is fully functional (CGM, glucometer, pump) and report any issues to parents and staff immediately.
- Be woken (if not already awake) by a Boarding Supervisor on weekdays at 7am and on weekends at 7.30am and undertake BGL reading.

PARENTS WILL:

- Be first point of contact when adjusting or confirming diabetic care on a 24 hour basis. If care outside of parents’ ability to manage, the nominated guardian and PCH 6456 2222 will need to be contacted.
- Provide Hypo Kits and all diabetes supplies.
- Provide Diabetes Action Plans as per Diabetes WA signed by parents and doctor/medical team
- Ensure the student has a good supply of extra carbohydrates for hypo’s and exercise as needed.
- Replenish supplies, check expiry dates and provide spare equipment to the Health Centre as needed.
- Supply a Glucagon pen, for use in the case of severe hypoglycaemia, along with a doctor’s letter. This will be kept in the Health Centre.
- Keep the Health Centre informed of all appointments. Parents are to report any changes to student’s care immediately and provide written and verbal feed-back regarding student progress and forward copies of doctor’s letters and reports.

IT MAY BE NECESSARY FOR THE STUDENT TO BE TEMPORARILY WITHDRAWN FROM BOARDING AND TAKEN INTO THE CARE OF HER PARENTS OR NOMINATED GUARDIAN IF:

- BGL becomes unstable as a result of regular insulin omission, manipulation or dietary non-compliance
- Significant observation, supervision and/or treatment is required, including when BGL monitoring occurs during the night twice in a one week period for two consecutive weeks.
- Student is unwell, is vomiting or has a BGL higher than 15mmol/L with positive ketones (greater than 0.6mmol/L)

MOTHER SIGNATURE: _____ DATE _____

FATHER SIGNATURE: _____ DATE _____

STUDENT SIGNATURE: _____ DATE _____

ENDOCRINOLOGIST NAME: _____