DIABETES POLICY

1. PURPOSE/RATIONALE
St Hildas has a duty of care to provide a safe, healthy and supportive environment for all students. For students with Diabetes Type 1, additional care must be taken to ensure the safety of these students (especially in regard to hypoglycaemia and safety in sport). Adequate supervision must be provided as needed.

2. BACKGROUND
2.1 What is Diabetes?
Diabetes is a serious medical condition where blood glucose levels build up to high levels.
- Type 1 Diabetes (insulin dependent diabetes) occurs when the pancreas is unable to make enough insulin. It usually occurs in childhood and adolescence. It is due to a severe deficiency of insulin requiring life-long regular insulin injections.
- Type 2 Diabetes mostly occurs in adults (usually over 40). It is a progressive condition where the body becomes resistant to insulin and/or gradually loses the capacity to produce enough insulin in the pancreas. It is associated with modifiable lifestyle risk factors and also has strong genetic and family related risk factors.

2.2 Treatment
Type 1 Diabetes is treated by:
- Regular insulin injections or insulin pump
- A healthy eating plan including regular carbohydrate foods
- Being physically active on a regular basis
- Testing blood glucose levels several times a day

2.3 Hypoglycaemia (Hypo) – Low blood glucose
Hypoglycaemia occurs when the blood glucose level drops below normal (4mmol). It can be caused by too much insulin, physical activity or not enough food. A ‘hypo’ can cause irrational or confused behaviour, sweating, pallor, trembling, hunger and weakness. It needs to be treated promptly. If not treated the student can feel unwell and their judgment and cognitive abilities may be impaired. If left untreated it can cause a seizure and possible loss of consciousness.

2.4 Hyperglycaemia (Hyper) – High blood glucose
Hyperglycaemia occurs when the blood glucose increases above normal (8mmol). It can be caused by not enough insulin, too much food, common illness, stress. The student may experience frequent urination, excessive thirst, lethargy, irritability and headache. If left untreated it can cause a dangerous condition called ketoacidosis and long term damage to blood vessels and organs.
3. ROLE OF THE SCHOOL

- Ensure Parent/Guardian complete and sign Medical information forms at enrolment and as part of regular medical updates.
- School Nurse arranges meeting with Parent/Guardian to discuss student’s management and treatment of Diabetes
- Staff informed of students with Diabetes and Management and Action plans sent to the relevant areas and available on Maze Medical for download
- Relief staff informed of students with Diabetes and management
- Relevant staff trained in management of Diabetes
- Action Plans and Individual plans reviewed annually or when changes in Diabetes management occurs
- Approves the wearing of medical alert jewellery on school grounds or during school activities
- Ensure that equipment and consumables, including medication and hypo kit are given to the Health Centre at the beginning of each year and supplies updated as requested
- The Health Centre has extra supplies of: sweet drinks, glucodin tablets, muesli bars, glucometer, glucose and ketone strips
- Glucagon and extra insulin are kept in the Health Centre fridge
- Glucodin tablets are kept in all relevant School First Aid kits
- Ensure staff consider the needs of the student with Diabetes when planning class parties, excursions, camps, exams and sporting activities
- Staff only to administer insulin with parental permission and appropriate skill level
- Student with Diabetes to carry their “hypo kit” at all times. If age appropriate and able, student to check their own blood glucose levels and manage their insulin injections or insulin pump
- Parent/ Guardian to be contacted if there are any concerns regarding Diabetic management at school
- Ensure adequate staff have a current First Aid qualification and follow first aid procedures for Diabetes management
- The student with Diabetes should never be sent to the Health Centre alone or left unattended when feeling unwell or showing signs of Hypoglycaemia
- If Student is vomiting, Parent/Guardian contacted immediately
- Inform Parent/Guardian when student is unwell

4. ROLE OF THE TEACHER AND SUPPORT STAFF

- Reads and becomes familiar with Diabetes guidelines and the student’s Individual Health Plan and Action Plan
- Adheres to the student’s Individual Health Plan and Action Plan
- Staff Complete appropriate training when closely involved in management of a student with Diabetes
- Recognises the signs and symptoms of hypoglycaemia and acts promptly
- Support the student to access:
  - Extra toilet privileges
  - Drinking water
  - Additional foods as appropriate, especially with sport
  - Blood glucose testing equipment
5. ROLE OF THE PARENT

- Informs the Principal/Health Centre of the school upon enrolment, or if the student is enrolled, as soon as possible after diagnosis, that their child has Diabetes (also inform the Head of Year)
- Consists with the Health Centre re Diabetes management and treatment and to develop an Individual Health Plan and Emergency Action Plan
- Parents are responsible for the provision of accurate, up to date health information completed and signed by the relevant medical team and parents as requested
- Consists with the School Staff in the development of additional plans for out of school activities (camps, excursions)
- Advises the Health Centre/Head of Year (SS)/Teacher (JS) of the student’s need to test blood glucose levels 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 Class teacher (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 care or pick up their child if unwell

6. BOARDING STUDENTS

- Independently manage their Diabetes. This includes administering Insulin by injection and/or pump and calculating insulin doses. Checking their Blood Glucose levels regularly before all meals and 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>17. Ask for assistance as needed.
- 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 daily or more often as required 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 out of Health Centre hours of any issues with illness, ‘Hypo’ or ‘Hyper’ 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 out of boarding if unwell or Diabetes poorly managed and to take to regular Endocrinology appointments

Responsibility: Head of Boarding
Review Date: December 2016
Next Review Date: December 2017