

## Diabetes Policy

### Rationale:

- A considerable number of students in schools are diabetics. In general, the appropriate preparations and safeguards should ensure that students with diabetes are able to participate fully in the school's educational programs.

### Aims:

- To ensure that students with diabetes are happy, safe and active members of the school.

### Implementation:

- Students with diabetes will be identified and their confidential details retained in the locked student files in the medical section of the office storeroom.
- Students whose parents indicate that they are capable of managing their own diabetes will be encouraged to do so, and will be provided with an appropriate private space to manage their diabetes. To be deemed capable of managing their own diabetes, students will have to demonstrate that they have the ability to measure an insulin dose accurately, inject an insulin dose reliably, carry out blood glucose tests accurately, recognise the early signs of hypoglycaemic or hyperglycaemic reactions and to take sugar as necessary, estimate their diet in portions if necessary, understand the need to take extra food before increased physical activity, and have meals and snacks on time consistent with their diabetes management plan.
- Students not capable of managing their own diabetes will be managed by staff in accordance with an agreed management plan developed by a doctor, and provided by parents.
- It may be desirable that a student's friends be aware of the student's diabetes to give moral support if needed, to save embarrassment at blood testing and insulin giving times, and to give appropriate help if needed should the student have an insulin reaction.
- In general, the student should undertake all educational activities including school camps and excursions, so long as emergency medical aid is available within two hours. Some free time before breakfast and before the evening meal during camps may be needed for blood testing and insulin injections, and before bed for urine testing. Special considerations need to be undertaken during swimming programs.

## Parent responsibility:

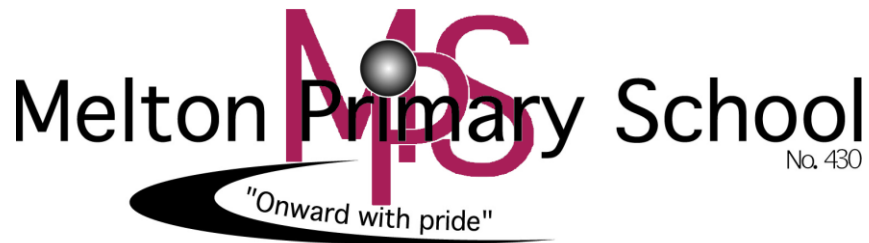
It is the responsibility of the parent to:

- Provide a student's diabetes management kit or 'Hypo Box' (which may include adequate supplies of insulin, disposable syringes or pen injector devices, blood testing equipment, and glucose or suitable sugar products to prevent or treat a low blood sugar/hypoglycaemic event) may be kept in the first aid room, or with the child as appropriate. Two kits are preferable, one for each location. One kit will always accompany the child on any camp or school excursion.
- Provide a yearly care plan to be used by the school, update each time changes occur.
- Ensure that the new diabetes medical management plans that have been developed in conjunction with Diabetes Australia – Victoria, the Royal Children's Hospital and Monash Children's Hospital are handed in to the school. These plans will be provided to schools as students have their individual plans updated by their treating medical team. Further information is available at: <http://www.diabetesvic.org.au/type-1-diabetes/children-a-adolescents/diabetes-and-school>.

## School responsibility:

It is the responsibility of the school to:

- ensure all staff receive professional development relating to diabetes and its management.
- ensure all staff have been made aware of the students that have diabetes. (yard duty folder pictures and initial staff meeting)
- ensure all school meal times are adhered to as closely as possible. If a meal is delayed, the student should have access to food containing some carbohydrate (for example, fruit, biscuits, fruit juice) at the normal meal time while waiting for the meal. A diabetic student should be permitted to take extra food at odd times before extra physical activities to prevent hypoglycaemic reactions. The student or teacher must take some extra carbohydrate form of food and confectionery on excursions.
- ensure a student's diabetes management kit or 'Hypo Box' (which may include adequate supplies of insulin, disposable syringes or pen injector devices, blood testing equipment, and glucose or suitable sugar products to prevent or treat an insulin reaction) may be kept in the first aid room, or with the child as appropriate. Two kits are preferable, one for each location. One kit will always accompany the child on any camp or school excursion.
- make reasonable adjustments for students with diabetes to enable them to participate in their education on the same basis as their peers.
- ensure that relevant staff undertake appropriate diabetes education and training with Diabetes Australia-Victoria.
- ensure trained staff are available to supervise and support all students with diabetes, particularly those in the younger years who may not yet be able to self-manage their health condition



- to consult with the student and parents/carers about the needs of the student and what reasonable adjustments must be made. Schools should consult initially with parents/carers and on an ongoing basis through regular Student Support Groups. (this information will be relayed to relevant staff)
- Ensure that in conjunction with parents/carers and treating medical team that a clear and tailored health management plan is provided to support the student's individual health care needs.
- develop strategies to support students with diabetes to fully participate in school life including school activities, sporting events, school camps and excursions.

Ratified at school council on 19<sup>th</sup> February 2015