

# TYPE 2 DIABETES ACTION PLAN 2023 SCHOOL SETTING

Use in conjunction with Diabetes Management Plan.

## Medication Management

### 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 CHILD ALONE  
DO NOT DELAY TREATMENT**

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

**Child unconscious / drowsy**  
(Risk of choking / unable to swallow)

**Step 1: Give fast acting carbohydrate**  
e.g. \_\_\_\_\_

**First Aid DRABC**  
Stay with unconscious child

**Step 2: Recheck BGL in 15 mins**  
 • If BGL less than 4.0, repeat **Step 1**  
 • If BGL greater than or equal to 4.0, go to **Step 3**

**CALL AN AMBULANCE  
DIAL 000**

**Step 3: Give sustaining carbohydrate**  
e.g. \_\_\_\_\_

**Contact parent/carer**  
when safe to do so

### HIGH Hyperglycaemia (Hyper)

Blood Glucose Level (BGL) **15.0 mmol/L or higher**

**SIGNS AND SYMPTOMS** Increased thirst, extra toilet visits, poor concentration, irritability, tiredness **Note:** Symptoms may not always be obvious

HIGH BGLS ARE COMMON

**Child well**  
Re-check BGL in 2 hours

**Child unwell**  
eg. vomiting

**Encourage oral fluids, return to activity**  
1-2 glasses water per hour; extra toilet visits may be required

**CONTACT PARENT / CARER TO COLLECT CHILD ASAP**

**IF UNABLE TO CONTACT PARENT/CARER  
Refer to school policy.**

Date of plan \_\_\_\_\_

Review due \_\_\_\_\_



STUDENT'S NAME

\_\_\_\_\_

DATE OF BIRTH GRADE / YEAR

NAME OF SCHOOL

**INSULIN** is given 1 or more times per day. An injection will be needed.

At school, before lunch  At home

**Able to inject insulin:**

Yes  No

Injection will be given in: \_\_\_\_\_ (ROOM/LOCATION)

#### ROUTINE BGL CHECKING TIMES

Anytime, anywhere in the school

Before main meal

Anytime hypo is suspected

Before physical education / sport

Before exams or tests (e.g. NAPLAN)

Child using CGM / FGM

**PARENT / CARER NAME** \_\_\_\_\_

**CONTACT NO.** \_\_\_\_\_

**OTHER CONTACT NAME & NO.** \_\_\_\_\_

**TREATING MEDICAL TEAM** \_\_\_\_\_

**CONTACT NO.** \_\_\_\_\_

**DATE** \_\_\_\_\_



Government of Western Australia  
Child and Adolescent Health Service



I, the parent/carer, authorise school staff to follow this plan to support my child.

Childs name \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## TYPE 2 DIABETES MANAGEMENT PLAN 2023 SCHOOL SETTING

Use this plan in conjunction with Diabetes Action Plan. This plan should be reviewed and updated for each school year or if insulin delivery regimen changes. Please tick appropriate boxes.

### INSULIN ADMINISTRATION

- The student requires an injection of insulin at lunchtime.  
 Insulin given at home.

Is supervision required?  Yes  No

If yes, the responsible staff need to:

- Remind  Observe  Assist  
 Administer injection (Dose as per additional documentation provided)

Responsible staff will need to receive training on how to administer insulin injections. This will need to be discussed with the student's Diabetes Treating Clinical Team listed on the last page of this plan.

Name/s of responsible trained staff administering injection(s):

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The location in the school where the injection is to be given:

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Parent/carer will determine insulin doses and any adjustments that need to be made.

The student's parent/carer is responsible for providing a sharps disposal container and other supplies as listed on page 4. If the container needs replacing School staff to inform the student's parent/carer.

STUDENT'S NAME \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ GRADE / YEAR \_\_\_\_\_

NAME OF SCHOOL \_\_\_\_\_

I, the parent/carer, authorise school staff to follow this plan to support my child.

Childs name \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Page 1 of 4

## BLOOD GLUCOSE CHECKING

Is the student able to check their own blood glucose check independently

Yes  No

The student uses:

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

~~If yes to either, refer to Appendix 1.~~

**If NO, the responsible trained staff needs to:**

Do the check  Assist  Observe  Remind

Name/s of responsible trained staff to check Blood Glucose Levels (BGLs):

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

- Insulin dose
- Excitement / stress
- Growth spurts
- Type/quantity of food
- Level of activity
- Illness/ infection

Target range for blood glucose levels (BGLs): **4-8 mmol/L**

**BGL results outside of this target range are not unusual.**

Further action is required if BGL is less than 4.0 mmol/L or more than 15.0

mmol/L. Refer to Diabetes Action Plan.

If the meter reads '**LO**' this means the BGL is too low to be measured by the meter – follow 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.

**Prior to BGL checking, ensure student has washed and dried their hands.**

**Times to check and document as per school policy** (tick all that apply)

- Anytime, anywhere  Anytime hypo suspected
- Before snack  When feeling unwell
- Before lunch  Before exams/tests
- Before activity:  Beginning of after-school care session
- Other routine times – please specify:

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### PLEASE NOTE

Blood glucose checking should be available where the student is, whenever needed.

Blood glucose checking should not be restricted to the sick bay.

## HYPOGLYCAEMIA (HYPO) TREATMENTS

- All hypo treatment foods should be provided by parent/carer.
- Ideally, packaging should be in serve size bags or containers and labelled as **fast acting carbohydrate** food and **sustaining carbohydrate** food.
- Please use one of the options listed below:

| FAST ACTING CARBOHYDRATE FOOD | AMOUNT TO BE GIVEN |
|-------------------------------|--------------------|
|                               |                    |
|                               |                    |
|                               |                    |

| SUSTAINING CARBOHYDRATE FOOD | AMOUNT TO BE GIVEN |
|------------------------------|--------------------|
|                              |                    |
|                              |                    |
|                              |                    |

**If a student requires more than two (2) consecutive fast acting carbohydrate treatments, as per their Diabetes Action plan, call the student's parent/carer or the student's Diabetes Treating Medical team, for further advice.**

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 Medical Team.

I, the parent/carer, authorise school staff to follow this plan to support my child.

Childs name \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Page 2 of 4

## EATING AND DRINKING

- For younger students taking insulin at lunch please supervise to ensure all food packed from home 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.
- Allow access to drinking water and toilet at all times (high glucose levels can cause increased thirst and urination).
- Promote and follow healthy eating principles for ALL students.

## PHYSICAL ACTIVITY

- Physical activity is an essential part of diabetes management and school activities can support this.
- Physical activity may lower blood glucose levels.
- For planned activities over 30 minutes extra glucose monitoring and/or carbohydrate food may be required.
- For prolonged activities (i.e. sports carnivals) discuss with the parents/carers in advance.
- Is carbohydrate required for activities over 30 minutes

Yes                       No

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

## EXCURSIONS / SCHOOL ACTIVITIES

**It is important to plan ahead for extracurricular activities and staff/parents/carers to discuss well in advance of the excursion.**

Consider the following:

- Ensure blood glucose meter, blood glucose strips, hypo and activity food are readily accessible during the excursion day. Don't forget the insulin pen / syringe.
- Diabetes care is carried out as usual during excursions.
- Always have hypo treatment available.
- Additional adult supervision may be required for swimming and other sporting activities (especially for younger students).

## CAMPS

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

- Parents/carers need to be informed of any school camps at the beginning of the year or as soon as possible.
- A separate and specific Diabetes Camp Management Plan may be required if monitoring overnight or insulin or medications become the responsibility of the school staff.
- The student's Diabetes Treating Clinical Team will prepare the Camp Management Plan and require at least 4 weeks' notice to do so.
- Parents/carers will need to be provided with a copy of the camp menu and activity schedule for preparation of this plan.
- At least 2 responsible staff attending the camp should have a general understanding of type 2 diabetes and the support that the student requires to manage their condition for the duration of the camp.
- 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 Clinical Team. In particular, should school staff be required to either administer or supervise insulin injections, when on camp.
- If the camp location is more than 30 minutes from a reliable ambulance service, school staff attending the camp should discuss the need for Glucagon injection training at least 4 weeks before the camp with the student's Diabetes Treating Clinical Team.

I, the parent/carer, authorise school staff to follow this plan to support my child.

Childs name \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Page 3 of 4

## ASSESSMENTS

- BGL should be checked before an exam.
- BGL should be greater than 4.0 mmol/L before exam is undertaken.
- It is advisable to check and record BGL prior to (and during, if unwell) WACE assessments as medical evidence, in the event that an Application for Sickness/Misadventure is necessary.
- Blood glucose meter, monitoring strips, hypo treatments and water should be available in the exam setting.
- Flash Glucose Monitoring (FGM) devices should be available in the exam setting, if being used.
- Considerations for extra time, if a hypo occurs or for toilet privileges, should be discussed in advance.
- The School Curriculum and Standards Authority's Guidelines for Disability Adjustments for Timed Assessments includes type 2 diabetes and is available at [www.scsa.wa.edu.au](http://www.scsa.wa.edu.au)
- Where required, schools should apply in advance for special provisions for all externally set assessments (e.g. NAPLAN, OLNA, WACE).

## EXTRA SUPPLIES

### PROVIDED FOR DIABETES CARE AT THE SCHOOL

- Insulin and pens/pen needles
- Finger prick device
- Blood glucose monitor
- Blood glucose strips
- Sharps container
- Hypo food



Date of plan \_\_\_\_\_ Review Due \_\_\_\_\_

## AGREEMENTS

### DIABETES TREATING CLINICAL TEAM

This plan has been agreed to by the Clinical Team at Perth Children's Hospital. Any variation to this plan must be endorsed by the Clinical Team and a new plan provided.

NAME (Please Print) \_\_\_\_\_

POSITION (Please Print) \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

### PARENT/CARER

I have read, understood and agree with this plan. I give consent to the school to communicate with the Diabetes Treating Medical Team about my child's diabetes management at school.

NAME (Please Print) \_\_\_\_\_

RELATIONSHIP (Please Print) \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

### SCHOOL REPRESENTATIVE

NAME (Please Print) \_\_\_\_\_

ROLE  Principal  Vice principal  
 Other (please specify) \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

I, the parent/carer, authorise school staff to follow this plan to support my child.

Childs name \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Page 4 of 4