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## Diabetes Management Policy

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### 1. Preamble

- 1.1. As a caring Christian community that considers individuals to be uniquely created in the image of God, Chairo Christian School has a responsibility and desire to provide for the care, safety and wellbeing of members of the school community, within the reasonable limits of its capacity to do so. While there is an understanding that created humans consist of physical, emotional, social and spiritual components of their being, this policy predominately focuses on the physical health and safety of individuals.
- 1.2. Chairo has a specific duty of care for the wellbeing of students whereby the risk of harm is minimised and students are able to function within a physically and emotionally secure, supportive and productive environment. Such duty of care may, at times, extend beyond the school day and school premises.
- 1.3. Diabetes is a serious medical condition that requires daily treatment, continual monitoring and emergency responses in the event of ill health. While some students with diabetes have minimal restrictions on their school life, other students will require additional support and consideration, and they may experience difficulties at school in relation to attendance, concentration and participation in activities.
- 1.4. The school is committed to:
  - providing, as far as is reasonably practicable, an environment in which students diagnosed with diabetes can participate in all aspects of the educational program;
  - being a diabetes-aware school and raising awareness about diabetes within the school community;
  - seeking, recording and acting upon information in relation to those students known to have diabetes;
  - developing, in consultation with parents/guardians, risk minimisation and management strategies for students with diabetes; and
  - providing relevant staff members with training in relation to diabetes and emergency procedures.
- 1.5. *Diabetes Victoria* and *Diabetes in Schools* play a major role in the provision of training, advice and resources for schools in relation to diabetes.
- 1.6. This policy is to be read in conjunction with the diabetes-related procedures.

### 2. Definitions

- 2.1. *Duty of care* refers to the requirement that the school and staff members (especially teaching staff members) take all reasonable care to provide a suitable and safe environment for students, and to ensure that no student is exposed to unreasonable risk of injury.
- 2.2. *Type 1 Diabetes* is an auto-immune condition that develops as a result of the immune system damaging the ability of the pancreas to produce the hormone known as insulin. Insulin is essential



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in controlling the blood glucose level (BGL) in the body. Blood glucose levels therefore need to be monitored closely and treatment involves daily insulin replacement via injections or an infusion pump. This condition is life-threatening without insulin treatment. (Type 2 diabetes rarely occurs in children and is therefore not the focus of this policy.)

- 2.3. *Hypoglycaemia (Hypo) – Low Blood Sugar* – is a result of the blood glucose level dropping below normal level (4mmol/l) and can be dangerous if not treated quickly and effectively, leading to confused behaviour, seizure or even loss of consciousness. Hypoglycaemia can be a result of delaying a meal or not enough food intake, too much insulin in the body or unplanned exercise.
- 2.4. *Hyperglycaemia (Hyper) – High Blood Sugar* – is when the blood glucose level increases above the normal levels in the body. Hyperglycaemia is to be avoided but if levels do remain high for a length of time it can lead to ketoacidosis. Hyperglycaemia can be caused by too much food, too little insulin, illness and/or stress.
- 2.5. *Diabetes Treating Team (DTT)* refers to the health professionals who oversee the ongoing healthcare management of a student with diabetes. This team may consist of medical practitioners, endocrinologists, paediatricians, division 1 registered diabetes nurses and diabetes educators. Each student will have a specific team they communicate with and it may include some or all of the above.
- 2.6. *Parent*, where used throughout this policy, also refers to a legal guardian.

## **3. Policy**

- 3.1. Diabetes Management Documentation
  - 3.1.1. Parents of children with diabetes are to notify the school upon enrolment or as soon as possible after initial diagnosis and provide written notification of such a condition by a medical practitioner or the Diabetes Treating Team (DTT).
  - 3.1.2. It is a requirement that parents of students with type 1 diabetes provide the school with a *Diabetes Victoria Diabetes Management Plan* (a detailed plan for ongoing diabetes management of a student at school) and a *Diabetes Action Plan* (a quick reference plan required in an emergency) developed by the student's DTT. Plans need to include details relating to the student's condition, medication and doses required, and actions in the case of emergency. Whenever a student's diabetes plans are reviewed and/or updated by the DTT, parents are to provide the school with updated versions of such plans. This is an ongoing responsibility of parents.
  - 3.1.3. In order to ascertain whether all parties are in agreement in regard to the management and care of a student with type 1 diabetes, the *Diabetes Management Plan* needs to be signed by parents, the DTT and the Principal (or a school representative staff member). Further campus-specific health support plans may be necessary, developed in consultation with families, to support the daily needs of a student with type 1 diabetes while attending Chairo.
  - 3.1.4. First Aid Officers need to be able to readily access all updated diabetes plans for daily care, and for use in an emergency.
  - 3.1.5. The core teachers of a student with diabetes are required to have easy access to a copy of the student's *Diabetes Management Plan* and the *Diabetes Action Plan* for daily care, and for use in an emergency.



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- 3.1.6. Due to the school's ongoing duty of care responsibilities and the requirement to reduce the risk of harm, students with type 1 diabetes will be included on *Medical Alert Posters* displayed in sickbays, staffrooms, adjoining classroom offices, gymnasiums and other locations deemed necessary for students with significant medical conditions. Only information relevant in an emergency will be visible.
  - 3.1.7. All emergency contact details of a student with diabetes must be current at all times for immediate contact in the case of an emergency.
  - 3.1.8. *Diabetes Management Plans* and *Diabetes Action Plans* are to be reviewed by First Aid Officers, in consultation with parents, at the beginning of each new year to confirm and communicate management plans for the responsible teachers for the school year ahead.
  - 3.1.9. It is important that there is clear, open and regular communication between Chairo staff members, parents and students with diabetes in order to enhance student involvement, promote effective diabetes management while at school and support parents to have confidence that appropriate management strategies are in place. This also enhances the ability of First Aid Officers and teachers to communicate any issues or concerns to parents and ensure that there is ongoing clarity for everyone's different roles and responsibilities. This communication needs to be reliable and ongoing and could be in the form of phone calls, emails, communication books, student diaries etc. The best method for ongoing communication can be determined in consultation with each family.
  - 3.1.10. Details of daily medication administration and general diabetes management care and concerns are to be recorded in a student's medical file by First Aid Officers and/or other relevant staff members.
  - 3.1.11. The school will ensure that information privacy principles are applied when collecting, using, retaining or disposing of student health information. See *Privacy Policy*.
- 3.2. Staff Training
- 3.2.1. In accordance with the Victorian Department of Education and Training (DET), all staff members are to have a basic understanding of diabetes, know how to safely respond in an emergency and know which students at their campus have diabetes. This will be achieved by keeping the required first aid training up-to-date (provided by the school) and by staff viewing the online diabetes briefing conducted at the beginning of each school year.
  - 3.2.2. First Aid Officers, staff members with documented responsibility for the care of a student with diabetes and specialist teachers who conduct classes that pose a greater risk to students with diabetes (e.g. teachers responsible for physical education/sport) are to undertake, as a minimum, Level 2: Intermediate Diabetes Training through *Diabetes at Schools*. Responsible staff members need to be able to competently and confidently implement a current student's *Diabetes Management Plan* and *Action Plan* and therefore may need to also complete the Level 3: Individualised Skills Training, in consultation with parents and the DTT, particularly in the case of staff supporting students during camp (see 3.7 for more information). *Diabetes Victoria* also provide face-to-face diabetes training from time to time (see website for local training opportunities.)



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- 3.2.3. It is imperative that all teaching staff members, including casual relief teachers, who supervise students with type 1 diabetes are: (1) aware of students who have type 1 diabetes and follow relevant policies and procedures; (2) aware of the importance of daily diabetes management for students with diabetes; and (3) aware of the location of the schools/student's supply of diabetic medications and devices.

## 3.3. Diabetes Management

### 3.3.1. Blood Glucose Levels (BGLs)

3.3.1.1. It is important that BGLs are checked regularly throughout the day and a student's *Diabetes Management Plan* will state the times that they need to be checked. Some checks will be done while at home and some will need to be conducted while at school. Most students will be able to use a blood glucose monitor and a finger-pricking device (lancet) while other students, particularly those who are younger, will require supervision and/or assistance by First Aid Officers or the responsible staff member as identified on the *Diabetes Management Plan*.

3.3.1.2. It is imperative that infection control procedures are followed by staff members and students when testing BGLs (and administering insulin) in order to prevent cross-contamination and infection. These procedures will include hand washing; safe and adequate disposal of all medical waste such as syringes, lancets and blood-contaminated tissues; and ensuring that single-use equipment is used for one student only and then immediately disposed of.

### 3.3.2. Insulin Administration

3.3.2.1. A student's *Diabetes Management Plan* will determine whether a student will need to have insulin administered during school hours. Not all students with Type 1 diabetes will require insulin while at school.

3.3.2.2. If a plan does specify that insulin is to be administered, it is to be done in accordance with the student's *Diabetes Management Plan* in respect to the timing and dose required. Insulin is to be administered by a First Aid Officer or other responsible staff member who has received appropriate training in the administration of insulin or by a student who has been approved by the Principal or DTT to administer their own insulin (note: some students may still require supervision). First Aid Officers are not to make clinical decisions regarding insulin doses but are to follow the instructions in the *Diabetes Management Plans* or contact the family if concerned or unsure of the amount of insulin to administer.

3.3.2.3. Provision of privacy and location arrangements for insulin administration will be documented in additional plans developed by the school and will depend on facilities at each campus.

3.3.2.4. For those students who use a pump to administer insulin medication, more specific consultation with parents, the Principal, First Aid Officers and the DTT is required to determine the school's capacity to undertake the more specialised treatment requirements involved. First Aid Officers are not routinely responsible for daily insulin pump



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maintenance (due to its complexity), which lies outside the scope of practice of First Aid Officers. Current Diabetes Victoria plans for insulin pumps stipulate that the responsibility for pumps lies with parents, and students who self-manage their diabetes, and alternative arrangements are to be documented in the case of a pump emergency or failure, including backup diabetes emergency kits and seeking emergency service assistance. Dependant on the specific needs of the student, funding may be considered for specialised care in this area.

### 3.3.3. Glucagon Administration

3.3.3.1. According to the DET, “glucagon should not be necessary to administer in the day-to-day school context except under prearranged circumstances”, with the administration of glucagon only to be carried out after specialised training by a health professional and in line with a student’s diabetes plans developed by the DTT. Therefore, special arrangements may need to be made in consultation between the school, family and the DTT if the administration of glucagon is required routinely or expected. However, glucagon administration will not be considered a normal component of diabetes management by a First Aid Officer at Chairo. In the case of an emergency, First Aid Officers will contact emergency services as per normal emergency procedures and are to alert the student’s parents as soon as it is safe to do so. Further planning and consideration may be required in the lead up to students attending camps and excursions regarding the administration of glucagon and the proximity of emergency services.

### 3.4. Student Management

- 3.4.1. Upon written approval from the student’s parents, the DTT and the Principal, students who are considered competent and responsible to self-manage their diabetes while at school may be permitted to do so.
- 3.4.2. Students are to follow the *Diabetes Management Policy* and relevant diabetes-related procedures when self-managing their diabetes. Some students will require staff supervision when checking their BGL and administering their own medication, while others will be able to do so independently.
- 3.4.3. Unless other arrangements have been made for an individual student, those with type 1 diabetes are advised, if feeling well, to come to their campus sickbay in order to check their BGL and administer insulin. This will help ensure that proper disposal of medical equipment will occur, and that treatment is done in a safe environment.
- 3.4.4. It is the responsibility of parents to provide their child, who carries out their own diabetes management while at school, with the necessary equipment and medication to self-administer throughout the day. Backup treatment equipment and medication are to be stored in the sickbay for their child to use as needed and for use in an emergency.
- 3.4.5. Students who have been approved to manage their diabetes while at school are permitted to store their equipment and medication in their school bag for easy and daily access. Individual arrangements are to be made to determine where the school bag is to be stored during school hours. It is important that the school bag carrying



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medication is not easily accessible to other students to reduce the potential risk to others, particularly for younger students. School bags may be stored in an adjoining teacher's office or the diabetes treatment packs could be removed from the bag during class and stored in an unlocked cupboard in an adjoining classroom office away from other young students.

- 3.4.6. In case of an emergency, students are to carry their required diabetes treatment packs in their school bag if they use public transport or a school bus to get to and from school. Students in this situation are responsible for their school bag in which diabetes equipment and medication is contained for the safety of other students on the bus. For those students who do not self-administer but do travel on a school bus, consultation with parents and the Principal is required to formally develop a plan in the case of an emergency.

## 3.5. Classroom Management

- 3.5.1. Teachers should make reasonable adjustments to their classroom activities in order to support students with type 1 diabetes to be able to participate safely and engage fully in their education and related activities. Some adjustments will involve removing food-based rewards; communicating with parents to organise suitable food alternatives/quantities for class parties; and ensuring that food sharing among students does not occur. Parents are responsible for providing the required food and amounts suitable for their child's needs during school hours.
- 3.5.2. All teachers who have students with diabetes in their classroom are required to provide additional freedoms to visit the bathroom during class time as needed or to attend the sickbay for diabetes management. However, if a student communicates that they are not feeling well and/or they do not appear to be well, they must not be left alone and should remain stationary. Once the supervising teacher has provided the initial diabetes first aid response to the situation, a First Aid Officer should be called immediately to continue student treatment.
- 3.5.3. Students with diabetes may need to eat at additional times during the day and, although their eating regime may match that of the school timetable, there may be further requirements for food intake depending on BGLs or in preparation for upcoming physical activity.
- 3.5.4. A student's individual diabetes first aid kit needs to be safely stored but easily accessible in the adjoining classroom office or nearby sickbay for use in the case of an emergency. This kit is to contain a blood glucose monitor, lancet, portioned fast and slow releasing carbohydrates and within-expiry insulin medication and syringe as needed, in accordance with the student's *Diabetes Management Plan*.
- 3.5.5. Sport and physical education teaching staff, or staff members supervising student physical activity while at school, are to allow time for a student with diabetes to check their BGL and/or prepare for the activity. Staff members are also required to have access to (while stored safely in respect to other student), the student's blood glucose monitor, hypo kit and their *Diabetes Action Plan* in the case of an emergency.
- 3.5.6. The school seeks to create a culture of inclusion and support among student peers and to grow awareness of diabetes. In doing so, it is hoped that a student with diabetes does not have any fears or concerns about managing their diabetes while at school and instead will be supported by peers to do so and cared for by peers in an



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emergency. In being a diabetes-aware school, Chairo endeavours to reduce stigma and reduce, as far as feasible, any associated medical complications, social isolation, poor concentration, anxiety, depression and absenteeism.

- 3.5.7. All students attending Chairo shall be encouraged to: (1) always take diabetes seriously; (2) not deliberately do anything that could negatively affect a student and their diabetes; (3) seek help immediately if someone with diabetes is becoming unwell; and (4) be respectful of a fellow student's diabetic medication and devices.

## 3.6. Exam Support

- 3.6.1. To support a student with type 1 diabetes to perform at their optimum during exams, the school will endeavour to make reasonable adjustments to exam conditions.
- 3.6.2. The school will consider, at the commencement of VCE (or at least at the beginning of Year 12) in consultation with the student and their parents, whether the student is eligible to apply for SEAS (Special Entry Access Scheme) – Category 3: Disability and Medical Condition. See the VTAC website for more information regarding SEAS.
- 3.6.3. Areas for consideration to adjust exam conditions include: (1) provisions to consume food or water as necessary to prevent or treat hypoglycaemia; (2) additional time allowance to check their BGL before, during and after the exam, and to take medication as needed; and (3) permission to leave the exam under supervision to access bathroom facilities.

## 3.7. Camps, Excursions and Other Special Events

- 3.7.1. As camps, excursions and other special events are important aspects of school education and student growth, the school will make reasonable adjustments to support and enable a student with diabetes to safely attend and participate.
- 3.7.2. It is important to review a student's health support plans prior to any special event occurring. If a student will be attending an overnight camp, a *Diabetes Camp Management Plan* should be developed and provided by the student's DTT, and then confirmed in consultation with the parents and relevant staff members. Such This camp plan is to be used for staff training and for planning any adjustments required for safe participation by the student throughout the camp.
- 3.7.3. Prior to attending a camp, excursion or other special event, staff members are to form risk assessment plans in consultation with the student's parents to carefully consider possible risks and develop steps to reduce and manage such risks. Things to take into consideration include the location of the event and its remoteness; camp menu; the risk-level of activities; sleeping arrangements; transport arrangements; staff supervision; other general details of the event; and specific information about the student's needs.
- 3.7.4. As blood glucose levels are greatly affected by the type and amount of food, providers for camps, excursions and other special events are to make reasonable adjustments to menus or to the provision of food in consultation with parents and according to the student's *Diabetes Camp Management Plan*.
- 3.7.5. Specified staff member/s, or medically trained volunteer/s, attending camp are to be allocated the responsibility of supporting a student with Type 1 Diabetes for the duration of the school camp. These persons are to be familiar with the needs of the student in accordance with the camp management plan developed by the Diabetes



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Treating Team, adequately trained to carry out the management plan and, in cases where an emergency service is beyond 30mins from the camp location, are to have received additional training to administer a glucagon injection to the student experiencing a diabetic medical emergency.

- 3.7.6. The school will not insist that a parent attend a camp, excursion or other special event in order to care for the medical needs of their child. However, if a parent desires to attend for this purpose and their attendance is consistent with the *Camping & Excursions Policy*, this may be considered and approved by the Principal.
- 3.7.7. Parents are to provide sufficient medical equipment, diabetic-related medication and emergency food packs for the planned duration of a camp. Details of these are to be recorded on the *Camp Medication Forms* and given directly to the supervising staff member.
- 3.7.8. For students undertaking swimming lessons and/or taking part in school swimming carnivals, special consideration and staff supervision is required. Swimming, like other physical activity, can quickly alter BGLs and therefore put the student at increased risk of drowning if not adequately planned for and supervised. Staff members who are responsible for student care while swimming need to conduct risk assessments, support the student to plan for the activity and supervise carefully during the activity. Consultation may be required with parents and First Aid Officers.

## **RELATED POLICY**

Health & First Aid (Student) Policy

Emergency & Critical Incident Management Policy

Medication Administration Policy