



SANDRINGHAM EAST PRIMARY SCHOOL Diabetes Management 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, healthy, safe and participatory members of the school.
- To ensure that staff are trained and confident to provide the specific care that diabetics require.

Implementation:

- All staff will receive professional development training relating to diabetes and its management.
- Students with diabetes will have a Medical Alert Chart which includes a photograph identifying them as a Type 1 Diabetic. The chart will be visible in various places around the school; outside the first aid room, in the school office and inside the diabetic student's individual classroom. Relief teachers must be verbally informed by the welcoming teacher that there is a student with Type 1 Diabetes in the class. Having Medical Alert Charts around the school will not suffice as they may not be seen or read by the relief teacher.
- At the beginning of each new school year the diabetic student's parent or parents need to sit down with the teacher and talk openly about their child's specific needs in relation to their diabetes. For example, an informal discussion lasting approximately 20-30 min is required. Parents should describe signs and symptoms of hypoglycaemia and hyperglycaemia specific to their child. (Symptoms can vary greatly between diabetics)
- Students whose parents indicate that they are capable of managing their own diabetes will be encouraged to do so, and will be provided upon request with an appropriate private space to manage their diabetes. To be deemed capable of managing their own diabetes, students will need to demonstrate the following:

- The ability to measure, draw up and inject an insulin dose accurately
- Carry out clean blood glucose tests accurately (finger prick)
- Recognise the early signs of hypoglycaemic or hyperglycaemia
- Act on the blood glucose reading with food, ie jelly beans followed by carbohydrate when hypoglycaemic and administer an insulin injection when hyperglycaemic
- Estimate their diet in portions if necessary
- Understand the need to take extra food before increased physical activity
- Have meals and snacks on time consistent with their diabetes management plan

A primary school aged child will likely find it difficult to self-manage all of these aspects of their care. They will probably be able to manage a few of these aspects only.

Prompting, guidance and overseeing by teachers will be required.

- 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.

- A student's diabetes management kit or 'Hypo Box' (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.
- It is 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 most importantly, to give appropriate help if needed should the student have a hypoglycaemic episode.
- 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. A parent of a diabetic child should be asked to attend or given priority on overnight school camps, day excursions, swimming and sports carnivals etc.
- All school meal times should be adhered to as closely as possible. If a meal is delayed, the student should have access to food containing some complex 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 hypoglycaemia .
- The student or teacher must take some extra carbohydrate form of food or confectionery on excursions. It is expected that the parent of the diabetic child will provide a little diabetic pack for their child to take on excursions with all of the essential items required to manage diabetes whilst away from the everyday school environment.
- It is imperative that the teacher of the student with diabetes and the students parent or parents liase regularly and have open communication channels.

Evaluation:

- This policy will be reviewed as part of the school's three-year review cycle.

Approved by School Council March 2015