



Edinburgh College Diabetes Management Policy

Document History

This policy is to be ratified by the School Council on April 2022
The life cycle of this policy is three years.

Rationale

The purpose of this policy is to ensure that Edinburgh College supports students with diabetes.

As a caring Christian community that considers individuals to be uniquely created in the image of God, Edinburgh College has a responsibility and desire to provide for the care, safety and welfare of members of the College 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 predominantly focuses on the physical health and safety of individuals.

The College 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 College premises. The College has an ongoing duty of care obligation to their students

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 College 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.

Aim:

Edinburgh College is committed to

1. providing, as far as is reasonably practicable, an environment in which students diagnosed with diabetes can participate in all aspects of the educational program;
2. being a diabetes-aware College and raising awareness about diabetes within the College community;
3. seeking, recording and acting upon information in relation to those students known to have diabetes by ensuring that students with type 1 diabetes have:
 - a. a current [*Diabetes Action Plan*](#) prepared by the student's treating medical team (provided by parents or carers); and

- b.. a [Student Health Support Plan](#), developed by the College in consultation with the parents or carers and where appropriate the student's treating medical team
- c. a [Medication Authority Form](#), to be completed by the student's medical/health practitioner detailing the medications required during regular school hours, administration method and storage
- 4. developing, in consultation with parents/guardians, risk minimisation and management strategies for students with diabetes; and
- 5. providing relevant staff members with training in relation to diabetes and emergency procedures.

The College recognises that there are two main types of diabetes - refer below for their definitions. This policy concentrates on the management of Type 1 Diabetes, The College will support students with all types of diabetes

Diabetes Victoria and *Diabetes in Schools* play a major role in the provision of training, advice and resources for the College in relation to diabetes.

Reference: The [DET Diabetes Policy](#) website

Implementation

Roles of Those Involved in the Management of Diabetes in the College

1. **The student (if age appropriate):**
 - a. participate in the student health support planning process
 - b. talk to parents or carers and College staff about any issues with their treatment
 - c. decide if and what they want to tell their friends and classmates about their diabetes
2. **The parents or carers:**
 - a. inform the College of their child's condition at enrolment or as soon as possible after diagnosis
 - b. advocate for their child's support at school and help College staff understand how type 1 diabetes affects learning and inclusion
 - c. meet regularly with Responsible Staff to discuss upcoming milestones, events and transitions that may affect the day-to-day management. These meetings

are complementary to the provision of the *Diabetes Management Plan* and *Action Plan*

- d. provide the College with a signed Diabetes Management Plan and Diabetes Action Plan and work with Responsible Staff to develop the *Student Health Support Plan*
- e. ensure the College has details for alternative emergency contacts for when parents or carers cannot be reached as part of the Diabetes Action Plan and understand that College may **call 000** in these circumstances
- f. notify the College if the child is experiencing changes or challenges with managing their diabetes
- g. discuss changes to the child's diabetes management with the diabetes treating team and, where applicable, provide an updated and signed *Diabetes Management Plan* and *Diabetes Action Plan* to the College as soon as possible after changes have been made
- h. participate in discussions regarding the child's care and support at College where issues arise

3. **The principal:**

- a. identify staff willing to be a Responsible Staff member
- b. nominate and support a staff member who agrees to be the first point of call for parents or carers and students to discuss type 1 diabetes support arrangements at the College (this is usually a Responsible Staff member)
- c. facilitate discussions between the student, their parents or carers and Responsible Staff to ensure they understand the support required and that this is documented in the Diabetes Management Plan and Diabetes Action Plan
- d. work with parents or carers and Responsible Staff to develop a Student Health Support Plan
- e. facilitate or mediate communication between students, parents or carers and College staff. Where issues arise, support families and staff to find a solution
- f. add diabetes information to the student's SEQTA record
- g. Role of responsible staff:
- h. ensure they understand the *Diabetes Management Plan* and *Diabetes Action Plan*

- i. work with parents or carers and the student to develop, review, update and implement a *Student Health Support Plan* to assist with managing the student's type 1 diabetes while at school
 - j. if required, contact the student's diabetes treating team to clarify information in the *Diabetes Management Plans* and *Diabetes Action Plans*, with parental or carer consent
4. **The diabetes treating team:**
- a. provide information and advice on safe and effective diabetes management to students, parent or / carers and College staff
 - b. clarify information and instructions with the College in Diabetes Management Plans and Diabetes Action Plans with parent or carer consent as required

Reasonable Adjustments

1. Diabetes is considered a disability under the Disability Standards for Education 2005 (Cth) and the Equal Opportunity Act 2010 (Vic).
2. Therefore, the College has a legal obligation to make reasonable adjustments for students with diabetes to enable them to participate in their education on the same basis as their peers.
3. Children and young people with diabetes are no more likely to be sick than other young people and can generally be expected to do everything their peers do. However, at times they may need additional support or special consideration to ensure they are able to participate in education and training on the same basis as other students.
4. An example of a reasonable adjustment could be having an appropriately trained person administer insulin where a student is unable to self-administer safely.

Diabetes Management Plans

1. Upon enrolment or when a health care need, such as diabetes, is identified, the College in conjunction with parents or carers and the student's treating medical team will develop a clear and tailored health support plan to support the student's individual health care needs.

2. The College will consult with the student and parents or carers about the needs of the student and what reasonable adjustments must be made.
3. Consultation with the student and parents or carers will continue on an ongoing basis through regular [Student Support Groups](#) or other meetings or methods of communication.
4. [Diabetes Management Plans and Action Plans](#) (with companion documents) must be completed and signed by the treating medical team responsible for the student's diabetes care before being provided to the College by the student's parents or carers.
5. To ensure all relevant parties have been consulted and are in agreement with the stated plan of care for College the [Diabetes Management Plan](#) must be signed by the parent or carer; diabetes educator or doctor (specialist endocrinologist or paediatrician) and the College principal.
6. The College will develop a [Student Health Support Plan](#) in consultation with parents or carers when appropriate for the student and where appropriate the student's treating medical team.

Support to students

1. A student's individualised *Diabetes Management Plan* and *Diabetes Action Plan* documents the treatment prescribed by the diabetes treating team, to manage the condition throughout the school day and when blood glucose falls outside the normal range.
2. The *Student Health Support Plan*, to be completed by the College, summarises how College will implement these plans, including any reasonable adjustments the College will make to support students to participate fully at school.
3. These plans, once signed by the parents/carers and College principal, authorise the College to provide the prescribed treatment and consent for the agreed supports to be put into place.
4. Students should be supported to learn to take responsibility for the management of their own health needs in non-emergency situations where possible.
5. Nevertheless, personal diabetes management in younger students may be harder to achieve given their various stages of development and complexity of Blood Glucose Levels (BGL) monitoring and treatment.

6. Individual children will become independent at various ages therefore additional support by College educators and support staff may be necessary until this time occurs.

Responsible Staff members

1. The Principal cannot compel a staff member to become a Responsible Staff member. It is a voluntary role.
2. Responsible Staff members voluntarily agree to take on responsibility for supporting students with type 1 diabetes, as documented in the *Diabetes Management Plan*, *Diabetes Action Plan* and the *Student Health Support Plan*.
3. This role is held by staff members who have regular oversight of the student at school and a close relationship, such as
 - a. The classroom or homeroom teacher,
 - b. College nurse or Student Welfare Coordinator,
 - c. Head of School
 - d. Head of Campus or
 - e. Office administrator.
4. At least three people on staff will hold the role of Responsible Staff member to allow for staff absences.
5. Responsible staff must:
 - a. undertake appropriate training to develop confidence and competence to provide the treatment prescribed in *the Diabetes Management Plan* and *Diabetes Action Plan*

Staff training

1. The College Principal will
 - a. ensure all staff are aware of which students have type 1 diabetes, have a basic understanding of diabetes and know how to safely respond in an emergency
 - b. ensure a sufficient number of Responsible Staff are trained, capable and available daily to provide the treatment prescribed in a student's individual *Diabetes Management Plan* and *Diabetes Action Plan*
 - c. fund and facilitate professional development for College staff, appropriate to a student's individual needs
2. All staff need:

3. a basic understanding of type 1 diabetes and how to respond in an emergency.
4. Training resources include:
5. the Diabetes Victoria [*Diabetes at School*](#) online education package that can be accessed by all College staff. (These 3 to 5-minute, self-directed learning modules will help to ensure that all College staff understand type 1 diabetes and how it impacts on a student's day to day life, provide knowledge about how to respond appropriately to students experiencing hypoglycaemia and hyperglycaemia and information about *Diabetes Action and Management plans*.)
6. Diabetes Victoria regularly hold training seminars for teachers and College support staff to develop confidence and competence in supporting students with diabetes and in implementing a student's *Diabetes Management Plan* and *Diabetes Action Plan*. For details on upcoming sessions, refer to: [*Professional Development*](#).

Impact at school

Most students with diabetes can enjoy and participate in school life and curriculum to the full. However, due to their diabetes they may need:

1. special consideration when participating in sport, excursions, camps and other activities
2. extra diabetes management plans for overnight camps and excursions prepared by the student's treating medical team
3. special consideration during exams and tests
4. extra toilet provisions
5. extra consideration if unwell
6. some individual supervision
7. to eat at additional times, especially when involved in physical activity
8. special provisions for privacy when checking blood glucose levels and injecting insulin, if required

Students may require some time away from school to attend medical appointments, but in general, attendance at school will not be an ongoing issue.

Strategies

Different ways by which Edinburgh College can support students in managing diabetes and make reasonable adjustments to enable students to participate in their education on the same basis as their peers who don't have diabetes.

1. **Monitoring Blood Glucose Levels (BGLs)**

- a. The management of diabetes depends on balancing blood glucose levels. Food (carbohydrate), physical activity, insulin, weather, illness, stress, and for females menstrual periods can all impact an individual's blood glucose levels.
- b. Checking blood glucose levels requires a blood glucose monitor and finger pricking device. Some students may use continuous glucose monitors with alarms, and some may carry phones to assist with monitoring. Most students should be able to perform BGL checks independently. In the event that the student is unable to safely/successfully perform the own BGL or their behaviour doesn't match what the CGM says their blood sugar levels are - a manual check should undertaken by an approved staff member.
- c. A student's *Diabetes Management Plan* will state monitoring times and the response to the BGL, as well as the method of relaying information about any changes in blood glucose levels to parents or carers.
- d. Depending on the student's age, a communication book can be used to provide information about the student's change in BGLs between parents or carers and the College.
- e. Checking of BGL occurs at least four times a day to evaluate the insulin dose. Some of these checks will need to be done at school.
- f. Most students can adequately manage their own BGL monitoring, however each case must be assessed individually and younger children will need some assistance or supervision.

2. Administering Glucagon

- a. Glucagon should **not** be necessary to administer in the day-to-day school context except under certain agreed circumstances. This is why it does not appear in the Diabetes Action and Management Plans.
- b. Glucagon is safe to administer with appropriate training. Under the [Drugs, Poisons and Controlled Substances Act 1981 \(Vic\)](#) there is no reason why any trained adult, teacher or College staff member cannot administer a glucagon injection in appropriate circumstances such as when the student is experiencing a severe hypo, preferably confirmed by BGL of <4.0mmol/L, or when an ambulance is called. Please note that low level risks may vary from student to student and day to day. Before Glucagon is administered a manual BGL should be performed - as exceedingly high blood sugar levels can make a student appear that their blood sugar levels are low.

- c. It is the College Principal's responsibility to decide how many staff need to be trained in glucagon administration, but they must ensure that there will be enough trained staff in the College to be able to supervise students and to know how to deal with diabetes emergencies.
- d. Glucagon injection training can be obtained from the diabetes treating team who usually care for the child's diabetes or from other health professionals such as a general practitioner or Division 1 Registered Nurse.
- e. It is advised that while a trained parent or legal guardian can provide this training, a health professional is preferred.

3. Administering insulin

- a. Administration of insulin during school hours may or may not be required as per the student's *Diabetes Management Plan*.
- b. Students who require assistance to administer their insulin can receive this support from a **responsible staff member** who has received appropriate training in the administration of insulin.
- c. Arrangements for administering insulin during school hours must be documented in the *Student Health Support Plan*.
- d. If insulin is administered at school, the student's parents or carers must provide clear advice regarding the dose and timing as per the *Diabetes Management Plan* and covered off in the *Medication Authority Form*.
- e. The student's parents or carers should ensure instructions in these plans are updated as circumstances or health requirements change.

4. Communication

- a. The College has a legal obligation to consult with the student and parent or carers about the needs of the student and what reasonable adjustments must be made.
- b. The College will establish a culture of inclusion and support for students with diabetes so they can participate fully and safely at school because young people with diabetes can be worried about and even avoid managing their diabetes at school. This can lead to medical complications, poor concentration and focus as well as problems such as social isolation, absenteeism, anxiety or depression or diabetes burnout.
- c. Open communication will occur between the College and parents or carers and students to ensure optimal diabetes management and student engagement, as well as ensure there is clarity and shared understanding in

relation to roles and responsibilities for everyone involved in the student's care.

- d. The College will work with parents or carers to determine in each case to determine the best method to facilitate regular and reliable communication between parties.
- e. The College will be proactive in establishing effective communication lines to ensure parents or carers can regularly and easily relay health changes or updates to a student's individual *Diabetes Management Plans*.
 - i. Strategies that may be considered.
 - 1. Communication books,
 - 2. emails and
 - 3. text messages to a nominated contact

5. Infection control

- a. Infection control procedures must be followed. These include providing clear instructions to relevant staff on how to prevent infection and cross contamination when checking blood glucose levels and administering insulin. This includes measures such as
 - i. hand washing,
 - ii. one student or child to one device,
 - iii. disposable lancets and syringes and
 - iv. the safe disposal of all medical waste.

6. Activities, special events, school camps and excursions

Camps, excursions and special events enhance self-esteem, promote confidence and independence and are an important part of school education. Students with diabetes can generally participate fully in camps, excursions and special events.

- a. The College will make reasonable adjustments in order to enable the student to attend activities including excursions and camps.
- b. The student's Health Support Plan will be reviewed before a student attends an excursion or camp and a specific diabetes camp plan must be created by the student's treating medical team, in consultation with the parents or carers.
- c. Staff members who will provide assistance with diabetes management will be identified.
- d. While the College cannot require parental attendance as a condition of the student attending the excursion or camp, if the parents or carers wish to attend

the excursion or camp and this is consistent with College policy and practice in relation to parents attending excursions or camps, then this may be agreed to at the discretion of the College Principal.

- e. The College will develop risk assessment plans in consultation with the student's parents or carers that identify foreseeable risks and provide reasonable steps to minimise and manage those risks.
- f. The plan must consider the potential for injury to the student and/or others and include details about the camp or excursion, including the location, remoteness, risk-level of the activities, transport and sleeping arrangements, proposed supervision and information relating to the student's needs and diabetes.
- g. If the College is providing food in the event of camps or other special events, reasonable adjustments will be made to allow students with diabetes to participate. A discussion with the parents or carers prior to the event, camp or excursion is recommended to develop an appropriate response for each case.

7. Classroom Management and Special Activities

- a. College staff should make reasonable adjustments in their management of classroom activities and other special events to ensure students with diabetes are able to fully and safely engage in education and related activities.
- b. Strategies include
 - i. restricting food-based rewards,
 - ii. ensuring suitable food or snack alternatives are available for class parties and
 - iii. altering food based curriculum activities (such as cooking and hospitality) to improve safety for students with diabetes.
- c. Staff should note that food sharing between students is not safe for students with diabetes.

8. Physical activity

Students should be encouraged to participate in physical activity as it has broad health and wellbeing benefits for the individual. However, special precautions are necessary for students with diabetes:

- a. Exercise may affect blood glucose levels and as a result student's *Diabetes Management Plans, Diabetes Action Plans* and Health Support Plans must

include specific advice on how staff should assist and monitor students participating in physical activity.

- b. Exercise is not recommended when BGLs are outside of the target range particularly for students with high BGL levels as exercise may further increase BGLs.
- c. Extra caution must be taken when considering water sports for young people with diabetes as the environmental factors combined with unstable BGLs may increase the risk of drowning. Refer to the student's *Diabetes Management Plan* and *Diabetes Action Plan*.

9. Timing meals

- a. Most students will have a food plan that fits in with regular College and care routines, avoiding the need to eat regularly in class or at unusual times. Younger students may require extra supervision at meal and snack times to ensure they eat the food provided and do not share food with other students.
- b. Meal requirements of students must be communicated to all supervising staff.
- c. All supervising staff must understand that students with diabetes cannot delay meal times and special consideration must be given to students with diabetes if an activity is running overtime.
- d. Families are responsible for providing The College with the food and drink needed by their child.

10. Exam support

- a. Young people perform best at tests and exams when their BGLs are in the target range.
- b. For exam and assessment tasks, the College will make reasonable adjustments for students with type 1 diabetes. These may include:
 - a. additional times for rest and to check their blood glucose levels before, during and after an exam, and/or take any medication
 - b. consuming food and water to prevent and/or treat a hypoglycaemic episode
 - c. easy access to toilets as high BG levels causes a need to urinate more frequently
 - d. permission to leave the room under supervision.
 - e. Exam support for students with Type 1 diabetes includes the College ensuring that we consider the Special Entry Access Scheme in consultation with the

student. For Year 11 and 12 students this should be done at the beginning of the VCE year.

- f. Note: While most students with type 2 diabetes will not require additional adjustments, there may be some students with type 2 diabetes who require this extra support. Parents or carers may request further information from the student's treating medical team.
- g. For more information, refer to [VCAA Special Provision](#)

11. Staff continuity

- a. As far as possible the College will give consideration to maintaining adequately trained staff during
 - i. times of staff changeover,
 - ii. while students are in the playground or
 - iii. under the supervision of relief, specialist and/or non-contact teachers

DEFINITIONS

Annual Risk Management Checklist

A tool for schools to review support processes and manage risks for students with type 1 diabetes.

Diabetes Action Plan

A tailored plan written by the student's diabetes treating team for the urgent management of blood glucose highs and lows outside their target range.

Diabetes Management Plan

A tailored plan written by the student's diabetes treating team prescribing type 1 diabetes management needs during school hours.

Diabetes treating team

The team of health professionals responsible for prescribing and overseeing treatment in the *Diabetes Management* and *Diabetes Action Plans*. The team may include an endocrinologist,

paediatrician, dietitian, credentialed diabetes educator, social worker, mental health professional or general practitioner.

Hypoglycaemia (Hypo) — Low blood glucose

Hypoglycaemia occurs when the blood glucose level drops below a normal level. Hypoglycaemia can be caused by too much insulin; delaying a meal; not enough food; or unplanned or unusual exercise. A 'hypo' can be dangerous if not treated promptly and can potentially cause irrational or confused behaviour, a seizure and possible loss of consciousness. It is important to treat hypos rapidly as students can feel unwell and their judgement and cognitive abilities may be impaired.

Hyperglycaemia (Hyper) — High blood glucose

Hyperglycaemia is a condition in which the blood glucose increases above the normal level. Hyperglycaemia can be caused by insufficient insulin; too much food; common illness; and/or stress. This state should be avoided where possible and persistent high levels reported back to parents.

Hypo kit

Includes prescribed fast-acting and slow-acting carbohydrates and is easily accessible by students and staff for prompt treatment of hypoglycaemia in line with the *Diabetes Action Plan*.

Medication Authority Form

This form should be completed by the student's medical or health practitioner. It details medications required during regular school hours, specifying the dose, how it is to be administered and storage.

Responsible staff

Agree to undertake training and provide treatment and support to students with type 1 diabetes as outlined in the *Diabetes Management Plan*, *Diabetes Action Plan* and *Student Health Support Plan*.

Student Health Support Plan

A plan that outlines how the school will support a student's health care needs and make adjustments to support their full participation in school life. An individualised plan must be developed in consultation with parents or carers and students (where applicable) for all students with type 1 diabetes. The *Student Health Support Plan* is based on health advice received from the student's diabetes treating team.

Type 1 diabetes

An auto-immune condition which occurs when the immune system damages the insulin producing cells in the pancreas. Insulin is the hormone that controls blood glucose levels (BGLs). This condition is predominantly treated with insulin replacement via multiple injections each day or a continuous infusion via a pump. Without insulin treatment, type 1 diabetes is life threatening.

Type 2 diabetes

Occurs when either insulin is not working effectively (insulin resistance) or the pancreas does not produce sufficient insulin (or a combination of both). Type 2 diabetes accounts for around 85 percent of all cases of diabetes, but less than 5% of cases in the school-based population. Type 2 diabetes usually develops in adults over the age of 45 years, but it is increasingly occurring at a younger age. Type 2 diabetes is initially managed with a healthy diet and lifestyle and/or medication that could include tablets and/or insulin.

Related policies

- Duty of Care Policy
- Excursions Policy
- First Aid Policy
- Administration of Medications Policy

Relevant legislation

- Equal Opportunity Act 2010 (Vic)
- Disability Discrimination Act 1992 (Cth)
- Disability Standards for Education 2005 (Cth)
- Drugs, Poisons and Controlled Substances Act 1981 (Vic)

Related Documents:

- Annual Risk Management Checklist

- Anaphylaxis Management Plan
- Communication Plan
- First Aid Policy
- Ministerial Order 706
- WH&S Action Management Plan