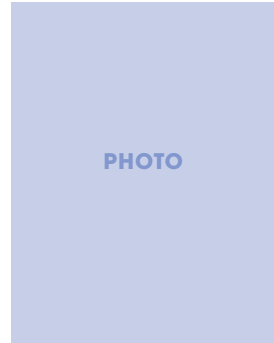


Use in conjunction with Diabetes Management Plan. This plan should be reviewed every year.



PHOTO

CHILD / STUDENT NAME

DATE OF BIRTH

GRADE / YEAR

NAME OF EARLY CHILDHOOD SETTING / SCHOOL

PARENT / CARER NAME

CONTACT NO.

DIABETES TREATING TEAM

HOSPITAL UR NO.

CONTACT NO.

DATE PLAN CREATED

## 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:** Check BGL if hypo suspected. Symptoms may not always be obvious

**DO NOT LEAVE CHILD/STUDENT ALONE • DO NOT DELAY TREATMENT TO OCCUR WHERE CHILD/STUDENT IS AT TIME OF HYPO HYPO SUPPLIES LOCATED** \_\_\_\_\_

### MILD\*

**Child/student conscious**  
(Able to eat hypo food)  
\* MILD IS COMMON

**Step 1: Give fast acting carbohydrate**

\_\_\_\_\_

\_\_\_\_\_

**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**

**Step 3:**

If starting BGL between 2.0–4.0  
No follow up slow acting carbohydrate required

**Step 3a:**

If starting BGL less than 2.0  
Give slow acting carbohydrate

\_\_\_\_\_

\_\_\_\_\_

**Step 4: Resume usual activity** when BGL 4.0 or higher. No BGL into pump 1 hour post hypo.

### SEVERE

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

**First Aid DRSABCD**  
Stay with child/student

**CALL AN AMBULANCE DIAL 000**

Contact parent/carer when safe to do so

## HIGH Hyperglycaemia (Hyper)

Blood Glucose Level (BGL) greater than or equal to **15.0 mmol/L** is well above target and requires additional action

**SIGNS AND SYMPTOMS** Increased thirst, extra toilet visits, poor concentration, irritability, tiredness

**Note:** Symptoms may not always be obvious

**IF UNWELL (e.g. VOMITING), CONTACT PARENT/CARER TO COLLECT CHILD/STUDENT**

### Check blood ketones

Blood ketones greater than or equal to **0.6 mmol/L** requires immediate treatment

**Blood ketones less than 0.6**

- Enter BGL into pump
- Accept Correction bolus
- 1–2 glasses water per hour; extra toilet visits may be required
- Recheck BGL in 2 hours

**BGL less than 15.0 and ketones less than 0.6**  
No further action

**BGL still greater than or equal to 15.0 and ketones less than 0.6**  
**CONTACT PARENT/CARER**

**Blood ketones greater than or equal to 0.6**  
**POTENTIAL LINE FAILURE**

- Will need injected insulin and line change
- This is the parent/carer responsibility or student (if they have the required insulin pump skills)

If unable to contact parent/carer  
**CALL AN AMBULANCE DIAL 000**

Use in conjunction with Diabetes Action Plan. This plan should be reviewed every year.  
**TICK BOXES THAT APPLY**

## INSULIN PUMP

Insulin pump model: \_\_\_\_\_

(SEE GLOSSARY ON PAGE 9 FOR FURTHER INSULIN PUMP INFORMATION.)

Read and respond to pump commands.

The child/student requires insulin given:

- Before breakfast at early childhood setting / before school care
- Lunchtime
- Other \_\_\_\_\_

The child/student will need insulin via the pump \_\_\_\_\_ minutes before carbohydrate foods are eaten.

Is supervision /assistance required to enter information into the insulin pump?

- Yes
- No
- Remind only

If yes, the responsible staff need training to:

- Observe
- Enter information such as glucose level and grams of carbohydrate food into the insulin pump and button push to accept insulin dose.
- Do a 'Correction Bolus'
- Restart the pump manually.
- Disconnect and reconnect the pump if needed for example at swimming.
- Give an insulin injection (if required)

### ADDITIONAL INFORMATION

- The parent/carer to be contacted to troubleshoot any pump alarms or malfunctions.
- If the cannula comes out, a new pump cannula will need to be inserted by the parent/carer.
- Student can independently manage their own insulin pump and complete a line change if required.
- Other information \_\_\_\_\_

**(continues page 3)**

NAME \_\_\_\_\_  
 HOSPITAL UR NO. \_\_\_\_\_  
 DATE PLAN CREATED \_\_\_\_\_

# RESPONSIBLE STAFF

Staff who have voluntarily agreed to undertake training and provide support with diabetes care to the child/student.

The responsible staff needs to be available when the child attends the early childhood setting and in the child's room.

STAFF MEMBER	GLUCOSE CHECKING	GLUCOSE LEVEL & CARBOHYDRATE AMOUNT ENTRY INTO PUMP

## ■ EARLY CHILDHOOD SETTING

Centre director / manager will need to ensure that the parent / carer has completed the relevant documentation, authorising responsible staff to administer insulin to the child.

## ■ SCHOOL SETTING

A Medical Authority Form is required if school staff are to administer / supervise insulin. Medication Authority Form  Yes  No

## ■ BEFORE / AFTER SCHOOL CARE

Before / after school care may be provided by the school, or an outside organisation. Parent / carer to obtain and complete the relevant documentation from this setting, authorising staff to administer / supervise insulin administration to their child.

# GLUCOSE LEVEL CHECKING

**Target range for glucose levels pre-meals: 4.0 - 7.0 mmol/L.  
7.1 - 14.9 mmol/L are outside target range requiring no action.**

- Glucose levels outside this target range are common.
- A glucose check should occur where the child/student is at the time it is required.
- Before doing a **blood glucose check** the child/student should wash and dry their hands.

Is the child/student able to do their own glucose level check?

Yes  No (Support is required)

The responsible staff member needs to

Do the check  Assist  Observe  Remind

**(continues page 4)**

**BLOOD GLUCOSE LEVELS (BGL) TO BE CHECKED** (tick all those that apply)

- Anytime hypo suspected     Before snack     Before lunch
- Before activity     Before exams/tests     When feeling unwell
- Beginning of after-school care session
- Other times - please specify \_\_\_\_\_

## CONTINUOUS GLUCOSE MONITORING (CGM)

- Continuous glucose monitoring consists of a small sensor that sits under the skin and measures glucose levels in the fluid surrounding the cells.
- A CGM reading can differ from a blood glucose level (BGL) reading during times of rapidly changing glucose levels e.g., eating, after insulin administration, during exercise.
- A CGM reading less than \_\_\_\_\_ mmol/L must be confirmed by a BGL check.  
**FOLLOW ACTION PLAN**
- Hypo treatment is based on a BGL check.
- A CGM reading above \_\_\_\_\_ mmol/L must be confirmed by a BGL check.  
**FOLLOW ACTION PLAN**
- **If the sensor/transmitter falls out, staff to do BGL checks.**

A child/student wearing CGM must do a blood glucose level (BGL) check:

- Anytime hypo suspected
- When feeling unwell
- Other times - please specify \_\_\_\_\_

### USE AT EARLY CHILDHOOD SETTING AND SCHOOL

- Parents/carers are the primary contact for any questions regarding CGM.
- Staff are not expected to do more than the current routine diabetes care as per the child/student’s Diabetes Action and Management plans.
- Staff do not need to put CGM apps on their personal computers, smart phones or carry receivers.
- CGM devices can be monitored remotely by family members. They should only contact the early childhood setting/school if there is an emergency.
- The CGM sensor can remain on the child/student during water activities.

NAME \_\_\_\_\_

HOSPITAL UR NO. \_\_\_\_\_

DATE PLAN CREATED \_\_\_\_\_

## LOW BLOOD GLUCOSE LEVELS (Hypoglycaemia / Hypo) FOLLOW ACTION PLAN

- **If the child/student requires more than 2 consecutive fast acting carbohydrate treatments, as per their Diabetes Action Plan, call their parent/carer. Continue hypo treatment if needed while awaiting further advice.**
- All hypo treatment foods should be provided by the parent/carer.

### SEVERE HYPOGLYCAEMIA (HYPO) MANAGEMENT FOLLOW ACTION PLAN

Is NOT common.

**DO NOT attempt to give anything by mouth to the child/student or rub anything onto the gums as this may lead to choking.**

If the early childhood setting/school is located more than **30 minutes** from a reliable ambulance service, then staff should discuss Glucagon injection training with the child/student's Diabetes Treating Team.

LOW BLOOD GLUCOSE LEVELS

## HIGH BLOOD GLUCOSE LEVELS (Hyperglycaemia / Hyper) MORE THAN 15 mmol/L FOLLOW THE ACTION PLAN

### KETONES FOLLOW THE ACTION PLAN

- Ketones occur most commonly in response to high glucose level and child/student is unwell.
- Ketones are produced when the body breaks down fat for energy.
- Ketones can be dangerous.

If the child/student is UNWELL check ketone level if strips supplied.

HIGH BLOOD  
GLUCOSE LEVELS

KETONES

## EATING AND DRINKING

- The insulin dose will be determined by the insulin pump based on the grams of carbohydrate food (they will be eating), and the current glucose level entered.
- For children and some students who cannot independently count carbohydrates, the food should be clearly labelled by the parent/carer with carbohydrate amounts in grams.
- If the early childhood setting provides meals/snacks, then the menu needs to be given to parent/carer to determine grams of carbohydrate in food.
- It is not the responsibility of the early childhood/school staff to count carbohydrates. However, school staff may need to assist a student to add up the carbohydrate amounts they wish to eat.
- Children and some students will require supervision to ensure all food is eaten.
- No food sharing.
- Seek parent/carer advice regarding foods for early childhood/school parties/celebrations.
- Always allow access to water.

Does the child/student have coeliac disease?  No  Yes\*

\*Seek parent/carer advice regarding appropriate food and hypo treatments.

NAME \_\_\_\_\_

HOSPITAL UR NO. \_\_\_\_\_

DATE PLAN CREATED \_\_\_\_\_

# PHYSICAL ACTIVITY

Hypo treatment and a glucose monitoring device should always be with the child/student.

- Physical activity may cause glucose levels to go high or low.
- Some children/students may require a glucose level check before, during or after physical activity.
- Some children/students MAY require a carbohydrate before planned physical activity.

■ ACTIVITY FOOD LOCATED: \_\_\_\_\_

## ACTIVITY FOOD

GLUCOSE LEVEL RANGE	CARBOHYDRATE FOOD	AMOUNT

- Physical activity should not be undertaken if BGL less than 4.0 mmol/L.  
[REFER TO THE DIABETES ACTION PLAN FOR HYPO TREATMENT](#)
- Physical activity should not be undertaken if the BGL is greater than or equal to 15 mmol/L and blood ketones are greater than or equal to 0.6 mmol/L.  
[REFER TO DIABETES ACTION PLAN](#)
- Do not enter BGL into insulin pump within 1 hour of completing activity.
- If lunch occurs immediately after physical activity only enter the amount of carbohydrate food to be eaten into the insulin pump.
- Disconnect the insulin pump for contact sports/swimming.
- The child/student should not be disconnected from the insulin pump for more than 90 minutes.
- Ensure the disconnected insulin pump is safe and secure from loss or damage.

## EXCURSIONS / INCURSIONS

It is important to plan for extracurricular activities.

- Ensure blood glucose monitor, blood glucose strips, ketone strips (if supplied), insulin device and needle, hypo, and activity food are readily accessible.
- Plan for meal and snack breaks.
- Always have hypo treatment available.
- Know location of toilets.

## SCHOOL CAMPS

- Parents/carers need to be informed of any school camp **at least 2 months prior** to ensure the student's diabetes treating team can provide a Camp Diabetes Management plan and any training needs required.
- Parents/carers will need a copy of the camp menu and activity schedule.
- At least 2 responsible staff attending the camp require training to be able to support the student on camp.
- If the camp location is **more than 30 minutes** from a reliable ambulance service **Glucagon injection training is recommended.**

## EXAMS

- Glucose level should be checked before an exam.
- Glucose level should be greater than 4.0 mmol/L before exam is started.
- Blood glucose monitor and blood glucose strips, CGM devices or smart phones, hypo treatments, and water should be available in the exam setting.
- Extra time will be required if a hypo occurs, for toilet privileges, or student unwell.

### APPLICATIONS FOR SPECIAL CONSIDERATION

#### National Assessment Program Literacy and Numeracy (NAPLAN)

Applies to Grade 3, Grade 5, Year 7, Year 9. Check National Assessment Program website – Adjustment for student with disability for further information.

#### Victorian Certificate of Education (VCE)

Should be lodged at the beginning of Year 11 and 12. Check Victorian Curriculum and Assessment Authority (VCAA) requirements.



# EQUIPMENT CHECKLIST

Supplied by the parent/carer. Some items are for parent/carer use only.

- Insulin pens and pen needles.  
Stored according to the early childhood setting /school Medication Policy.
- Finger prick device
- Blood glucose monitor
- Blood glucose strips
- Blood ketone strips
- Hypo treatment
- Activity food
- Sharps' container
- Infusion sets and lines
- Reservoirs/Cartridges
- Batteries for insulin pump
- Charging cables for diabetes management devices

# DISPOSAL OF MEDICAL WASTE

- Dispose of any used pen needles in sharps container provided.
- Dispose of blood glucose and ketone strips as per the early childhood setting/ school's medical waste policy.

# GLOSSARY OF TERMS COMMON INSULIN PUMP TERMINOLOGY

**Basal** Background insulin delivered continuously.

**Bolus** Insulin for food. Delivered following entry of BGL and carbohydrate food amount to be eaten.

**Cannula** A tiny plastic or steel tube inserted under the skin to deliver insulin. Held in place by an adhesive pad.

**Correction bolus** Extra insulin dose given to correct an above target BGL and/or to clear ketones.

**Insulin pump** Small battery operated, computerised device for delivering insulin.

**Line or tubing** The plastic tubing connecting the pump reservoir/cartridge to the cannula.

**Line failure** Disruption of insulin delivery due usually to line kinking or blockage.

**Reservoir / Cartridge** Container which holds the insulin within the pump.

# AGREEMENTS

## PARENT/CARER

Organise a meeting with the early childhood setting/school representatives to discuss implementation and sign off on your child's action and management plan.

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

NAME

\_\_\_\_\_

FIRST NAME (PLEASE PRINT)

FAMILY NAME (PLEASE PRINT)

\_\_\_\_\_

SIGNATURE

DATE

## EARLY CHILDHOOD SETTING / SCHOOL REPRESENTATIVE

- I have read, understood, and agree with this plan.

NAME

\_\_\_\_\_

FIRST NAME (PLEASE PRINT)

FAMILY NAME (PLEASE PRINT)

ROLE     Principal                       Vice Principal                       Centre Manager

Other (please specify \_\_\_\_\_)

\_\_\_\_\_

SIGNATURE

DATE

## DIABETES TREATING MEDICAL TEAM

NAME

\_\_\_\_\_

FIRST NAME (PLEASE PRINT)

FAMILY NAME (PLEASE PRINT)

\_\_\_\_\_

SIGNATURE

DATE

\_\_\_\_\_

HOSPITAL NAME