Photo	Child name			
	Date of birth			
	Grade / year			
Name of early c	hildhood setting / school			
Parent / carer n	ame			
Contact no.				
Diabetes treating team				
Hospital ur no.				
Contact no.				
Authorised by				
Signature				
Role				
Date when executed				
Date plan created				
Plan does not expire. Review is recommended in 12 months.				

is at time of hypo Child conscious Step 1: Step 2: Step 3 Step 3: Give slow actina carbohydrate

LOW Hypoglycaemia (hypo) Blood Glucose Level (BGL) less than 4.0 mmol/L Signs and symptoms: Note: Do not leave child alone • Hypo supplies located: • Do not delay treatment • Treatment to occur where child SEVERE Child drowsy / unconscious Give fast acting carbohydrate First Aid DRSABCD Stay with child 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 3a: CALL AN If insulin is due & **AMBULANCE** BGL areater than or equal to 4.0, **DIAL 000** give usual insulin dose & then eat meal immediately.

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

Symptoms may not always be

Child well

- Encourage 1-2 glasses water per hour
- Return to usual activity
- Extra toilet visits may be reauired
- Re-check BGL in 2 hours

In 2 hours, if BGL still greater than or equal to 15.0,

CALL PARENT/ CARER FOR ADVICE

Child unwell (e.g. vomiting)

- Contact parent/carer to collect child ASAP
- Check ketones

KETONES

If unable to contact parent/ carer and blood ketones greater than or equal to 1.0 mmol/L or dark purple on urine strip.

CALL AN AMBULANCE DIAL 000







Tick boxes that apply

Insulin Administ			
The child requires an in Before breakfast at ear Lunchtime	•		care
Other			
Insulin injection	minutes	s before a meal.	
Carbohydrate food must a	ways be eaten	after a mealtime insul	in injection.
The insulin dose for meals / Set dose Flexible dosing guide/c Supervision required to Location in the early childh	ipp ensure correct	information added to	
Is supervision required?	Yes	No	Remind only
Responsible staff will need	training if they c	are required to:	
Administer injection (Do	ose as per addit	tional documentation	provided)
Assist	Observe		
Disposal of med	ical wast	e	
Dispose of any used pen	needles in shar	ns container provided	

- 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.

Page 2 of 8

MULTIPLE DAILY INJECTIONS EC/SS VIC Diabetes Victoria, RCH, MCH 2026 V1.2 $\,$









Glucose Monitoring

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.

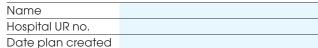
- Glucose levels outside the target range are common.
- A glucose check should occur where the child is at the time it is required

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.
- If the sensor/transmitter falls out, staff to do BGL (Fingerprick) checks.
- 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 child wearing CGM mus	st have a	BGL check:			
Anytime hypo suspected. F	lypo treatn	nent is based on a	BGL check		
When CGM reading less the	an	mmol/L, must be	mmol/L, must be confirmed. Follow Action Plan		
When CGM reading above)	mmol/L must be c	onfirmed. Follow Action Plan		
When feeling unwell					
Sensor reading does not ali	gn with exp	oectation or child's	symptoms		
Other times - please specif	У				
Blood Glucose Lev (Used when a child is not weal) Monitoring is performed using Before doing a blood glucose Is the student able to do their of Yes No (ring CGM of a fingerpresent of the check, the	or if the sensor falls rick device and me rice child should was glucose level (BGL)	out) eter. h and dry hands.		
The responsible staff member n					
Do the check Assis		Observe	Remind		
Blood glucose leve that apply)	els (BG	L) to be che	ecked (tick all those		
Anytime hypo suspected	Before	snack	Before lunch		
Before activity	Before activity Before		When feeling unwell		
Beginning of after-school co	are session				
Other times – please specif	У				

MULTIPLE DAILY INJECTIONS EC/SS VIC Diabetes Victoria, RCH, MCH 2026 V1.2



Page 3 of 8





LOW BLOOD GLUCOSE LEVELS (Hypoglycaemia / Hypo)

FOLLOW ACTION PLAN

- If the child 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 should be provided by the parent/carer.
- 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's Diabetes Treating Team.

Ketones

FOLLOW THE 'HYPERGLYCAEMIA ACTION PLAN'

• Ketones can be dangerous and occur most commonly in response to high glucose levels or if a child is unwell.

Eating and drinking

- If using flexible dosing all carbohydrate foods should be clearly labelled by the parent/carer with carbohydrate amounts in grams.
- It is not the responsibility of the early childhood/school staff to count carbohydrates. However, school staff may need to assist a child to add up the carbohydrate amounts they wish to eat.
- 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.
- Some children will need 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	have	coeliac	diseas	2
		11000	COGIIGO	aiseas	-:

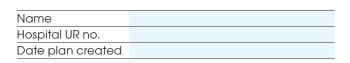
No

Yes

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

Page 4 of 8

MULTIPLE DAILY INJECTIONS EC/SS VIC Diabetes Victoria, RCH, MCH 2026 V1.2







Physical activity

Physical activity

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

- Physical activity may cause glucose levels to go high or low.
- Some children may require a glucose level check before, during or after physical activity.
- Some children MAY require a slow acting 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 child/student is **unwell**.







Excursions / incursions

It is important to plan for extracurricular activities.

- Ensure blood glucose monitor, blood glucose strips, ketone strips, insulin pen and pen needles, hypo and activity food are readily accessible.
- Plan for meal and snack breaks.
- Always have hypo treatment available.
- Know location of toilets.

School camps

- Is there a school camp planned for this year?

 Yes

 No
- Parents/carers need to be informed of any school camp at least 2 months prior to ensure the child's diabetes treating team can provide a Camp Diabetes Management plan and any training needs required.
- A Camp Diabetes Management Plan is different to the usual School Plan.
- 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 child on camp.
- If the camp location is more than 30 minutes from a reliable ambulance service Glucagon injection training will be required.

Exams

- Glucose level should checked and documented 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 child 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.

Page 6 of 8









Equipment checklist

Equipment checklist

Supplied by the parent/carer.

- 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
- Charging cables for diabetes management devices
- Smart phone to be used as medical device







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.

Iho	ave read, understood, and a	gree with t	this plan.		
•	ve consent to the early childle ating Team about my child's		•		
Name					
First nam	ne (please print)		Family name (p	lease print)	
Signatur	е		Date		
•	childhood setting / scl	•			
Iho	ave read, understood, and a	gree with t	this plan.		
Name					
First nam	ne (please print)		Family name (p	elease print)	
			,		
Role	Principal Vice		orincipal	Centre m	anager
	Other please specifiy				
Signatur	e		Date		
D! aula	ata a Tua artira ar NA a ali a art 3	Γ			
	etes Treating Medical 1	ieam			
Name					
First nam	ne (please print)		Family name (p	olease print)	
Signatur	е		Date		

Page 8 of 8

Hospital name



