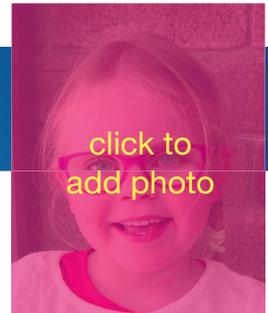


Daily Diabetes Schedule/Action Plan

Twice Daily Injections

Date: _____



First name: _____ Last name: _____ Date of birth: _____ School year: _____

BLOOD GLUCOSE MONITORING + MANAGEMENT

Please check BG at the following times:

- Meal times as detailed in daily schedule
- Prior to physical activity
- If complaining of feeling unwell
- Any other time there is a concern

NEVER LEAVE ALONE IF UNWELL

Contact 1:

Contact 2:

PCH Clinic:
6456 1111

Target range for glucose is 4 - 8 mmol/L

DAILY SCHEDULE

Time	Meal	Glucose Check	Action	Responsible Person

HYPOGLYCAEMIA // BG UNDER 4.0 mmol/L // DO NOT DELAY TREATMENT. Treat on the spot.

Symptoms: Feeling sick Pale Headache Shaky Sweaty Drowsy Unusual behaviour

Student Conscious (able to eat hypo food)	STEP 1 Give fast acting carbs _____	STEP 2 Recheck BG in 15 min. (if BG <4.0 repeat step 1)	STEP 3 Give sustaining carbs _____
Student Drowsy / Unconscious (unable to swallow/choking risk)	FIRST AID DRS ABCD Stay with student	CALL AN AMBULANCE DIAL 000	ADMINISTER GLUCAGON YES <input type="checkbox"/> NO <input type="checkbox"/>
CONTACT PARENT WHEN SAFE TO DO SO			

HYPERGLYCAEMIA // BG OVER 15.0 mmol/L *SEE DETAILED MANAGEMENT PLAN

Symptoms: Feeling sick Thirsty Increased urine production Headache Irritable Lethargic

Student Well Unexplained high glucose*	CHECK GLUCOSE At next scheduled time	Allow unrestricted water intake and access to toilets	AT NEXT BG CHECK if glucose remains elevated over 15.0 mmol/L CHECK KETONES
Student Unwell Unexplained high glucose* with cramps or vomiting	CHECK BLOOD KETONES If Ketones <1.0 no diabetes action required	If Ketones greater than or equal to 1.0 CONTACT PARENT	If unable to contact parent CALL AMBULANCE 000

PHYSICAL ACTIVITY // PLEASE CHECK BG BEFORE PHYSICAL ACTIVITY

UNDER 8.0 mmol/L	8.1 - 15.0 mmol/L	OVER 15.0 mmol/L
4.0-5.0 mmol/L: _____ Once above 5 exercise can start 5.1-8.0 mmol/L: _____ Exercise can be started	No action required. Exercise can be started.	CHECK BLOOD KETONE LEVELS Ketones <1.0 exercise can start. Ketones >1.0 CONTACT PARENT

AUTHORITY TO ACT // SCHOOL STAFF AUTHORISED TO ASSIST WITH DIABETES CARE

Name and Role	Contact Number	Training Date

This diabetes management and emergency response plan authorises school staff to follow this advice and that of the medical team. It is valid for one year or until the school is advised of a change to the student's health care requirements.

Signed Parent / Carer _____ **Date:** _____

Signed School Representative _____ **Date:** _____

Signed Diabetes Clinic Team Member _____ **Date:** _____

REVIEW DATE: _____



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

STUDENT'S NAME _____

GRADE / YEAR _____

RESPONSIBLE STAFF

School staff who have voluntarily agreed to undertake training and provide support with diabetes care to the student.

STAFF MEMBER	GLUCOSE CHECKING

INSULIN ADMINISTRATION

The student is on two injections of insulin per day. Therefore, ALL carbohydrate food must be eaten at regular times throughout the day.

- The student will have their injections at home.
- The student will require an insulin injection before their breakfast at Before School Care.

BEFORE SCHOOL CARE

Before school care may be provided by the school, or an outside organisation.

NAME _____
 DATE OF BIRTH _____
 DATE PLAN CREATED _____



BLOOD GLUCOSE LEVEL (BGL) CHECKING

Target range for blood glucose levels (BGLs): 4 – 8 mmol/L

- BGL results outside of this target range are common.
- BGL check should be done where the student is, whenever needed.
- **The student should always wash and dry their hands before doing the BGL check.**

Blood glucose levels will vary day-to-day and be dependent on a number of factors such as:

- Insulin dose
- Excitement / stress
- Age
- Growth spurts
- Type/quantity of food
- Level of activity
- Illness/ infection

Is the student able to do their own blood glucose check independently?

Yes No

If NO, the responsible staff member needs to:

Remind Observe Assist Perform

TIMES TO CHECK BGLS (tick all those that apply)

- Anytime, anywhere Before snack Before lunch
- Before activity Before exams/tests When feeling unwell
- Anytime hypo suspected Beginning of after-school care session
- Other routine times – please specify _____
- _____

- Further action is required if BGL is **less than 4.0 mmol/L** or **greater than or equal to 15.0 mmol/L**. Refer to Diabetes Action Plan.
- If the meter reads **'LO'** this means the BGL is too low to be measured by the meter — follow the hypoglycaemia (Hypo) treatment on Diabetes Action Plan.
- If the meter reads **'HI'** this means the BGL is too high to be measured by the meter — follow hyperglycaemia (Hyper) treatment on Diabetes Action Plan.

SENSOR GLUCOSE (SG) MONITORING

The student is wearing: Yes No (if "no", turn to page 4)

Continuous Glucose Monitor (CGM)

- Dexcom G4® Dexcom G5® Dexcom G6®
 Guardian™ Connect Guardian™ Sensor 3

Flash Glucose Monitor (FGM)

- Freestyle Libre

- CGM and FGM consist of a small sensor that sits under the skin and measures glucose levels in the fluid surrounding the cells (interstitial fluid).
- These devices are not compulsory management tools.
- With CGM, a transmitter sends data to either a receiver, phone app or insulin pump.
- With FGM, the device will only give a glucose reading when the sensor disc is scanned by a reader or phone app.
- A sensor glucose (SG) reading can differ from a finger prick blood glucose reading during times of rapidly changing glucose levels e.g. eating, after insulin administration, during exercise.
- Therefore, **LOW** or **HIGH** SG readings **must** be confirmed by a finger prick blood glucose check.

Hypo treatment is based on a blood glucose finger prick result.

CGM ALARMS

- CGM alarms may be 'on' or 'off'.
- If 'on' the CGM will alarm if interstitial glucose is low or high.
- Urgent low alarms cannot be turned off.

ACTION: Check finger prick blood glucose level (BGL) and follow Diabetes Action Plan for treatment.

- FGM device does not have alarm settings.

USE AT SCHOOL

- Staff are not expected to do more than the current routine diabetes care as per the student's Diabetes Action and Management plans.
- Staff do not need to put CGM apps on their computer, smart phone or carry receivers.
- Parents/carers are the primary contact for any questions regarding CGM/FGM use.
- Some CGM devices can be monitored remotely by family members. They should only contact the school if they foresee a prompt response is required.
- If the sensor/transmitter falls out, staff are required to keep it in a safe place to give to parents/carers.
- The sensor can remain on the student during water activities.

NAME _____
 DATE OF BIRTH _____
 DATE PLAN CREATED _____

LOW BLOOD GLUCOSE LEVELS (Hypoglycaemia / Hypo)

Follow the student's Diabetes Action Plan **if BGL less than 4.0 mmol/L**.
Mild hypoglycaemia can be treated by using supplies from the student's HYPO KIT.

Hypo kit should be kept with child at all times

HYPO KIT

FAST ACTING CARBOHYDRATE FOOD	AMOUNT TO BE GIVEN

SUSTAINING CARBOHYDRATE (IF REQUIRED)	AMOUNT TO BE GIVEN

- If the student requires more than 2 consecutive fast acting carbohydrate treatments, as per their Diabetes Action Plan, call the student's parent/carer. Continue hypo treatment if needed while awaiting further advice.
- All hypo treatment foods should be provided by the parent/carer.
- Ideally, packaging should be in serve size bags or containers and labelled as **fast acting carbohydrate** food and **sustaining carbohydrate** food.

Mild hypoglycaemia is common.

If the student is having more than 3 episodes of low BGLs at school in a week, make sure that the parent/carer is aware.

SEVERE HYPOGLYCAEMIA (HYPO) MANAGEMENT

Severe hypoglycaemia is not common.

Follow the student's Diabetes Action Plan for any episode of severe hypoglycaemia.

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

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

HIGH BLOOD GLUCOSE LEVELS (Hyperglycaemia / Hyper)

- Although not ideal, BGLs above target range are common.
- BGL may be above target if food has been consumed within the last two hours.
- **If BGL is 15.0 mmol/L or more**, follow the student's Diabetes Action Plan.
- If insulin has been given allow two hours for BGL's to return to target.
- If the student is experiencing frequent episodes of high BGLs at school, make sure the parent/carer is aware.

KETONES

- Ketones occur most commonly when there is not enough insulin in the body.
- Ketones are produced when the body breaks down fat for energy.
- Ketones can be dangerous in high levels.

You will be required to check the student's ketone level if:

- Student is unwell **or**
- BGL remains above 15.0 mmol/L

EATING AND DRINKING

- The student should not go for longer than 3 hours without eating a carbohydrate meal or snack.
- Younger students will require supervision to ensure all food is eaten.
- The student should not exchange food/meals with another student.
- Seek parent/carer advice regarding appropriate foods for parties/celebrations that are occurring at school.
- Always allow access to drinking water and toilet (high glucose levels can cause increased thirst and extra toilet visits).

Does the student have coeliac disease? Yes* No

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

PHYSICAL ACTIVITY

A blood glucose meter and hypo treatment should always be available.

- Check blood glucose level before physical activity.
- Physical activity **may alter** glucose levels depending on type, duration and intensity.
- The student may require an extra serve of carbohydrate food before every 30 minutes of planned physical activity or swimming as provided by the family.
- Physical activity should not be undertaken **if BGL less than 5.0 mmol/L**. Refer to the Diabetes Action.
- Vigorous activity should not be undertaken if BGL is greater than or equal to 15.0 mmol/L and/or the student is unwell, or BGL greater than or equal to 15mmol/L and ketones are above 1.0

EXCURSIONS / INCURSIONS

It is important to plan for extracurricular activities and discuss these in advance with parents/carers.

Consider the following:

- Ensure blood glucose meter, blood glucose strips, ketone strips, hypo food are readily accessible.
- Plan for meal and snack breaks.
- Always have hypo treatment available.

CAMPS

It is important to plan for school camps and consider the following:

- Parents/carers need to be informed of any school camps at the **beginning of the year**.
- A separate and specific **Camp Diabetes Management Plan** is required.
- Parents/carers should request a **Camp Diabetes Management Plan** from their Diabetes Treating Team.
- The student's Diabetes Treating Team will prepare the **Camp Diabetes Management Plan** and require at least 4 weeks' notice to do so.
- Parents/carers will need a copy of the camp menu and activity schedule.
- At least 2 responsible staff attending the camp should have a general understanding of type 1 diabetes and the support that the student requires to manage their condition for the duration of the camp.
- If the camp location is more than **30 minutes** from a reliable ambulance service, **Glucagon administration training will be required**.
- School staff will need to discuss any training needs at least 4 weeks before the camp with the student's parents/carers or Diabetes Treating Team.

ASSESSMENT / EXAMS

- BGL should be checked before commencing.
- BGL should be greater than 4.0 mmol/L before commencing.
- Blood glucose meter, monitoring strips, hypo treatments and water should be available.
- Continuous Glucose Monitoring (CGM) or Flash Glucose Monitoring (FGM) devices and receivers (smart phones) should be available if applicable.
- Extra time will be required if a hypo occurs or for toilet privileges.

APPLICATIONS FOR SPECIAL CONSIDERATION

- The School Curriculum and Standards Authority's Guidelines for Disability Adjustments for Timed Assessments includes type 1 diabetes and is available at www.scsa.wa.edu.au
- Where required, schools should apply in advance for special provisions for all externally set assessments (e.g NAPLAN, OLNA, WACE)
- It is advisable to check and record BGL prior to (and during, if unwell) WACE assessments as medical evidence, in the event that an Application for Sickness/Misadventure is necessary.

EXTRA SUPPLIES

Provided for diabetes care at the school by parent/carer

- Insulin and syringes / pens / pen needles
- Finger prick device
- Blood glucose meter
- Blood glucose strips
- Blood ketone strips
- Sharps container
- Hypo food

AGREEMENTS

PARENT/CARER

- I have read, understood and agree with this plan.
- I give consent to the school to communicate with the Diabetes Treating Team about my child's diabetes management at school.
- I acknowledge that school staff who administer insulin do so:
 - 1) after receiving training from their clinical treating team.
 - 2) to the best of their ability.

NAME

 FIRST NAME (PLEASE NOTE) FAMILY NAME (PLEASE NOTE)

 SIGNATURE DATE

SCHOOL REPRESENTATIVE

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

NAME

 FIRST NAME (PLEASE NOTE) FAMILY NAME (PLEASE NOTE)

ROLE Principal Vice principal
 Other (please specify) _____

 SIGNATURE DATE

DIABETES TREATING MEDICAL TEAM

NAME

 FIRST NAME (PLEASE NOTE) FAMILY NAME (PLEASE NOTE)

 SIGNATURE DATE

REVIEW DATE: SEE ACTION PLAN

NAME _____
 DATE OF BIRTH _____
 DATE PLAN CREATED _____

