

**Julia Gillard Community College**  
**Policy and Procedure**

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Policy name	<b>School Diabetes Management Policy and Procedure</b>
Responsible person	Assistant Principal, Senior First Aid Officer
Staff involved	All staff
Review dates	Approved: 13 Sept 2024 Review Date: Semester 2, 2025

**Policy Context**

Julia Gillard Community College (the School) has a duty of care to support students and clients-under 18 with Type 1 and Type 2 diabetes.

The School will work in conjunction with the student/client, parents/carers and the treating medical team to develop a clear and tailored health management plan to support the student's/client's health care needs while at the School.

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/accessing services on the same basis as other students/clients.

Diabetes is considered a 'disability' under the relevant federal and state anti-discrimination laws. Therefore there is a legal obligation to make reasonable adjustments for students/clients with diabetes to enable them to participate in their education/accessing services on the same basis as their peers.

An example of a reasonable adjustment could be having an appropriately trained person administer insulin where a student/client is unable to self-administer safely. In addition, the School has an ongoing duty of care obligation to their students/clients to take reasonable steps to reduce the risks of reasonably foreseeable injury.

This policy is in place to manage the occurrence of diabetes and to ensure staff diabetes awareness.

**What is Diabetes?**

There are three main types of diabetes: type 1, type 2 and gestational diabetes. All are complex conditions that affect many systems within the body. The-day-to-day management of a young person with diabetes is a 24/7 job.

**Type 1 Diabetes** is an autoimmune disease that typically first occurs in childhood or adolescence. It develops when the immune system damages insulin-producing cells in the

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pancreas. People diagnosed with type 1 diabetes need to replace the insulin that cannot be produced in their own body. They must check their blood glucose levels several times a day and inject insulin to provide for their body's changing glucose needs.

If blood glucose levels drop below the normal level (4 mmol/l) Hypoglycaemia (a 'hypo') will occur. It can be caused by too much insulin; delaying a meal; not enough food or unplanned or unusual exercise. A hypo can progress to becoming severe if not treated promptly and can potentially cause irrational or confused behaviour, a seizure and possible loss of consciousness.

**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 per cent 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.

**Note:** Type 2 diabetes is usually managed by diet and is not necessarily dependent on insulin injections for treatment. Thus, students with type 2 diabetes do not require an individual Diabetes Management Plan or Student Health Support Plan unless specifically requested by the student's treating medical team.

### **Hypoglycaemia (Hypo) – Low blood glucose**

Hypoglycaemia occurs when 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 judgment and cognitive abilities may be impaired.

In Hypoglycaemic conditions, symptoms are usually sudden and can be life threatening. These include:

- Excessive sweating
- Shaking uncontrollably
- Tired and lethargic
- Headache
- Blurred vision
- Cuts that heal slowly
- Mood swings
- Leg cramps
- Feeling dizzy
- Excessively hungry
- Excessive urge to pass urine

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### Hypo kits

A student with **Type 1 Diabetes** should have a Hypo Kit available at all times. The kit could be a lunch box with a lid or similar type of container. It should be clearly labelled as a hypo kit and include the student/client's name and class. The hypo kit should contain quick acting glucose and follow-up carbohydrates as outlined in the young person's diabetes action and management plans. It is a parent/carer responsibility to make sure that this kit is restocked regularly.

### 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.

### Definitions

**Diabetes Action Plan** is a tailored plan written by the student's medical/health practitioner in consultation with the parents/carer for the urgent management of blood glucose highs and lows outside their target range.

It must be provided annually to the School.

The Diabetes Action Plan must include:

- a current photo of the student
- student's name and date of birth
- medication
- emergency contact details
- contact details of the student's medical/health practitioner

**Individual Diabetes Management Plan** is a tailored plan written by the student's medical/health practitioner in consultation with the parents/carers and the School representative prescribing type 1 diabetes management needs during school hours.

The Individual Diabetes Management Plan must include:

- student's name and date of birth
- medication
- emergency contact details
- contact details of the student's medical/health practitioner
- possible risks in the class environment
- checklist of how to manage risks
- actions taken if a student has a diabetic episode
- consent from parent/carer

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**Annual Diabetes Risk Management Checklist** is a tool for schools to review support processes and manage risks for students with type 1 diabetes.

The Annual Diabetes Risk Management Checklist must include:

- Name of organisation
- Date of review
- Who completed the checklist
- Review given to
- Comments
- The number of students diagnosed with type 1 diabetes
- The number of students taking insulin during school hours
- Communication Plan – distribution of information to staff/parent/carers
- Training – all staff have HLTAID004 Provide an emergency first aid response in an education and care setting or HLTAID012 Provide First Aid in an education and care setting
- Staff undertake Diabetes training modules
- School management and emergency responses
- Prevention strategies
- Storage and accessibilities of medication
- Individual Diabetes Management Plans

### **Policy**

This policy is in place to ensure that all students/clients are learning/accessing services in a safe, positive and supportive environment and to ensure staff diabetes awareness. Staff with a duty of care for students/clients will be aware of the students/clients at the School who have diabetes and have a basic understanding of how to recognise and assist a student/client experiencing hypoglycaemia (hypo).

Responsible Staff will be supported to take professional development opportunities to build capability and confidence to support young people with diabetes at the School including foundational training in diabetes management and applied training in insulin administration if required. Responsible Staff should be competent and confident to implement a student's Individual Diabetes Management Plan and Diabetes Action Plan.

All School Staff should have a basic understanding of what type 1 diabetes is and how to respond safely in an emergency coordinated by the Senior First Aid Officer. The School is committed to maintaining trained staff in this area.

The School has qualified, first aid trained staff on site in following the individual student/client's Individual Diabetes Management Plan and Diabetes Action Plan.

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For students/clients-under 18, diagnosed with Diabetes a Diabetes Action Plan and an Individual Diabetes Management Plan must be provided to relevant staff at, or immediately after enrolment and annually after thereafter.

Parents/carers of students under-18, accessing the School programs and services are responsible for ensuring that the young person has adequate supply of the appropriate medications and equipment with them at all times.

For excursions, the teacher in charge will ensure that the student has their Diabetes Action Plan and Diabetes Management Plan, Insulin and equipment at all times.

The School, students, parents/carers and the diabetes treating teams all share the same goal of ensuring students/clients with diabetes are safe and supported while undertaking education and training/activities.

Every student is different. The level and type of health support needed whilst at the School will vary from individual to individual and change over time as the student/client develops and increasingly gains independence in managing their own care.

### **Shared responsibility roles**

It is a shared responsibility in supporting a student/client with diabetes.

**Students/Clients** should be involved in their own care. As they mature and progress toward diabetes self-management students should be encouraged to participate in decisions about their treatment and develop the confidence to state what help they need and when.

**Parents/carers** are advocates for their child while at the School. They are required to keep the School updated about their child's condition by providing:

- a current **Diabetes Action Plan** prepared by the student/client's treating medical team (provided by parents/carers);
- a current **Individual Diabetes Management Plan** prepared by the student/client's treating medical team; and
- a **Student Health Support Plan**, developed by the School in consultation with the student/client, parents/carers and where appropriate the student/client's treating medical team, must be provided to relevant staff at, or immediately after enrolment and annually thereafter.

**Diabetes treating teams** prescribe Individual Diabetes Management Plans and Diabetes Action Plans, tailored to each student's/client's needs. They have a role in providing information, advice and training to students, parents/carers and the School staff.

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**The School** provides a safe and inclusive learning environment that supports student/client involvement in all activities. This may include facilitating daily health care needs and making reasonable adjustments to assist students/clients to participate in school life.

**The Assistant Principal** has an over-arching responsibility to ensure students with type 1 diabetes can participate fully in their education/training. This involves identifying, supporting and facilitating the training of staff to take on the role of a Responsible Staff member.

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

**All staff** have a duty of care to students and must take reasonable steps to minimise the risk of foreseeable harm, by being able to recognise the signs of a hypo and assist students to access emergency care.

An increasing number of school-aged students/clients need support to manage diabetes which impacts many aspects of their daily life. At present, Type 1 diabetes is incurable and cannot be prevented. Further information about diabetes can be found on the websites of: Diabetes Australia and/or Diabetes Victoria.

In Hyperglycaemic conditions, many people have no symptoms at all. Therefore, by the time symptoms are noticed, the blood glucose level can be greatly affected.

### **Procedure**

In the event of a Diabetic episode, follow an individual's Diabetes Action Plan.

The Diabetes Action Plan should be:

- completed by the student's medical practitioner/team in consultation with the parents/carers; and
- provided annually by the:
  - doctor to the parents/guardian's family
  - parents/carers to Julia Gillard Community College.

### **Treatment - Administering Insulin**

Administration of insulin during school hours may or may not be required as per the student's Individual Diabetes Management Plan.

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. The Assistant Principal should allocate staff to provide support in consultation with relevant staff and the parent/s/carer of a student. Arrangements for administering

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insulin during scheduled timetabled hours should be documented in the Student Health Support Plan.

If insulin is administered at the School the student's parent/s/carer must provide clear advice regarding the dose and timing as per the Individual Diabetes Management Plan.

The student's parents/carers should ensure instructions in these plans are updated as circumstances or health requirements change.

If the student is having a diabetic episode:

- If fully conscious and able to swallow give a sweet drink or a few sweets
- If the student is able to cooperate and swallow safely, an improvement usually occurs within minutes
- If student has adequately recovered arrange for him to eat a more substantial meal of a sandwich or several biscuits
- If the student has improved with the intake of carbohydrate, medical advice is still necessary because a further deterioration may occur at any time.
- If the student does not respond to treatment they require immediate medical attention
- DO NOT try to give the student a dose of insulin because this can be dangerous unless a medical assessment has been carried out and the student's sugar level tested

**Note - Because the symptoms and signs of too much sugar and too little sugar are very similar, it is always best to assume that a low blood sugar is present (hypoglycaemia), as this is the more serious condition. If there is already too much sugar in the body, a sweet drink or sandwich will make very little difference to the student.**

### **Monitoring Blood Glucose Levels (BGLs)**

The management of diabetes depends on balancing the effects on blood glucose levels.

Food (carbohydrate), physical activity, insulin and stress can all impact on an individual's blood glucose levels.

Checking blood glucose levels requires a blood glucose monitor and finger pricking device. Most students should be able to perform BGL checks independently.

A student's Diabetes Management Plan should state monitoring times and the response to the BGL, as well as the method of relaying information about any changes in blood glucose levels. Depending on the student's age, a communication

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book can be used to provide information about the student's change in BGLs between parents/carers and the school.

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.

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.

Parents/s/carers of students- under 18, accessing the School programs and services are responsible for ensuring that the young person has an adequate supply of the appropriate medication with them at all times.

### **Infection Control**

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 hand washing, one student/child one device, disposable lancets and syringes and the safe disposal of all medical waste.

### **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:

- special consideration when participating in sport, excursions, camps and other activities
- extra diabetes management plans for overnight camps and excursions prepared by the student's treating medical team
- special consideration while completing assessments/course work
- extra toilet provisions
- extra consideration if unwell
- some individual supervision
- to eat at additional times, especially when involved in physical activity
- special provisions for privacy when checking blood glucose levels and injecting insulin, if required.

Students may require some time away from their scheduled timetabled classes to attend medical appointments, but in general, attendance should not be an ongoing issue.



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### **Timing Meals**

Most students will have a food plan that fits in with regular scheduled timetabled breaks and care routines, avoiding the need to eat regularly in class or at odd times.

Meal requirements of students should be communicated to all supervising staff. All supervising staff must understand that students with diabetes cannot delay mealtimes and special consideration must be given to students with diabetes if an activity is running overtime. Families are responsible for providing food and drink.

### **Classroom Management and Special Activities**

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.

Strategies include restricting food-based rewards, ensuring suitable food/snack alternatives are available for group activities and altering food-based curriculum activities (such as cooking) to improve safety for students with diabetes. Staff should note that own food sharing between students is not safe for students with diabetes.

### **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.

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.

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.

Extra caution should 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.

### **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.

The School will make reasonable adjustments in order to enable the student to attend activities including excursions and camps.

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The student's Health Support Plan should be reviewed before a student attends an excursion or camp. A specific diabetes camp plan should be created by the student's treating medical team, in consultation with the parents/carers.

The School staff members who will provide assistance with the diabetes management must be identified.

A risk assessment plan will be developed in consultation with the student's parent/carer that identifies foreseeable risks and provides reasonable steps to minimise and manage those risks.

The plan should 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.

Food that is provided at camp/excursion will be adjusted allow students with diabetes to participate. A discussion with the parent/carer prior to the event, camp or excursion is recommended to develop an appropriate response in each case.

### Communication Plan

The Assistant Principal will be responsible for ensuring that a Communication Matrix is completed and actioned. This provides information to all staff, parent/carer and students about diabetes and The School's Diabetes Policy & Procedure.

	Communication provided	Timing	Target Audience
1.	List of all diabetic students (and other medical conditions) available from Assistant Principal, Senior First Aid Officer and on Student Medical Register	Term 1: First Week of school year & updated upon new enrolments or if the student's medical condition relates to diabetic changes.	Staff
2.	Class lists for all classrooms includes medical alerts for students with medical conditions including diabetes	Term 1: First Week of school year OR if any changes to current list as required	Staff
3.	Providing Diabetes Training	Completed by first day Term 1 or as required	Staff
4.	Providing Diabetes Briefing	Semester 1 and Semester 2	Staff
5.	Excursions/Camps If required, the School will consult parents of students with diabetes in	As required	Staff Parents/Carers

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	advance to discuss plans for appropriate management of diabetes. Medications to manage Diabetes to be provided by parent/guardian or student if 18 and over.		
6.	The Assistant Principal advise parents of requirements to obtain Diabetes Action Plan for student prior to commencing at the School or if any changes to the student's medical condition	Upon new enrolment or as required	Parents/Carers
7.	Casual staff / volunteers briefed at start of day by the Assistant Principal or nominee about student in their classes with medical alerts	As required	CRT Staff / Volunteers
8.	Raising community awareness. Completing and executing the requirements within the Communication Matrix. Information about diabetes and related conditions and management will be provided to the community through training, briefings, student briefings, and posters at the School. Further information can also be obtained from the Senior First Aid Officer	As required	Staff Students Parents/Carers Volunteers

### Staff Training

Responsible Staff will complete the Diabetes at School online training package at [diabetesatschool.com.au](http://diabetesatschool.com.au).

### Roles and Responsibilities

#### Parents/Carers (of students under-18)

Parents are advocates for their child while at the School.

Parents should:

- Notify the School if the child is experiencing changes or challenges with managing their diabetes;
- keep the School updated about their child's condition by providing current signed Diabetes Management and Diabetes Action Plans, notifying the School of changes in their child's condition and prescribed treatment, and
- work with the School to develop a tailored Student Health Support Plan.

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### Students

- are supported to self-manage their diabetes; and
- should participate in the student health support planning process.

### Assistant Principal

- Facilitate discussions between the student, their parents/carers to ensure everyone understands the support required and that this is documented in the Diabetes Management Plan and Diabetes Action Plan;
- work with the parent/carer to develop a Student Health Plan;
- facilitate communication between students, parent/carer and staff; and
- add diabetes information to the Medical Register

### Staff

- Ensure staff understand the Diabetes Management Plan and Diabetes Action Plan;
- document any serious diabetic episode on an Accident, Injury and Illness Report Form, and advise parent/carers as a matter of priority;
- review documentation regularly including policies and procedures;
- ensure that students attending excursions/activities off site have their Insulin, Hypo Kit and Diabetes Action Plan; and
- ensure that students with Diabetes can participate in all activities safely and to their fullest abilities.

### Julia Gillard Community College Staff

- Meet all legal, regulatory and policy requirements related to Diabetes Management at the School;
- maintain a central record of students healthcare needs, including Diabetes, and review regularly;
- ensure staff working with under-18s undergo training and briefing each semester;
- complete the Annual Diabetes Risk Management Checklist;
- complete an Individual Diabetes Management Plan;
- complete and action the requirements within the Communication Matrix;
- provide parents and carers with a copy of the centre's Diabetes Management Policy & Procedure, if a young person identifies as having Type 1 Diabetes at the enrolment; and
- ensure Health Support Plans are completed for students with diabetes.

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### Post Incident Support

A diabetes episode can be a very traumatic experience for the student and others witnessing the reaction. In the event of a diabetes episode, students and staff may benefit from post incident counselling.

### Review

After a diabetes episode has occurred it is important the following process review processes take place.

1. The student's individual Diabetes Action Plan and Individual Diabetes Management Plan are reviewed in consultation with the student's parent/ carer
2. The School's Diabetes Management Policy & Procedure is reviewed to ensure that it adequately responds to a diabetic incident.

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### Related Documents

**Legislation:** Education and Training Reform Act 2006 (Vic), Education and Training Reform Regulations 2017, Working with Children Regulations (2016), Children, Youth and Families Act 2005 (Vic), Health Records Act 2001 (Vic), Privacy Act 1988 (Cth), Privacy and Data Protection Act 2014 (Vic), Occupational Health and Safety Act 2004 (Vic),

**Policies:** School Accident and First Aid Policy & Procedure, OH&S Policy & Procedure, Privacy Policy & Procedure, School Records Management Policy & Procedure, Access and Equity Policy & Procedure, School Duty of Care Policy & Procedure, School Health Policy & Procedure

**Other:** Accident, Injury and Illness Report Form, Medication Administration Log, Medication Authority Form, Health Support Plan, Diabetes School Action Plan, Annual Diabetes Risk Management Checklist, Diabetes Action Plan, Individual Diabetes Management Plan, Senior Secondary Program Medical Register, Consent to Share Information Form, The Diabetes Guidelines- Supporting Students with Type 1 Diabetes in Victorian Schools <https://www.education.vic.gov.au/Documents/school/principals/spag/health/diabetesguidetype1.pdf>, Diabetes Victoria-Diabetes Action and Management Plans- [https://www.diabetesvic.org.au/how-we-help-detail?tags=Left-Mega-Nav%2FSchools&content\\_id=a1R0o00000JkhI4EAJ&bdc=1](https://www.diabetesvic.org.au/how-we-help-detail?tags=Left-Mega-Nav%2FSchools&content_id=a1R0o00000JkhI4EAJ&bdc=1); Online learning modules for school staff to meet the needs of students with type 1 diabetes. <https://diabetesatschool.com.au/>; Diabetes Victoria, Diabetes Australia