



### Student details

Name \_\_\_\_\_

DOB \_\_\_\_\_ Grade/Year \_\_\_\_\_

School \_\_\_\_\_

← Place current photograph of student here

### Key contact details

Name \_\_\_\_\_

Phone \_\_\_\_\_

Alternate phone \_\_\_\_\_

Relationship \_\_\_\_\_

Name \_\_\_\_\_

Phone \_\_\_\_\_

Alternate phone \_\_\_\_\_

Relationship \_\_\_\_\_

### Diabetes health care team

Hospital/Clinic \_\_\_\_\_

Phone number \_\_\_\_\_

Endocrinologist/Specialist \_\_\_\_\_

Diabetes Educator \_\_\_\_\_

### Insulin Administration

The student requires insulin injections while at school.

The nominated staff member to supervise is:

\_\_\_\_\_

The alternate staff member to supervise is:

\_\_\_\_\_

Type of injection device:  Insulin Pen  Syringe

Location where student will administer insulin is:

\_\_\_\_\_

Injection times:

\_\_\_\_\_

## Blood Glucose Level (BGL) Checking

Is student able to perform their own BGL Check?  Yes  No

If yes, nominated staff member needs to:  Remind

Observe

Assist

If no, nominated staff member need to perform BGL check.

The nominated staff member to assist student is:

\_\_\_\_\_

The alternate staff member to assist is:

\_\_\_\_\_

Time BGL need to be checked: (Please Tick)

Anytime and anywhere necessary

Prior to recess or snack

Prior to lunch

When hypo suspected

Prior to activity

Prior to exam/tests

When student feels unwell

Other: \_\_\_\_\_

Other Glucose monitoring (refer to Appendix if checked)

Continuous Glucose

Flash Glucose

## Physical Activity

All students should be encouraged to participate in physical activities, including students living with diabetes. Students should check BGL before sport.

The students BGL needs to be above \_\_\_\_\_ before sport.

If the BGLs are between \_\_\_\_\_ and \_\_\_\_\_, student can participate immediately.

If below \_\_\_\_\_ student to have 15g of carbohydrate. Check minutes later and if within their target range then student can participate as per usual.

Physical education instructors and sports coaches must have a copy of the action plan and be able to recognize and assist with the treatment of low blood glucose levels.

Please let parent/guardian know blood glucose reading for the day, especially if student has had hypos or hypes.

## Camps and Excursions

Notify parents/guardian ahead of the event to ensure further planning is done.

Ensure that action plans are adjusted depending on activity and duration of camp or excursion.

All planning should be in consultation with the student's parent/guardian and if necessary the Diabetes Healthcare Team.

## Additional management notes

## HYPOGLYCAEMIA

**LOW** if Blood Glucose Level is below:  
TREAT IMMEDIATELY

**Signs and symptoms**  
Note: Symptoms may not always be obvious

**DO NOT LEAVE STUDENT UNATTENDED  
DO NOT DELAY TREATMENT**

**Student conscious & cooperative**  
Able to eat hypo food


**Student unconscious or drowsy**  
Risk of choking or unable to swallow


**Hypo treatment or fast acting carb:**  
As supplied or listed on management plan


**First aid**  
Place student on their side and stay with the student

**Recheck BGL after mins**  
If BGL repeat fast acting carb

**CALL AN AMBULANCE DIAL 000**  
**Contact parent or guardian** when safe to do so

**Student's name** 

**DOB** 

**Grade/Year** 

**Key contacts**

Name  
Phone  
Relationship

Name  
Phone  
Relationship

**Injection**  
Will an injection will be required at school:

no     yes     with supervision

In room/location

- Continuous Glucose Monitoring (CGM)
- Routine BGL checking times**
- Anytime, anywhere in the school
  - Times as per management plan
  - Any time hypo is suspected or student feels unwell
  - Prior to activity
  - Prior to exams or tests

## HYPERGLYCAEMIA

**HIGH** if Blood Glucose Level is above  
(High BGLs are not uncommon)

**Signs and symptoms**  
Note: Symptoms may not always be obvious

**Student well**  
Re-check BGL in 2 hours

**Student unwell**  
e.g. vomiting

**Encourage student to drink water and return to class**

**Check ketones**  
(Refer to plan)

**In 2 hours, if BGL still above call key contacts for advice**

**Call key contact(s)**  
to collect student ASAP

**Clinic:**

**Clinic contact:**

**Contact No:**

To be used in conjunction with management plan

## Roles and Responsibilities

### Parent/Guardian:

- Inform the school of the student's condition upon enrolment. If the student is already enrolled, they should inform the school as soon as possible after diagnosis
- Contribute to the development of the school-based diabetes management /action plans
- Ensure the school has the current diabetes management plan
- Provide all the equipment the student needs to be safely supported which may include medication, blood glucose meter with test strips, insulin pump, consumables and hypo treatment foods/drinks
- Provide guidance and support to school staff when concerns or issues arise
- Provide consent for the school to contact the appropriately qualified health professionals about the student's condition

### The Student will:

- Bring diabetes supplies to school and allowed to carry hypo treatment and BGL equipment with them at all times
- Be permitted to have immediate access to water by keeping a water bottle on their desk
- Be permitted to use the bathroom without restriction
- Have open communication with their teachers
- Notify their teachers when they are low or feel unwell
- Do their BGL checks and insulin administration if able to do so

### Diabetes Healthcare Team:

- Assist in developing the student's individual management plan
- Provide relevant contact details in case specific questions arise from parents/schools and Diabetes NSW & ACT

### School Principals:

- Co-ordinate a encouraging and safe and school environment that:
  - Recognises the student and their family are covered under the Disability Discrimination Act and Disability Standard of Education
  - Involve all students with health conditions in school activities
  - Support students who need supervision or assistance in administering medication
  - Ensures this management plan is adhered to in the school setting
- Ensure that all staff, including casual staff, are aware of the symptoms of low BGL's and the location of medication including the hypo kit.
- Communicate with parent/carer and health care teams in regards to the student's diabetes management plan in an agreed manner

### School Staff will:

- Have a comprehensive understanding of the requirements of the student with diabetes in their class
- Understand the signs and symptoms of a hypoglycaemic (hypo) and hyperglycaemic (hyper) episode
- Assist the student with diabetes if a hypo or hyper episode occurs and what treatment is needed according to the Action Plan
- Support the student in management of their condition when the student is unable to do so. This may include BGL testing and/or administering insulin

Date \_\_\_\_\_

## Agreements

Parent/Guardian

Diabetes Health Professional

School Representative

Name \_\_\_\_\_

Name \_\_\_\_\_

Name \_\_\_\_\_

Role \_\_\_\_\_

Role \_\_\_\_\_