#### TYPE 2 DIABETES ACTION PLAN 2024 SCHOOL SETTING

## **Medication (Not Insulin Injections)**

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

РНОТО

STUDENT NAME

DATE OF BIRTH

GRADE / YEAR

NAME OF SCHOOL

PARENT / CARER NAME

CONTACT NO.

**DIABETES TREATING TEAM** 

**HOSPITAL UR NO.** 

CONTACT NO.

DATE PLAN CREATED

The student is on a medication that **DOES NOT CAUSE** Hypoglycaemia (Hypo/Low Blood Glucose Levels)

If a student's Blood Glucose Level is less than 4.0 mmol/L they **DO NOT** require treatment.

# 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

#### Student well

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

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

CALL PARENT/CARER FOR ADVICE

#### Student unwell

(e.g. vomiting)

- Contact parent/carer to collect student ASAP
- Check ketones (if strips supplied)

#### **KETONES**

If unable to contact parent/carer **and** blood ketones greater than or equal to 1.0 mmol/L

CALL AN
AMBULANCE
DIAL 000











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

## MEDICATION ADMINISTRATION

Oral medication		(It is <b>NOT INSULIN</b> )								
Lunchtime	Other									
Medication to be given	[									
SEE MEDICATION AUTHORITY FORM OR RELEVANT DOCUMENT										
Location in the school where the medication is to be given:										
Is supervision required?	Yes	■ No	Remind only							
Responsible staff will nee	d training if they	are required to:								
Administer medication	Administer medication (Dose as per additional documentation provided)									
Assist	Observe									
RESPONSIBLE STA	SPONSIBLE STAFF									
	ool staff who have voluntarily agreed to undertake training and provide									
support with diabetes co	are to the studer	nt. I	MEDICATION							
STAFF MEMBER		GLUCOS CHECKIN	E ADMINISTRATION /							
		CHECKII	001 21(1) 01011							
SCHOOL SETTING	SCHOOL SETTING									
A Medical Authority Fo	orm is required i	f school staff are t	o administer /							
supervise medication.										
Medication Authority	Form	Yes	No							
■ BEFORE / AFTER SCHO	OL CARE									
Before / after school of		vided by the scho	ool, or an outside							
organisation. Parent /										
documentation from	this setting, auth	orising staff to adı	minister / supervise							
medication administra	ation to their chi	ld.								
e 2 of 6	TYPE 2 MEDICATION	N (NOT INSULIN INJECTIONS	S) SS VIC Diabetes Victoria, RCH, MCH 20							
		6	Government of South Australia Women's and Children's Health Meturor's Health Meturor's Health Meturor's							
PITAL UR NO			Women's and Children's Health Network  Women's and Children's Hospital							
PLAN CREATED		<b> diabetes</b>	The Royal <b>Children's</b> Hospital Melbourne							

#### GLUCOSE LEVEL CHECKING

ls	a	glucose	level	check	required	at	school?
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Yes (See information below)

No

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 student is at the time it is required.
- Before doing a **blood glucose check** the student should wash and dry their hands.

Is the 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

#### BLOOD GLUCOSE LEVELS (BGLs) 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 some medication, during exercise.
- 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.

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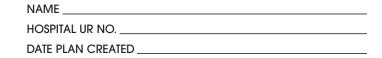
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A student doing CGM must check their BGL:

- When feeling unwell
- Other times please specify

#### **USE AT 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 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 school if there is an emergency.
- The CGM sensor can remain on the student during water activities.

# 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 levels and student unwell.
- Ketones are produced when the body breaks down fat for energy.
- Ketones can be dangerous.

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

## EATING AND DRINKING

- No food sharing.
- Seek parent/carer advice regarding foods for school parties/celebrations.
- Always allow access to water.

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### **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.

#### **EXAMS**

- Glucose level should be checked before an exam.
- Blood glucose monitor and blood glucose strips, CGM devices or smart phones and water should be available in the exam setting.
- Extra time will be required for toilet privileges or student unwell.

## **EQUIPMENT CHECKLIST**

#### Supplied by the parent/carer

- Pen device and pen needles if having injectable medication. Stored according to the school Medication Policy.
- Finger prick device
- Blood glucose monitor
- Blood glucose strips
- Blood ketone strips (if supplied)
- Sharps' container

## DISPOSAL OF MEDICAL WASTE

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

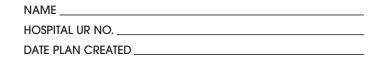
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## **AGREEMENTS**

#### PARENT/CARER

Organise a meeting with 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 school to communicate with the Diabetes Treating Team about my child's diabetes management at school.

NAME	
FIRST NAME (PLEASE PRINT)	FAMILY NAME (PLEASE PRINT)
SIGNATURE	DATE
SCHOOL REPRESENTATIVE	
I have read, understood, an	nd agree with this plan.
NAME	
FIRST NAME (PLEASE PRINT)	FAMILY NAME (PLEASE PRINT)
ROLE Principal	■ Vice Principal
SIGNATURE	DATE
DIABETES TREATING MEDICAL T	EAM
NAME	
FIRST NAME (PLEASE PRINT)	FAMILY NAME (PLEASE PRINT)
SIGNATURE	DATE
HOSPITAL NAME	

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