DATE PLAN CREATED

Use in conjunction with Diabetes Management Plan. This plan should be reviewed every year. **PHOTO** CHILD / STUDENT NAME DATE OF BIRTH GRADE / YEAR NAME OF EARLY CHILDHOOD SETTING / SCHOOL **PARENT / CARER NAME** CONTACT NO. **DIABETES TREATING TEAM HOSPITAL UR NO.** CONTACT NO.

Step 3: Give slow acting carbohydrate

LOW Hypoglycaemia (Hypo) Blood Glucose Level (BGL) less than 4.0 mmol/L **SIGNS AND SYMPTOMS** Pale, headache, shaky, sweaty, Note: Check BGL if hypo suspected. Symptoms may not always be obvious DO NOT LEAVE CHILD/STUDENT ALONE • DO NOT DELAY TREATMENT TREATMENT TO OCCUR WHERE CHILD/STUDENT IS AT TIME OF HYPO **HYPO SUPPLIES LOCATED** MIID* SEVERE Child/student Child/student conscious (Able to eat hypo food) drowsv / unconscious * MILD IS COMMON unable to swallow) Step 1: Give fast acting carbohydrate First Aid DRSABCD Stay with child/ Step 2: Recheck BGL in 15 mins student • If BGL less than 4.0, repeat **Step 1** • If BGL greater than or equal to 4.0, go to **Step 3**

than or equal

to 4.0, give

usual insulin

dose & then eat meal

immediately.

Step 4: Resume usual activity

when BGL 4.0 or higher

CALL AN Step 3a: **AMBULANCE** If insulin is due & BGL greater **DIAL 000**

> 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

Note: Symptoms may not always be obvious

Child/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**

Child/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 or dark purple on urine strip

CALL AN **AMBULANCE DIAL 000**









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

INSULIN ADMINISTRATION

The child/student requires an injection of insulin: At home prior to early childhood setting/school Before breakfast at early childhood setting / before school care Lunchtime Other		
Before breakfast at early childhood setting / before school care Lunchtime Other Insulin injection minutes before meal. Carbohydrate food must always be eaten after a mealtime insulin injection. The insulin dose for meals / snacks will be determined by: Set dose Flexible dosing guide Supervision required to ensure correct information added to app. Location in the early childhood setting/school where the injection is to be given: Is supervision required? Yes No Remind only Responsible staff will need training if they are required to: Administer injection (Dose as per additional documentation provided) Assist Observe RESPONSIBLE STAFF Staff who have voluntarily agreed to undertake training and provide support with diabetes care to the child / student. The responsible staff needs to be available when the child attends the early childhood setting and in the child's room. INSULIN ADMINISTRATION /		
Lunchtime Other	·	•
Insulin injection minutes before meal. Carbohydrate food must always be eaten after a mealtime insulin injection. The insulin dose for meals / snacks will be determined by: Set dose Flexible dosing guide Supervision required to ensure correct information added to app. Location in the early childhood setting/school where the injection is to be given: Is supervision required? Yes No Remind only Responsible staff will need training if they are required to: Administer injection (Dose as per additional documentation provided) Assist Observe RESPONSIBLE STAFF Staff who have voluntarily agreed to undertake training and provide support with diabetes care to the child / student. The responsible staff needs to be available when the child attends the early childhood setting and in the child's room. INSULIN ADMINISTRATION /	•	od sening / before school care
Carbohydrate food must always be eaten after a mealtime insulin injection. The insulin dose for meals / snacks will be determined by: Set dose Flexible dosing guide Supervision required to ensure correct information added to app. Location in the early childhood setting/school where the injection is to be given: Is supervision required? Yes No Remind only Responsible staff will need training if they are required to: Administer injection (Dose as per additional documentation provided) Assist Observe RESPONSIBLE STAFF Staff who have voluntarily agreed to undertake training and provide support with diabetes care to the child / student. The responsible staff needs to be available when the child attends the early childhood setting and in the child's room. INSULIN ADMINISTRATION /	Other	
The insulin dose for meals / snacks will be determined by: Set dose Flexible dosing guide Supervision required to ensure correct information added to app. Location in the early childhood setting/school where the injection is to be given: Is supervision required? Yes No Remind only Responsible staff will need training if they are required to: Administer injection (Dose as per additional documentation provided) Assist Observe RESPONSIBLE STAFF Staff who have voluntarily agreed to undertake training and provide support with diabetes care to the child / student. The responsible staff needs to be available when the child attends the early childhood setting and in the child's room. INSULIN ADMINISTRATION /	Insulin injection minute	es before meal.
Flexible dosing guide Supervision required to ensure correct information added to app. Location in the early childhood setting/school where the injection is to be given: Is supervision required? Yes No Remind only Responsible staff will need training if they are required to: Administer injection (Dose as per additional documentation provided) Assist Observe RESPONSIBLE STAFF Staff who have voluntarily agreed to undertake training and provide support with diabetes care to the child / student. The responsible staff needs to be available when the child attends the early childhood setting and in the child's room.	Carbohydrate food must always b	e eaten after a mealtime insulin injection.
Flexible dosing guide Supervision required to ensure correct information added to app. Location in the early childhood setting/school where the injection is to be given: Is supervision required? Yes No Remind only Responsible staff will need training if they are required to: Administer injection (Dose as per additional documentation provided) Assist Observe RESPONSIBLE STAFF Staff who have voluntarily agreed to undertake training and provide support with diabetes care to the child / student. The responsible staff needs to be available when the child attends the early childhood setting and in the child's room.		vill be determined by:
Supervision required to ensure correct information added to app. Location in the early childhood setting/school where the injection is to be given: Is supervision required? Yes No Remind only Responsible staff will need training if they are required to: Administer injection (Dose as per additional documentation provided) Assist Observe RESPONSIBLE STAFF Staff who have voluntarily agreed to undertake training and provide support with diabetes care to the child / student. The responsible staff needs to be available when the child attends the early childhood setting and in the child's room.		
Location in the early childhood setting/school where the injection is to be given: Is supervision required? Yes No Remind only Responsible staff will need training if they are required to: Administer injection (Dose as per additional documentation provided) Assist Observe RESPONSIBLE STAFF Staff who have voluntarily agreed to undertake training and provide support with diabetes care to the child / student. The responsible staff needs to be available when the child attends the early childhood setting and in the child's room.		orrect information added to app.
Responsible staff will need training if they are required to: Administer injection (Dose as per additional documentation provided) Assist Observe RESPONSIBLE STAFF Staff who have voluntarily agreed to undertake training and provide support with diabetes care to the child / student. The responsible staff needs to be available when the child attends the early childhood setting and in the child's room. INSULIN ADMINISTRATION /		
Responsible staff will need training if they are required to: Administer injection (Dose as per additional documentation provided) Assist Observe RESPONSIBLE STAFF Staff who have voluntarily agreed to undertake training and provide support with diabetes care to the child / student. The responsible staff needs to be available when the child attends the early childhood setting and in the child's room. INSULIN ADMINISTRATION /	Location in the early childhood setti	ng/school where the injection is to be given:
Responsible staff will need training if they are required to: Administer injection (Dose as per additional documentation provided) Assist Observe RESPONSIBLE STAFF Staff who have voluntarily agreed to undertake training and provide support with diabetes care to the child / student. The responsible staff needs to be available when the child attends the early childhood setting and in the child's room. INSULIN ADMINISTRATION /		
Administer injection (Dose as per additional documentation provided) Assist Observe RESPONSIBLE STAFF Staff who have voluntarily agreed to undertake training and provide support with diabetes care to the child / student. The responsible staff needs to be available when the child attends the early childhood setting and in the child's room. INSULIN ADMINISTRATION /	s supervision required?	■ No ■ Remind only
Administer injection (Dose as per additional documentation provided) Assist Observe RESPONSIBLE STAFF Staff who have voluntarily agreed to undertake training and provide support with diabetes care to the child / student. The responsible staff needs to be available when the child attends the early childhood setting and in the child's room. INSULIN ADMINISTRATION /	Responsible staff will need training if	they are required to:
RESPONSIBLE STAFF Staff who have voluntarily agreed to undertake training and provide support with diabetes care to the child / student. The responsible staff needs to be available when the child attends the early childhood setting and in the child's room. INSULIN ADMINISTRATION /		·
Staff who have voluntarily agreed to undertake training and provide support with diabetes care to the child / student. The responsible staff needs to be available when the child attends the early childhood setting and in the child's room. GLUCOSE ADMINISTRATION /	Assist Obse	erve
Staff who have voluntarily agreed to undertake training and provide support with diabetes care to the child / student. The responsible staff needs to be available when the child attends the early childhood setting and in the child's room. GLUCOSE ADMINISTRATION /		
Staff who have voluntarily agreed to undertake training and provide support with diabetes care to the child / student. The responsible staff needs to be available when the child attends the early childhood setting and in the child's room. GLUCOSE ADMINISTRATION /		
Staff who have voluntarily agreed to undertake training and provide support with diabetes care to the child / student. The responsible staff needs to be available when the child attends the early childhood setting and in the child's room. GLUCOSE ADMINISTRATION /		
The responsible staff needs to be available when the child attends the early childhood setting and in the child's room. INSULIN ADMINISTRATION /	RESPONSIBLE STAFF	
childhood setting and in the child's room. INSULIN GLUCOSE ADMINISTRATION /	Staff who have voluntarily agreed to	
INSULIN GLUCOSE ADMINISTRATION /	Staff who have voluntarily agreed to with diabetes care to the child / stud	dent.
	Staff who have voluntarily agreed to with diabetes care to the child / stud The responsible staff needs to be av	dent. vailable when the child attends the early
	Staff who have voluntarily agreed to with diabetes care to the child / stud The responsible staff needs to be av	dent. vailable when the child attends the early room.
	Staff who have voluntarily agreed to with diabetes care to the child / stud The responsible staff needs to be avichildhood setting and in the child's	dent. vailable when the child attends the early room. GLUCOSE ADMINISTRATION /
	Staff who have voluntarily agreed to with diabetes care to the child / stud The responsible staff needs to be avichildhood setting and in the child's	dent. vailable when the child attends the early room. GLUCOSE ADMINISTRATION /
	Staff who have voluntarily agreed to with diabetes care to the child / stud The responsible staff needs to be avichildhood setting and in the child's	dent. vailable when the child attends the early room. GLUCOSE ADMINISTRATION /

Page 2 of 9

MDI EC/SS VIC Diabetes Victoria, RCH, MCH 2024 V1.1

NAME_ HOSPITAL UR NO._ DATE PLAN CREATED_







Page 3 of 9

■ EARLY CHILDHOOD SETTING

Centre director / manager will need to ensure that the parent / carer has completed the relevant documentation, authorising responsible staff to administer insulin to the child.

■ SCHOOL SETTING

A Medical Authority Form is required if school staff are to administer / supervise insulin.

Medication Authority Form

No

■ BEFORE / AFTER SCHOOL CARE

Before / after school care may be provided by the school, or an outside organisation. Parent / carer to obtain and complete the relevant documentation from this setting, authorising staff to administer / supervise insulin administration to their child.

GLUCOSE LEVEL CHECKING

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

is the child / student able to a	do their own glucose leve	el check?	
Yes	No (Support is require	ed)	
The responsible staff member	needs to		
Do the check	Assist	Observe	Remind
BLOOD GLUCOSE LEVEL (BGL)	TO BE CHECKED (tick all	those that apply)	
Anytime hypo suspected	Before snack	Before lunch	
Before activity	Before exams/tests	When feeling unwer	ell:
Beginning of after-school	care session		
Other times - please speci	ifv		

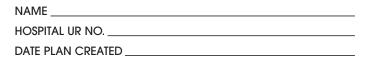
MDI EC/SS VIC Diabetes Victoria, RCH, MCH 2024 V1.1



diabetes









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 insulin administration, during exercise.
- A CGM reading less than _____ mmol/L must be confirmed by a BGL check.
 FOLLOW ACTION PLAN
 Hypo treatment is based on a BGL check.
 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.

A child/student wearing CGM must do a blood glucose level (BGL) check: (tick all those that apply)

- Anytime hypo suspected
 When feeling unwell

USE AT EARLY CHILDHOOD SETTING AND 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 child/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 early childhood setting /school if there is an emergency.
- The CGM sensor can remain on the child/student during water activities.

Page 4 of 9









OW BLOOD GLUCOSE LEVELS

LOW BLOOD GLUCOSE LEVELS (Hypoglycaemia / Hypo) FOLLOW ACTION PLAN

- If the child/student 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 parent/carer.

SEVERE HYPOGLYCAEMIA (HYPO) MANAGEMENT FOLLOW ACTION PLAN

Is NOT common.

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

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/student's Diabetes Treating Team.

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 level and child/student is unwell.
- Ketones are produced when the body breaks down fat for energy.
- Ketones can be dangerous.

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

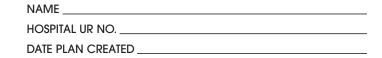
MDI EC/SS VIC Diabetes Victoria, RCH, MCH 2024 V1.1

Page 5 of 9











EATING AND DRINKING

- If using flexible dosing all carbohydrate foods should be clearly labelled by the parent/carer with carbohydrate amounts in grams.
- If meals/snacks provided by the Early Childhood Setting, provide a copy of the menu to the parent/carer so they can determine carbohydrate amounts.
- Children and some younger students will require supervision to ensure all food is eaten.
- No food sharing.
- Seek parent/carer advice regarding foods for early childhood setting/ school parties/celebrations.
- Always allow access to water.

Does the child/student have coeliac disease?	■ No	Yes*	
*Seek parent/carer advice regarding appropriate	e food	and hypo t	reatments.

PHYSICAL ACTIVITY

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

- Physical activity may cause glucose levels to go high or low.
- Some children/students may require a glucose level check before, during and after physical activity.
- Some children/students MAY require a slow acting carbohydrate before planned physical activity.

$\Lambda \cap TI$	//IT\/	ו חו	OCATED:	

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.

Page 6 of 9

AME	
OSPITAL UR NO	
ATE PLAN CREATED	







EXCURSIONS / INCURSIONS

It is important to plan for extracurricular activities.

- Ensure blood glucose monitor, blood glucose strips, ketone strips (if supplied), insulin device and needle, hypo, and activity food are readily accessible.
- Plan for meal and snack breaks.
- Always have hypo treatment available.
- Know location of toilets.

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.
- If the camp location is more than 30 minutes from a reliable ambulance service, Glucagon injection training is recommended.

EXAMS

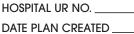
- Glucose level should be checked before an exam.
- Glucose level should be greater than 4.0 mmol/L before exam is started.
- Blood glucose monitor and blood glucose strips, CGM devices or smart phones, hypo treatments, and water should be available in the exam setting.
- Extra time will be required if a hypo occurs, for toilet privileges or student unwell.

Page 7 of 9









EQUIPMENT CHECKLIST

Supplied by the parent/carer

- Insulin pens and pen needlesStored according to the early childhood setting /school Medication Policy
- Finger prick device
- Blood glucose monitor
- Blood glucose strips
- Blood ketone strips (if supplied)
- Hypo treatment
- Activity food
- Sharps' container
- Charging cables for diabetes management devices

DISPOSAL OF MEDICAL WASTE

- Dispose of any 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 8 of 9











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.

- I have read, understood, and agree with this plan.
- I give consent to the early childhood setting/school to communicate with the Diabetes Treating Team about my child's diabetes management at early childhood setting/school.

NAME	
FIRST NAME (PLEASE PRINT)	FAMILY NAME (PLEASE PRINT)
SIGNATURE	DATE
EARLY CHILDHOOD SETTING / I have read, understood, a	
FIRST NAME (PLEASE PRINT)	FAMILY NAME (PLEASE PRINT)
ROLE Principal Other (please spe	■ Vice Principal ■ Centre Manager
SIGNATURE	DATE
DIABETES TREATING MEDICAL NAME	TEAM
FIRST NAME (PLEASE PRINT)	FAMILY NAME (PLEASE PRINT)
SIGNATURE	DATE
HOSPITAL NAME	









