



CLIFTON HILL PRIMARY SCHOOL DIABETES POLICY

Purpose of this policy

To ensure Clifton Hill Primary School support students with diabetes, and to provide advice to develop and implement support and management plans for students living with diabetes.

Policy

All schools are required to ensure that students with type 1 diabetes have:

- a current individual Diabetes Management Plan prepared by the student's treating medical team (provided by parents/carers)
- a current Diabetes Action Plan prepared by the student's treating medical team (provided by parents/carers); and
- a Student Health Support Plan, developed by the school in consultation with the parents/carers and where appropriate the student's treating medical team.

These documents must be completed in line with requirements as listed under Diabetes Management Plan below.

The Principal will ensure that the Department's policy requirements and advice is met, including completion of the Annual Risk Management Checklist included in the Diabetes Guidelines: Supporting Students with Type 1 Diabetes in Victorian Schools - Department of Education and Training .

Legislative and Medical Context

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 on the same basis as other students.

Diabetes is considered a disability under the relevant federal and state anti-discrimination laws. Therefore schools have a legal obligation to make reasonable adjustments for students with diabetes to enable them to participate in their education on the same basis as their peers, regardless of whether they are funded under the Program for Students with Disabilities.

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

Definitions

Type 1 Diabetes is an auto-immune condition which occurs when the immune system damages the insulin producing cells in the pancreas. Insulin is the hormone that controls blood glucose levels (BGLs). This condition is predominantly treated with insulin replacement via multiple injections each day or a continuous infusion via a pump. Without insulin treatment, type 1 diabetes is life threatening.

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 the 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.

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.

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

Diabetes Guidelines

[The Diabetes Guidelines - Supporting Students with Type 1 Diabetes in Victorian Schools \(pdf - 2.34mb\)](#) provides additional assistance to principals and staff who are supporting students with type 1 diabetes in Victorian government schools.

The guidelines:

- supplement the Department's Diabetes policy and can be used in conjunction with the Mastering Diabetes resource
- will help schools to meet their legal and policy obligations and inform student health support planning
- provide practical advice on effective communication, staff training, implementing treatment plans and making reasonable adjustments to optimise student's engagement in school life.

Diabetes Management Plans

Diabetes Management Plans, Action Plans and companion documents can be obtained from Diabetes Victoria. They must be completed and signed by the hospital treating team responsible for the student's diabetes care before being presented to the school by the student's parents/carers.

To ensure all relevant parties have been consulted and are in agreement with the stated plan of care for school or preschool the Diabetes Management Plan must be signed by the parent/carer; diabetes educator or doctor (specialist endocrinologist or paediatrician) and the preschool/school principal or head teacher.

The school must develop a school Health Support Plan in consultation with parents/carers when appropriate for the student and where appropriate the student's treating medical team.

Forms, templates and guides are available at:

- [Health Support Planning Forms](#) (including the Student Health Support Plan)
- [Diabetes Victoria](#) (including the Diabetes Management Plan and the Diabetes Action Plan)

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Staff Training and Support to Students

Students should be supported to learn to take responsibility for the management of their own health needs in non-emergency situations where possible.

However, diabetes management in younger students may be harder to achieve given their various stages of development and complexity of BGL monitoring and treatment. Individual children will become independent at various ages therefore additional support by educators and support staff may be necessary until this time occurs.

All school staff need a basic understanding of type 1 diabetes and how to respond in an emergency. At enrolment or at the time of diagnosis, the parents/carers should discuss their child's diabetes management and support needs with the principal or delegated officer.

When the school knows that certain students have diabetes, staff (including relief staff) need to know enough about diabetes to ensure the safety of those students

The Principal will ensure:

- all staff complete basic level training so they have an awareness of what type 1 diabetes is and how to respond safely to an emergency
- that Responsible Staff undertake appropriate training to develop confidence and competence to implement a student's Diabetes Management Plan and Diabetes Action Plan
- training is up-to-date and appropriate in light of any changes to a student's Health Support Plan.

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 during exams and tests
- extra toilet provisions
- extra consideration if unwell
- some individual supervision

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Strategy

Description

student. Arrangements for administering insulin during school hours should be documented in the Student Health Support Plan.

If insulin is administered at school, the student's parents/carers must provide clear advice regarding the dose and timing as per the Diabetes Management Plan.

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

It is important to establish a culture of inclusion and to support young people with diabetes so they can participate fully and safely at school.

Young people with diabetes can be worried about and even avoid managing their diabetes at school. This can lead to medical complications, poor concentration and focus as well as problems such as social isolation, absenteeism, anxiety or depression.

Open communication between the school and parents/carers and students is key to ensuring optimal diabetes management and student engagement, as well as ensuring there is clarity and shared understanding in relation to roles and responsibilities for everyone involved in the student's care.

Schools and parents/carers should determine in each case what method will best facilitate regular and reliable communication between parties. Schools should be proactive in establishing effective communication lines to ensure parents/carers can regularly and easily relay health changes or updates to a student's individual Diabetes Management Plans. Communication books, emails and text messages to a nominated contact are strategies that may be considered.

Communication

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Diabetes Guidelines: Supporting Students with Type 1 Diabetes in Victorian Schools -
Department of Education and Training

(<https://www.education.vic.gov.au/Documents/school/principals/spag/health/diabetesguidetype1.pdf>)

Additional Resources

Diabetes Victoria

<https://www.diabetesvic.org.au/>

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