



Diabetes Policy

LANGWARRIN PARK PRIMARY SCHOOL

There are 2 types of Diabetes:

- **Type 1 Diabetes** is an auto immune condition which occurs when the immune system damages the insulin producing cells in the pancreas. This condition is treated with insulin replacement via multiple injections or a continuous infusion via a pump. Without insulin treatment type 1 diabetes is potentially 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 affects between 85 and 90 per cent of all cases of diabetes and 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 life style and/or medication that could include tablets and/or insulin.

Rationale:

- A considerable number of students in schools are diabetics. In general, the appropriate preparations and safeguards should ensure that students with diabetes are able to participate fully in the school's educational programs.

Aims:

- To ensure that students with diabetes are happy, safe and participatory members of the school.

Implementation:

- Parents/guardians are responsible for providing the school with a current diabetes management plan prepared specifically for their child by their diabetes medical specialist team.
- Parents /guardians are responsible for providing the school with the necessary equipment, medication or treatment, as specified in the student's individual diabetes management plan.
- A student's diabetes management kit or 'Hypo Box' (which may include adequate supplies of insulin, disposable syringes or pen injector devices, blood testing equipment, and glucose or suitable sugar products to prevent or treat an insulin reaction) will be kept in the student's individual medication box in the First Aid room cupboard and another kit with the student. The kit will always accompany the child on any camp or school excursion.
- A copy of the student's individual diabetes management plan will be kept in the First Aid room folder, in their individual medications box in the First Aid Room cupboard, in the Classroom Teacher's Medical Records Folder, with their medication kit that they have with them and in the Student's School Record file.
- Appropriate staff will receive professional development relating to diabetes and its management.
- Students with diabetes will be included on the Students Medical Needs list so that all staff are aware of their condition and needs.
- Students whose parents indicate that they are capable of managing their own diabetes will be encouraged to do so, and will be provided with an appropriate private space for doing so. To be deemed capable of managing their own diabetes, students will have to demonstrate in the school environment with a responsible adult that they have the ability to measure an insulin dose accurately, inject an insulin dose reliably, carry out blood glucose tests accurately, recognise the early signs of hypoglycaemic reactions and to take sugar when they occur, estimate their diet in portions if necessary, understand the need to take extra food before increased physical activity, and have meals and snacks on time consistent with their diabetes management plan.

- Students not capable of managing their own diabetes will be managed by staff in accordance with an agreed management plan developed by a doctor, and provided by parents.
- It may be desirable that a student's friends be aware of the student's diabetes to give moral support if needed, to save embarrassment at blood testing and insulin giving times, and to give appropriate help if needed should the student have an insulin reaction.
- In general, the student should undertake all educational activities including school camps and excursions, so long as emergency medical aid is available within two hours. Some free time before breakfast and before the evening meal during camps may be needed for blood testing and insulin injections, and before bed for urine testing. Special considerations need to be undertaken during swimming programs.
- All school meal times should be adhered to as closely as possible. If a meal is delayed, the student should have access to food containing some complex carbohydrate (for example, fruit, biscuits, fruit juice) at the normal meal time while waiting for the meal. A diabetic student should be permitted to take extra food at odd times before extra physical activities to prevent insulin or hypoglycaemic reactions. The student or teacher must take some extra carbohydrate form of food or confectionery on excursions.
- A communication book should be established to enable an effective means to relay health information and any health changes or concerns between home and school and vice versa.

Evaluation:

This policy will be reviewed as part of the school's three-year review cycle or following a hypo emergency at school, to identify any changes required.

This policy review is to be presented to School Council Aug 2014
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