

DIABETES POLICY

1. Rationale:

1.1 Appropriate preparations and safeguards should ensure that students with diabetes are able to participate fully in the school's educational programs.

2. Aims:

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

3. Implementation:

3.1 Staff working with students diagnosed with diabetes will be provided with professional development relating to diabetes and its management.

3.2 Parents must provide the school with a current *Diabetes Management Plan* and a current *Diabetes Action Plan*, prepared by the student's treating medical team.

3.3 The school, in consultation with the parents, will develop a *Student Health Support Plan*.

3.4 Students whose parents indicate that the students are capable of managing their own diabetes will be encouraged to do so, and will be provided with an appropriate private space to manage their diabetes. To be deemed capable of managing their own diabetes, students will have to demonstrate 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 or hyperglycaemic reactions and to take sugar as necessary, 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.

3.5 Students not capable of managing their own diabetes will be managed by trained staff in accordance with an agreed management plan developed by a doctor, and provided by parents.

3.6 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) may be kept in the staffroom, or with the child as appropriate. The kit will always accompany the child on any camp or school excursion.

3.7 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.

3.8 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.

3.9 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.

4. Evaluation:

4.1 This policy will be reviewed as part of the school's three-year review cycle. Ratified by School Council on 23rd August 2017.