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| **10068-ROMSEY-PS---FINAL-LOGO-ONLY (002)** | **ROMSEY PRIMARY SCHOOL**  **DIABETES MANAGEMENT POLICY**  **& PROCEDURES** |

**PURPOSE**

Our school is committed to providing a safe and healthy environment that is inclusive for all children, staff, visitors and family members that are at diagnosed with diabetes. The aim of this policy and procedure is to minimise the risk of a diabetic medical emergency whilst at our service, also ensuring that staff members are able to support the management of the illness.

**SCOPE**

This policy applies to children, families, staff, management and visitors of the school.

**DESCRIPTION**

Type-1 Diabetes is an autoimmune condition, which occurs when the immune system damages the insulin producing cells in the pancreas. This condition is treated with insulin replacement via injections or a continuous infusion of insulin 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 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.

**DUTY OF CARE**

Our school has a legal responsibility to provide

a. A safe environment

b. Adequate Supervision

Staff members including relief staff need to know enough about diabetes to ensure the safety of those students (especially in regards to hypoglycemia and safety in sport).

**IMPLEMENTATION**

We will involve all educators, families and children in regular discussions about medical conditions and general health and wellbeing throughout our curriculum. The Service will adhere to privacy and confidentiality procedures when dealing with individual health needs.

A copy of all medical conditions policies will be provided to all educators and kept in the first aid room. It is important that communication is open between families and educators so that management of diabetes is effective.

It is imperative that all educators and volunteers at the Service follow a child’s Medical Management Plan in the event of an incident related to a child’s specific health care need, allergy or medical condition.

**Management, Nominated Supervisor/ Certified Supervisor will ensure:**

* All staff members including volunteers are provided with a copy of the Diabetes Management policy along with the Medical Conditions Policy that is reviewed annually.
* A copy of this policy is provided and reviewed during each new staff member’s induction process.
* All staff members have completed approved first aid training
* When a child diagnosed with diabetes in enrolled, staff attend regular training on the management of diabetes and, where appropriate, emergency management of diabetes
* The family supplies all necessary glucose monitoring and management equipment

A Medical Conditions Risk Minimisation plan is completed for each child diagnosed, outlining

procedures to minimise the risks involved. The plan will cover the child’s known triggers and

where relevant other common triggers which may lead to a Diabetic emergency

* All staff members are trained to identify children displaying the symptoms of a diabetic emergency and location of the Diabetic Management Plan as well as the Emergency Management Plan
* All staff, including casual and relief staff, are aware of children diagnosed with diabetes attending the school, symptoms of low blood sugar levels, and the location of diabetes management plans and emergency management plans
* Each child with type-1 diabetes has a current individual Diabetes Management Plan prepared by the individual child’s diabetes medical specialist team, at or prior to enrolment
* Ensure that a child’s Diabetes Management Plan is signed by a Registered Medical Practitioner and inserted into the enrolment record for each child. This will describe any prescribed medication for that child as well as the emergency management of the child’s medical condition
* Before the child’s enrolment commences, the family will meet with the school and it’s educators to begin the communication process for managing the child’s medical condition in consultation with the registered medical practitioners instructions
* A communication plan is developed for staff and parents/guardians encouraging ongoing communication between parents/guardians and staff regarding the management of the child’s medical condition, the current status of the child’s medical condition, this policy and its implementation within the Service prior to the child starting at the service.
* Individual Diabetes Management and Emergency Medical Management Plans will be displayed in key locations throughout the school
* A staff member accompanying children outside the Service carries the appropriate monitoring equipment, any prescribed medication, a copy of the Diabetes Management and Emergency Medical Management Plan for children diagnosed with diabetes, attending excursions and other events
* The programs delivered at the school are inclusive of children diagnosed with diabetes and that children with diabetes can participate in all activities safely and to their full potential
* Updated information, resources and support is regularly given to families for managing childhood diabetes
* That no child diagnosed with diabetes attends the Service without the appropriate monitoring equipment and any prescribed medications
* Availability of meals, snacks and drinks that are appropriate for the child and are in accordance with the child's Diabetes Management plan at all times

**The school will:**

* Read and comply with the Diabetes Management Policy and the Medical Conditions Policy
* Know which children are diagnosed with diabetes, and the location of their monitoring equipment, Diabetes Management and Emergency Plans and any prescribed medications
* Communicate with parents/guardians regarding the management of their child’s medical condition
* Ensure that children diagnosed with diabetes are not discriminated against in any way and are able to participate fully in all programs and activities at the school.
* Follow the strategies developed for the management of diabetes at the service
* Follow the Risk Minimisation Plan for each enrolled child diagnosed with diabetes
* Ensure a copy of the child’s Diabetes Management Plan is visible and known to staff in a school
* Take all personal Diabetes Management Plans, monitoring equipment, medication records, Emergency Management Plans and any prescribed medication on excursions and other events outside the school
* Recognise the symptoms of a diabetic emergency, and treat appropriately by following the Diabetes Management Plan and the Emergency Management Plan
* A suitably trained and qualified Educator will administer prescribed medication if needed
* according to the Emergency Medication Management Plan in accordance with the service’s
* Administration of Medication Policy
* Identify and where possible minimise possible triggers as outlined in the child’s Diabetes
* Management Plan and Risk Minimisation Plan
* Ensure that children with diabetes can participate in all activities safely and to their full potential
* Increase supervision of a child diagnosed with diabetes on special occasions such as excursions, incursions, camps, sporting events
* Regularly check and record the expiry date of the prescribed medication relating to the medical condition
* Provide information to the service community about resources and support for managing
* childhood diabetes
* Ensure there are glucose foods or sweetened drinks readily available to treat hypoglycemia at all times (low blood glucose), e.g. glucose tablets, glucose jellybeans, etc.

**Families will ensure they provide the school with:**

* Details of the child's health problem, treatment, medications and allergies
* Their doctor's name, address and phone number, and a phone number for contact in case of an emergency
* A Diabetes Care Plan and Emergency Medical Plan following enrolment and prior to the child starting at the Service which should include:

a) When, how and how often the child is to have finger-prick or urinalysis glucose or ketone

monitoring

b) What meals and snacks are required including food content, amount and timing

c) What activities and exercise the child can or cannot do

d) Whether the child is able to go on excursions and what provisions are required.

e) What symptoms and signs to look for that might indicate hypoglycemia (low blood glucose)

or hyperglycemia (high blood glucose)

f) What action to take including emergency contacts and what first aid to implement

g) An up to date photograph of the child

* A copy of the child’s Diabetes Management Plan and an Emergency Medication Management Plan developed and signed by a Registered Medical Practitioner for implementation within the Service
* The appropriate monitoring equipment needed according to the Diabetes Management Plan
* An adequate supply of emergency medication for the child at all times according to the Emergency Management Plan. Information and answering any questions regarding their child’s medical condition
* Any changes to their child’s medical condition and provide a new Diabetes Management Plan in accordance with these changes
* All relevant information and concerns to staff, for example, any matter relating to the health of the child

**DIABETIC EMERGENCY**

A diabetic emergency may result from too much or too little insulin in the blood. There are two types of diabetic emergency;

a) Very low blood sugar (hypoglycemia, usually due to excessive insulin);

b) Very high blood sugar (hyperglycemia, due to insufficient insulin).

The more common emergency is hypoglycemia. This can result from too much insulin or other

medication, not having eaten enough of the correct food, unaccustomed exercise or a missed meal.

In a medical emergency involving a child with diabetes, the Service staff should immediately dial 000 for an ambulance and notify the family in accordance with the Regulation and guidelines on emergency procedures, and administer first aid or emergency medical aid according to the child’s Diabetes

Management or Emergency Plan.

**SIGNS & SYMPTOMS**

HYPOGLYCEMIA

If caused by low blood sugar, the person may:

• Feel dizzy, weak, tremble and hungry

• Look pale and have a rapid pulse

• Sweating profusely

• Numb around lips and fingers

• Appear confused or aggressive

• Unconsciousness

HYPERGLYCEMIA

If caused by high blood sugar, the person may:

• Feel excessively thirsty

• Have a frequent need to urinate

• Have hot dry skin, a rapid pulse, drowsiness

• Have the smell of acetone (like nail polish remover) on the breath

• Unconsciousness

**Evaluation:**

This policy will be reviewed as part of the school’s three-year review.

**Date Ratified by School Council: June 2018**

**Review Date: June 2021**