



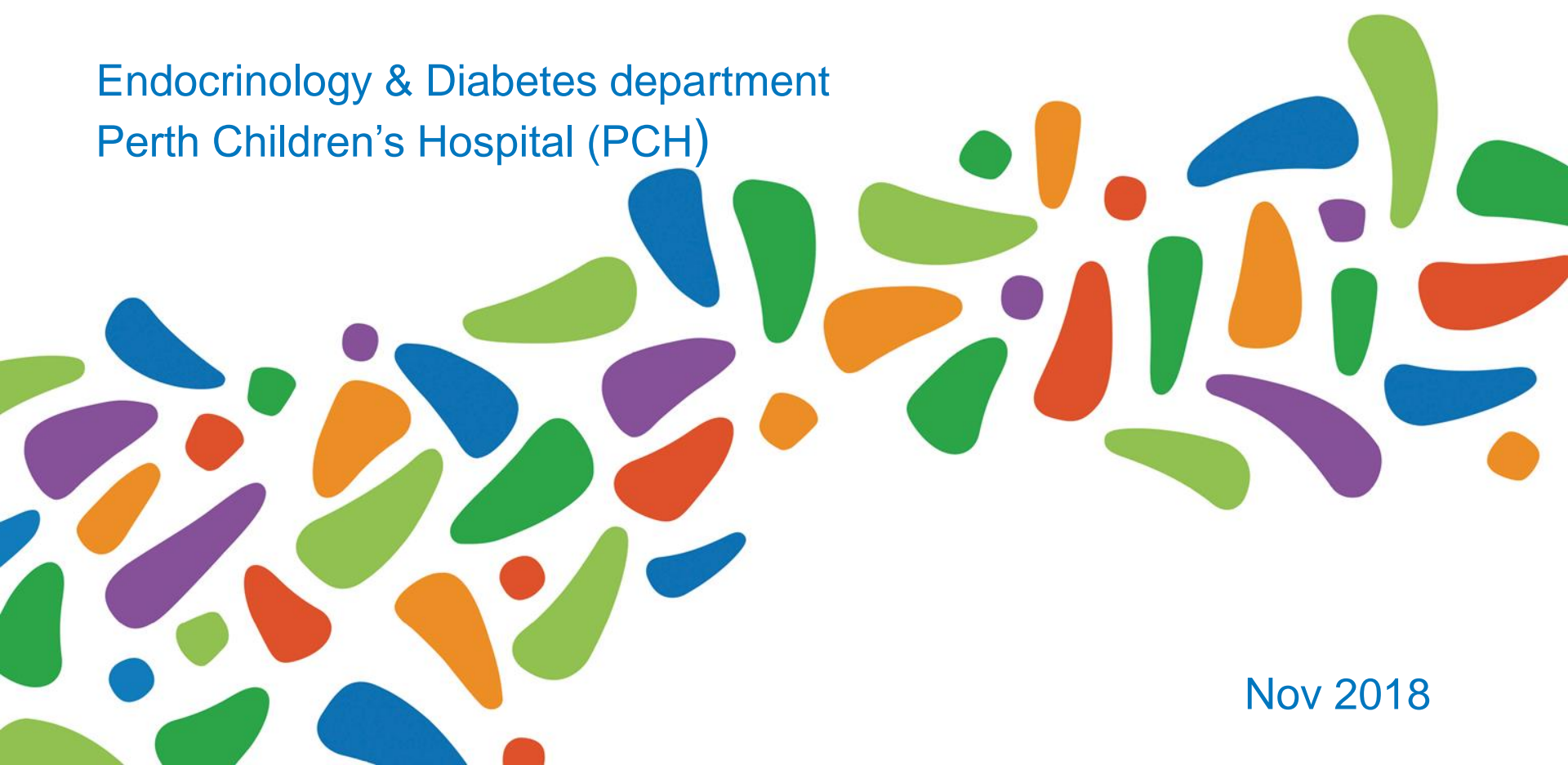
Government of **Western Australia**
Child and Adolescent Health Service



Diabetes and schools

Finding the balance

Endocrinology & Diabetes department
Perth Children's Hospital (PCH)



Nov 2018

Module 4

Diabetes and School

School of Special
Educational Needs
Medical & Mental Health



Liaison teachers' role

The Diabetes Team includes Diabetes Liaison Teachers from the 'School of Special Educational Needs – Medical and Mental Health'.

Their role includes:

- provide a communication link between health, education and other relevant agencies
- follow up school related issues for referred students
- assist schools to understand the best diabetes management processes so students can attend and participate despite health issues.

Written parent/guardian consent is required.

Best practice guidelines

- The recommendation is for students to do their Blood Glucose Level (BGL) check in the classroom so diabetes becomes a normal/routine part of their life. This practice can also help demystify diabetes for the other students.
- If the student is unwell or possibly has a low BGL, he/she should be treated where they are and not move to another part of the school. Walking when they are 'low' can lower their BGL further and may cause them to become unconscious. For this reason, the student should check their BGL in the class before walking to have their lunchtime injection, if they inject in a central area e.g. office or nurse's office.
- Diabetes BGL monitoring kit needs to be with the student at all times.
- Even if a student is independent with their diabetes management, several staff members should be trained in how to do BGL checks / manage a pump etc. in case the student is unable to do their own checks. In such an event, staff should have easy access to the student's monitoring equipment.

School's role

- Supervision of all Diabetes Management Tasks dependent on competency level of student
- Ensure that meal times are consistent each day
- Ensure that the food provided in the lunchbox is eaten at the appropriate times.
- Encourage parents to identify which foods are to be eaten at recess and lunch
- Supervise that 'food sharing' is not happening
- Be aware of what has and has not been eaten.



School's role

- Promote 'healthy lunch box' to the whole class / school and avoid having separate 'rules' for students with diabetes.
- More information for healthy foods in schools:
 - [Healthy food and drink, Department of Education](#)
 - [Eat for Health](#)



School supplies

School's should have the following supplies on site:

- Spare batteries for pump
- Hypo food for low BGL – enough for at least two treatments
- Insulin pen, spare insulin for pump, pump cannulas/sites, pump reservoirs.
- Sharps container
- Tell the parents when supplies need replenishing.

It is the responsibility of the parents/carer to give an injection and/or change a pump site. A school nurse may be able to administer the injection if needed with advice from parents or PCH (if parents are not contactable).

Extra supplies may be left at school if the student is able (and old enough) to change their own site and reservoir, or for parents to be able to come directly to school to administer an injection and change the site.

CGM / FGM & school

- Teachers and school staff are not expected to do more than the current routine diabetes care.
- CGM/FGM provides information about trends in glucose levels but it will not affect the care activities indicated in the Diabetes School Action and Management plans. There are specific plans for each device.

Please see the following websites for assistance and further information:

- <https://diabeteswa.com.au/professionals/training/diabetes-awareness-in-schools-2/diabetes-action-and-management-plans/>

Exercise

Exercise can cause low or high BGL depending on intensity & duration.

Find out from the parents the following:

- Does the child need a snack before or after exercise?
- Does the child's pump get disconnected for exercise or stay connected?
- How long can the child be disconnected from the pump?
- The pump will need to be disconnected for swimming.



This information should be completed on the student's diabetes management plan prior to exercise.

Excursions and camps

Excursions and camps require some forward planning for students with T1DM, but having diabetes should not exclude them from such activities as guided by the Disability Standards for Education 2005.

Excursions

Ensure the student's monitoring kit is with them at all times and not on a different bus etc. Also aim to have meal times on the excursion at the same time students usually eat at school.

Camps

Provide the parent with camp details e.g. menu and activities, as early as possible so they can discuss and plan for these with the PCH medical team (see Sample Camp Plan at Diabetes WA website (Diabetes Management and Action Plans). Finally, provide adequate carbohydrates at all meals and snacks because increased activity requires more carbohydrate.

Parties, birthdays and rewards

- If there is special occasion food e.g. birthday cake, children with diabetes can still have some but it is recommended that the cake is given to all children at the end of the day so all parents know what the child has been given to eat
- Speak to parents prior
- Try to encourage some healthier choices.
- Recommended drinks include: water, milk or diet/low joule drinks
- Avoid lollies, regular soft drinks and juice for all children
- Use alternatives to food rewards e.g. certificates and stickers.



External exams

The School Curriculum and Standards Authority recognise adjustments may be necessary for students with a diagnosed disability or health condition to access timed assessments equitably. This includes T1DM.

The Authority's Guidelines for Disability Adjustments for Timed Assessments document is available at <http://www.scsa.wa.edu.au> and schools should apply in advance for special provisions for all externally set assessments (e.g. NAPLAN, OLNA, WACE). It is advisable to check and record BG prior to (and during if unwell) WACE assessments as medical evidence in the event that an Application for Sickness/Misadventure is necessary.



Sickness/misadventure

If unable to adequately control diabetes during exam or if an exam is completed after diabetic episode a 'Sickness/Misadventure Application Form' should be submitted.

It is advisable to check and record BGL prior to (and during if unwell) during exams/assessments as medical evidence in the event that an Application for Sickness/Misadventure is necessary.



Glucagon

School staff should consider volunteering for Glucagon Injection training if the school is located more than 30 minutes from a reliable ambulance service (e.g. remote school or camp).



Resources

Websites

- [Perth Children's Hospital – Diabetes](#)
- [Diabetes WA – Diabetes action and management plans](#)
- [Children's Diabetes Centre – Telethon Kids Institute](#): provides a range of up to date resources related to Diabetes in school including websites and videos, for example:
 - [Cleo's Story: Managing Diabetes in School](#)
 - [Jasper's Story: Teenagers, Diabetes and Wellbeing](#)
 - [Diabetes: How to test your blood glucose levels](#)

Books

- [Mastering Diabetes in pre-schools and schools](#) is a pdf published by Diabetes Australia.
- [Coco Goes Back To School](#) is one of a series of interactive books which can be read by individual students or to a class to help students understand diabetes.

PCH Diabetes Department

PCH Diabetes Triage Nurse

Contact details:

Phone: (08) 6456 1111

Hours:

Monday - Friday

8.30am – 4.30pm

Press '2' – please leave a clear message

Consent will be required if discussing a specific child/adolescent.

General information can be given if required.

Email: pchdiabetestriage@health.wa.gov.au

School Special Educational Needs:

Medical and Mental Health Diabetes Liaison Teachers

Contact details:

Phone: (08) 6456 0383

Email: ssenmmh@education.wa.edu.au

Website: ssenmmh.wa.edu.au

PCH Diabetes Doctor On Call

Contact details:

Phone: (08) 9483 6959

PCH Switchboard: (08) 6456 2222

24 hours, emergencies only!

Helpful websites

- pch.health.wa.gov.au
- diabetes.telethonkids.org.au
- [Diabetes Management and Action Plans](#)

Module 4 Quiz

Diabetes and School

#	Question	True	False
1	All BGL checks should be done in the main office.		
2	It is important to test a BGL on arrival at school and after lunch.		
3	A CGM device completely replaces the need for any BGL finger pricks at school.		
4	Food rewards are ideal ways to reward students.		
5	A sick / vomiting child with T1DM must go home.		
6	Children with T1DM cannot engage in birthday parties or celebrations at school.		

Module 4

Quiz answers

1. False
2. False
3. False
4. False
5. True
6. False