

This Diabetes Management Plan (DMP) outlines the consented medical orders prescribed for this student with Type 1 Diabetes (T1D) while under the care and supervision of school or pre-school. These medical orders do not expire and are current for this student until replaced by the medical team and parent.

The school and the Education Authorities are legally responsible for providing safe systems of work, including the requisite education and training of school employees to fulfil these orders in accordance with legal and regulatory obligations.

Student Name: _____ Date of Birth: _____ Class: _____
D M Y

EMERGENCY CONTACTS

Parent A: _____ PH: _____

Parent B: _____ PH: _____

Diabetes Educator: _____ PH: _____

I hereby authorise medications and treatments specified on this plan to be administered according to the plan as consented by the parent/ guardian/patient

Doctor/Nurse Practitioner: _____ Signature/s: _____ Date: _____
D M Y

Parent/s: _____ Signature/s: _____ Date: _____
D M Y

This order is valid for students with T1D in school or pre-school and for those treated with either Insulin Pumps or Multiple Daily Injections and includes:

Diabetes Management Plan (DMP) – this document.

Emergency Response Plan.

Off Campus Requirements:

Minimum competency requirements and checklist

Off Campus planning infographic

Insulin delivery systems:

MDI

Insulin Pump

ISPAD Position Statement on Type 1 Diabetes in Schools

www.ispad.org/about/position-statements/type-1-diabetes-in-school.html

ISPAD Position Statement on Type 1 Diabetes in Schools Infographic

www.t1d.org.au/resources/ispad-infographic-diabetes-in-schools-2024

RECOMMENDED COMPETENCIES ON CAMPUS

The T1D diabetes e-learning courses for school employees (www.t1d.org.au) based on international (ISPAD) best practice are the required professional development for this student.

Level 1 Education – all school employees have a duty of care to all students, including those with T1D. The duty is to act immediately and escalate to a employee with the requisite training and qualifications.

Level 2 Education and Training - applicable to school employees who interact directly with the student with T1D and are likely to be required to respond immediately to medical events in the classroom and/or during other school-based activities. Those employees must understand the details of this Diabetes Management Plan and complete T1D specific first aid training on how and when to initiate treatment for high or low glucose levels and understand when and whom to call for additional assistance.

Level 3 Education and Training – Complex care of the student with T1D must be undertaken by an authorised health professional or non-medical employees with the appropriate student-specific education and the requisite training that provides qualification and authority as required in the local jurisdiction.

The medical team can provide education and recommend the competencies required for employees applicable to the individual student’s medical orders. However, this does not constitute training and does not authorise employees to be responsible for complex T1D care and the administration of insulin.

The medical team has no responsibility for the training and competence of school employees. That is the responsibility of the school as the employer.

Following consideration of this student’s health and safety needs, the long-term impact of high glucose levels, the need to maximise learning potential and the student’s capabilities, we recommend the following minimum competencies are required for the school to execute the complex care needs for this student on campus.

Drug administration foundations

Insulin injection - syringe

Insulin injection - pen

Insulin pump bolus

Insulin dose calculation foundations

Automated insulin delivery systems

Glucagon administration

Ketone testing

Line change foundations

Mini-dose glucagon

COELIAC DISEASE

This student also has coeliac disease so must avoid gluten (wheat).

YES

NO

CONTINUOUS GLUCOSE MONITORS (CGM)

CGM is now standard therapy for T1D and integrates with insulin pump and communication devices. All CGM systems allow remote glucose level monitoring by parent. Many students use smart phones or smart watches that **MUST be considered an essential adjunct to a medical device in the school environment.**

SELF MANAGEMENT SKILLS

Full support: All care performed by qualified / appropriately trained school staff.

Supervision: Assistance and supervision by qualified / appropriately trained staff.

Self-care: Student manages routine diabetes care requirements independently when well.

Qualified / appropriately trained school employees may still be required to provide full support and supervision where required and / or in the event of the student deemed self-caring becoming unable to do so whilst in the custody of the school.

DAILY REQUIREMENTS FOR SCHOOL/ PRESCHOOL

To keep a student with T1D free from foreseeable harm, the school is required to:

1. Successfully manage high and low glucose levels (outlined in Emergency Response Plan).
2. Ensure the student receive the prescribed dose of insulin. This requires:
 - a. Ensuring the correct glucose level is entered into the pump / bolus calculator.
 - b. Ensuring the correct carbohydrate amount is entered into the pump / bolus calculator.
 - c. Ensuring insulin is administered before eating.
 - d. Ensuring the food is consumed.
 - e. Adjusting insulin strategies for activities.

For this student, our recommended medical management is to:

Glucose level check	Remind	Observe	Assist	Perform
Glucose level entry into pump/bolus calculator	Remind	Observe	Assist	Perform
Carbohydrate entry into pump/bolus calculator (Insulin MUST always be administered before the student commences eating)	Remind	Observe	Assist	Perform
Ensuring food consumption	Remind	Observe	Assist	Perform
Activity/Exercise adjustments	Remind	Observe	Assist	Perform

GLUCOSE LEVEL CHECKS

Glucose levels vary with activity levels, stress, excitement, illness and food type/quantity.

Low glucose (hypo) symptoms	Always	After lunch
Exams	Prior and during exams	Before activity
Upon arrival to school		Before leaving school
Before morning snack		If unwell
After morning break		As necessary
Before lunch		

LOW GLUCOSE LEVELS

Low glucose levels result from too much insulin being administered – be it in the context of:

- some or all of the “dose-matched” food not consumed, or
- insulin dose administered late (during or after food consumed) or
- the amount of insulin required is less than expected because of activity/ exercise, or
- pump settings are incorrect.

ACTION - TREATMENT OF LOW GLUCOSE LEVEL

The medical orders for first aid treatment of low glucose levels are prescribed in the student’s Emergency Response Plan.

The management of glucose levels must be actioned without delay and should adhere to the prescribed treatment dose. Overtreatment must be avoided.

Treatment supplies for low glucose levels (“Hypo treatment”) must be accessible at all times including during recess, lunch and during activities. They are located:

In classroom under supervision With student Other _____

GLUCAGON

Glucagon is a safe medication that rapidly increases blood glucose levels. In Australia, it is only available as an intramuscular injection. Requirement for glucagon administration is now rare because of Automated Insulin Delivery Systems but remains the only emergency management for children who are unable to swallow after having received an excessive dose of insulin.

Advice that glucagon training / administration is not required if the school considers an ambulance may be accessible within a certain timeframe (e.g. 30 minutes) is ill informed, unsafe and is an unacceptable risk to the school’s workplace safety obligations. Where glucagon is prescribed for the student, the school must administer if required.

Glucagon has been prescribed for this student

Glucagon is located:

In classroom under supervision In first aid room In Office Other _____

Other individualised instructions for this student for low glucose levels:

HIGH GLUCOSE LEVEL

Medical orders for managing HIGH glucose levels are described in the Emergency Response Plan.

ACTION - HIGH GLUCOSE IN UNWELL STUDENT

Any student with T1D who is unwell **MUST** have blood glucose and blood ketone testing.

KETONE TESTING

Insulin deficiency will result in excess blood ketone production. Ketone levels can be measured using a finger-prick, ketone strips and a ketone testing device. Ketone testing and management is part of complex medical care training.

If a glucose level remains highly elevated (over 15mmol/l) for more than 2 hours, ketones must be tested, and parents notified of results. A ketone level over 0.6mmol/l must be reported to the parents or medically qualified professional for assessment.

ACTION – HIGH GLUCOSE IN WELL STUDENT

Occasionally, glucose levels may be high, especially after food, requiring observation without intervention.

Persistent high glucose levels are unsafe and unacceptable as foreseeable harm may occur:

- brain damage, impairing judgement, and learning (working memory, verbal comprehension).
- increase risk of long-term health complications and reduce life expectancy.

If the student is well and not feeling nauseated, continue classroom activities (i.e. do not send home/first aid room).

1. Question and document why the glucose level may be high. High glucose levels may be caused by :

- Not receiving sufficient (or any) insulin before food is consumed,
- Stress, excitement, menstruation, illness and some forms of exercise,
- If managed with insulin pump, the pump may not working be properly (tubing disconnected or blocked, insulin cartridge empty, battery flat).

2. A “correction bolus” of insulin may be required. If managed with an insulin pump, most pump systems will now automatically administer insulin if the glucose level is rising so inquiry into cause and observation may be all that is needed. If the pump is working and food bolus has been delivered before food, the amount of insulin required in a correction bolus is calculated by the computer within the pump. Correcting a high glucose level before exercise requires consideration.

3. Other instructions for high glucose levels for this student:

PHYSICAL ACTIVITY STRATEGY

Students with T1D should be encouraged and enabled to participate in physical activity with appropriate adjustments for safety and optimal performance.

Aerobic exercise (walking / swimming / jogging) usually results in a lower insulin requirement whereas sprinting (anaerobic), competition (adrenaline) and some resistance activities may increase glucose levels. Hence management should be individualised.

COMMON T1D EXERCISE STRATEGIES

1. Reduce insulin dosage before activity:

- a. Some pump systems allow an exercise mode / ease off / temporary basal that resets glucose target for a defined period of time.
- b. Parents may suggest a reduction in carbohydrate (“under-bolus”) amount to be entered into pump / bolus calculator if eating within 90 minutes of exercise for planned activity. This strategy must be used with caution in some AID systems as insulin delivery may be prompted by a rise in glucose levels.

2. Add carbohydrate:

- a. Additional carbohydrate (given WITHOUT insulin) may be required. This strategy may be the only option for non-planned exercise (see below). Again this strategy must be used with caution in some AID systems, as insulin delivery may be prompted by a rise in glucose levels.
- b. For prolonged exercise, there may be a glucose requirement of approximately 0.3g/kg/ hour that could be sipped to prevent lows glucose levels.

An insulin pump should stay connected for most activities but may be disconnected for up to 90 minutes for swimming, contact sports and vigorous activities. The disconnected pump MUST be handled with care by an adult school employee who must ensure the pump is reconnected after activity is complete.

Individual requirements for physical activity:

- Reduce carbohydrate amount.
- Provide additional carbohydrate.
- Activate the exercise mode.

Provide specific instructions in text box below:

COMMUNICATION

Communication strategies for the student with T1D should be clear, respectful, timely, and simple. Parents, and the student's medical team (with parental consent), should be accessible points of escalation for school employees. For continuity of care, the medical team contact should be identified for each student.

Positive outcomes for the student can be achieved with a mutually supportive approach with effective communication between parents and school, augmented by modern communication technology if available.

Communication requirements for this student:

PRIVACY

This Diabetes Management Plan contains private and confidential medical records and individual health information. This information cannot be shared with any third party without specific written parental / legal guardian consent.

CONSENT TO CONTACT STUDENT'S MEDICAL TEAM

The school must contact the parent in the first instance. I authorise school employees to contact my child's medical team about my child in the event of an emergency

Parent/s: _____ Signature/s: _____ Date: _____
D M Y