



FIRST AID POLICY – APPENDIX G (4)

Diabetes Management and Emergency Treatment Plan

For schools and preschools

This record is to be completed by parents/carers in consultation with their child's doctor (general practitioner) or a credentialed diabetes educator. Parents/carers should inform the school immediately if there are any changes to the plan. Please print your answers clearly in the blank spaces where indicated. This plan should be reviewed annually. Additional information about diabetes can be found in *Diabetes Information for Schools* flip chart. This chart can be obtained from *Diabetes Australia*.

The department collects the information contained in this form to provide or arrange first aid and other medical treatments for students. The information collected will be held at your child's school and will be made available to staff of the school and to medical or paramedical staff in the case of an accident or emergency. The information contained in the form is personal information and it will be stored, used and disclosed in accordance with the requirements of the *Privacy Act 1998(Cwth)*. Parents/carers note that in the absence of an Emergency Treatment Plan only standard First Aid should be administered.

Personal Details

Student's name:.....

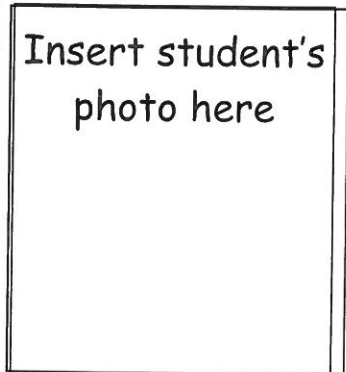
Sex: M F Date of birth:.....Year/Class.....

Emergency contact (e.g. parent, carer):

a.Name:.....Relationship:.....
Telephone No:.....(Hm).....(Wk/Mobile)

b.Name:.....Relationship:.....
Telephone No:.....(Hm).....(Wk/Mobile)

Doctor:.....Telephone No.....



Usual Diabetes Management and Emergency Treatment Plan

Schools have a legal responsibility to provide a safe environment and adequate supervision. For the student with diabetes this includes:

- ensuring supervising staff know of the student's diabetes and their routine and emergency support plans
- recognising that if the **student's behaviour is unusual it may be due to a low blood glucose level** and the student may require something to eat
- enabling the student to **eat meals or snacks on time**
- allowing the student to **eat at additional times, especially before exercise or an exam**
- allowing the student access to the toilet when requested outside usual times
- ensuring supervision if unwell. Students with **diabetes should never be sent to the sick bay alone or left unattended when feeling unwell**
- **if vomiting is present, contact the parents/carers. If this is not possible contact the school doctor or transfer the student by ambulance to hospital**
- **ensuring privacy** if testing blood glucose levels or injecting insulin at school
- providing a written log, as requested, of any episodes of hypoglycaemia and the action taken while supervised by staff

Individual Routine Support Needs

Is this student able to self manage their diabetes care? Yes No

If no, detail assistance requested from staff to support safety.

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Please detail the students usual signs of hypoglycaemia (low blood glucose level) and the action they typically take.
NB In severe cases of hypoglycaemia the student may not be able to assist themselves.

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Health and Safety Policy – First Aid

FAP2003 is the unique identifier of this document. It is the responsibility of the user to verify that this is the current and complete document, located at http://www.det.act.gov.au/publications_and_policies/policy_a-z

Record regular diabetes procedures that will be occurring at school eg blood glucose monitoring, insulin injections and any other relevant information.

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I verify that I have read the preferred Diabetes Emergency Treatment Plan and agree with its implementation.

Signature of Doctor:..... Date:..... Date of Plan:.....

Signature of Parent/Carer: Date:.....

a) I/We (Parent/carer)..... give permission for my/our child (Name)

1. to be treated in an emergency by staff at the school using the Diabetes Emergency Treatment if in their judgement it is required.
2. to be identified by a Student Medical Alert poster including a photograph of my child and personal information which is to be displayed in the school's first aid and medical treatment room/s, staff room/s and other locations as considered necessary. These locations will be discussed with the parents/carers prior to action.

b) As a parent/carer I will notify you in writing if there are any changes to these instructions.

Signed..... Dated.....

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