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Department of
Education & Training



The Royal Children's
Hospital Melbourne

Monash
Children's
Hospital



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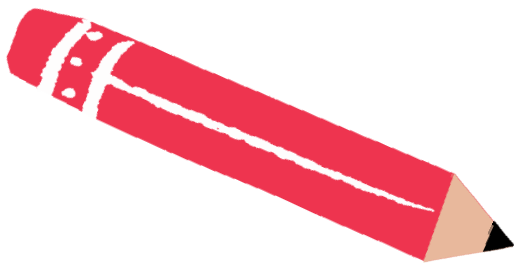
Welcome to your **type 1 diabetes** **in preschools and schools** resource

This resources is designed to help make sure the best care possible is provided for young people with type 1 diabetes attending preschool and school. As Australia's peak consumer body, Diabetes Australia in its administration of the NDSS is committed to reducing the impact of diabetes by working in partnership with diabetes health professionals, researchers and healthcare providers. We are also here to support you.

There are four important things to remember when putting the right support in place for young people with type 1 diabetes at preschool and school;

1 Every preschool and school across Australia has a duty of care to take reasonable steps to ensure that the health needs of all young people enrolled are met. There are different legislations, policies and plans in place in each state and territory regarding the ways preschools and schools meet these needs. It's important that you understand what your specific responsibilities are regarding the management of type 1 diabetes in your state or territory. What Care to Expect is a chapter in this resource with further information.





- 2 Every young person with type 1 diabetes should have a management plan developed by their family and their diabetes team, (which may include a paediatrician or endocrinologist, diabetes educator, dietitian, social worker) to use while at preschool or school.
- 3 It's important that key staff are encouraged to undertake professional development opportunities to support young people with type 1 diabetes in preschool or school.
- 4 Consultation will often be needed between families, preschool and school staff and the young person's diabetes team so that their needs can be met

Like you, we believe that every young person with type 1 diabetes is entitled to experience a nurturing environment in their preschool or school. Receiving the support they need to feel safe and happy will mean they can play, explore, develop and learn.

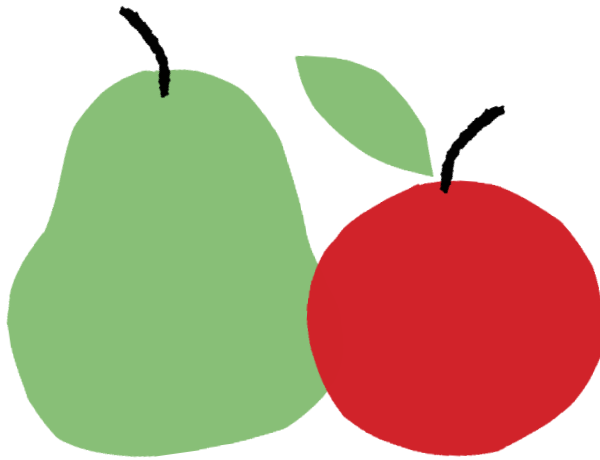
For more information about looking after a young person with type 1 diabetes in preschools and schools, ring the NDSS Helpline on 1300 136 588 to be connected to an operator in your state or territory.

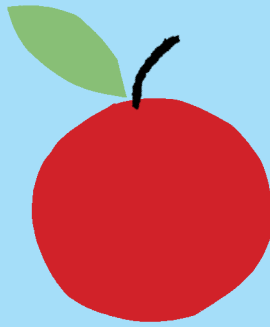
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1.

Looking after young people
with type 1 diabetes in
preschools and schools





It is essential that type 1 diabetes is managed as well as possible. This reduces the risk of emergency situations and long term complications.

Staff play an important role in supporting and encouraging a young person with type 1 diabetes to actively participate in preschool and school life. When their individual health needs are met, this provides a positive and safe environment for them to learn and grow.

How to use this resource

We have created this booklet to help you care for and support young people with type 1 diabetes at your school or preschool. This booklet has been divided into sections so you can easily find information when you need it.

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GLOSSARY

There are some abbreviated words and phrases that you will need to get familiar with when caring for a young person with type 1 diabetes. We've included some of the main ones below, which are mentioned throughout this booklet:



BG	Blood Glucose
BGLs	Blood Glucose Levels
HYPO	Hypoglycaemia or blood glucose levels below target
HIGH	Hyperglycaemia or blood glucose levels above target
KETOACIDOSIS	Dangerously high level of ketones in the blood
INSULIN PEN	Pen-like devices used to inject insulin under the skin. These have largely replaced syringes
INSULIN PUMP	A device used to deliver insulin, as an alternative to injections
CGM	Continuous Glucose Monitor, a device worn by the young person which continually monitors their glucose levels and can give alerts if levels are too low or too high
DIABETES TEAM	Health professionals involved in the young person's diabetes care (paediatrician or endocrinologist, diabetes educator, dietitian, social worker)
MANAGEMENT PLAN	A plan written by the diabetes team and the young person's family/carer to provide diabetes management information and guidance specific to the young person





GETTING STARTED

To start, you will need to know a little bit more about type 1 diabetes and the sorts of things that need to be in place at preschool or school.



To support young people with type 1 diabetes, your preschool or school needs to have:

- documentation (policies and plans) in place that are required by law in your state or territory
- up-to-date management plan written by the diabetes team and the young person's family
- professional development opportunities for staff to learn more about type 1 diabetes
- an understanding of funding opportunities for extra staff support (particularly for preschool aged children)
- a good working relationship with the young person, their family and their diabetes team

Young people with type 1 diabetes are just like other young people, only with extra responsibilities. Things like managing blood glucose levels, giving insulin, making good food choices and taking care when being active are daily tasks needed for good health.

At times, having to do these things can make them feel different to their peers. While many young people don't want to stand out or be treated differently, there may be times when they need extra help and support. Talking about their type 1 diabetes always needs to be done in a sensitive manner and confidentially.

It's important to remember that people with type 1 diabetes are not all the same. The way one person manages their type 1 diabetes will be different from another. This will depend partly on their age and developmental stage. As they get older, most young people will learn to manage their diabetes on their own. To support a young person with type 1 diabetes at your preschool or school you will need specific advice and information on their individual needs. This should come directly from their family and diabetes team.

Every young person with type 1 diabetes needs to have an up-to-date management plan. The plan needs to be developed by their family and their diabetes team. (The young person may be involved in the process depending on his or her age.)

The plan will then be signed by all relevant people and provided to the preschool or school. This plan needs to detail the young person's individual health care needs and be reviewed and updated at least once a year.

What is type 1 diabetes?

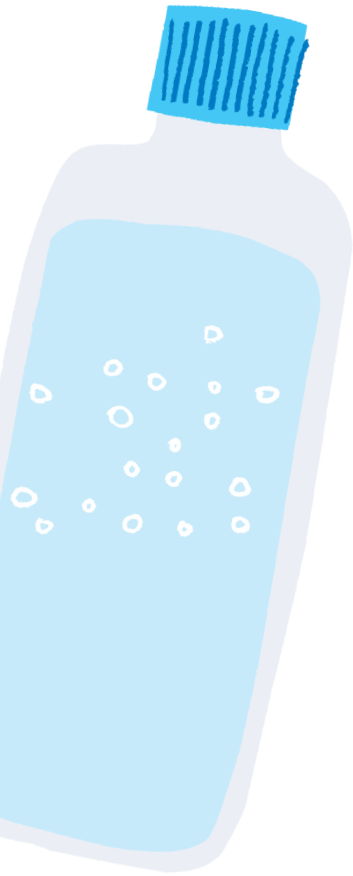
Type 1 diabetes develops when the pancreas stops producing insulin. Insulin is the hormone which transports glucose from the blood stream to the cells around the body where it is used for energy. Without insulin, glucose builds up in the blood stream (see section 'Hyperglycaemia') and can make a person extremely unwell. If someone is diagnosed with type 1 diabetes they must give insulin and check BGLs for life. Insulin is a lifesaving medication.

Type 1 diabetes usually develops before 40 years of age. It is the most common type of diabetes found in children and young people. It is one of the main types of diabetes. The other type of diabetes is type 2. Type 1 and type 2 diabetes are not the same, however both are lifelong health conditions. There is no known cure. The information in this booklet is specifically about young people with type 1 diabetes.



The 4 Ts of type 1 diabetes

If you work in a preschool or school, you might be in a position to spot the early signs that a young person could be developing type 1 diabetes. There are four common symptoms you can look out for. They are what we call the 4 Ts of type 1 diabetes diagnosis.



- **Toilet**
- **Thirsty**
- **Tired**
- **Thinner**

Signs of diabetes could include: noticing a young person is going to the toilet more frequently to pass urine; has increased thirst which they cannot quench; is more tired than usual; or is losing weight. This may be a medical emergency so don't delay! Notify the family immediately and suggest they seek further advice from a medical doctor as soon as possible.

INSULIN AND CHECKING

People with type 1 diabetes cannot produce insulin, which means they must take insulin and check their BGLs regularly.

Insulin

Insulin is a hormone made by cells (called beta cells) in the pancreas. When a person without type 1 diabetes eats, the carbohydrate is converted to glucose in the stomach. The glucose is absorbed into the bloodstream. Insulin is released into the bloodstream to move the glucose into the cells. Cells use this glucose as a source of energy. All cells within the body need energy in order to survive. Insulin also helps store excess glucose in the liver.

Administration of insulin

Insulin cannot be swallowed like a tablet. It has to be injected or given via an insulin pump. Many young people with type 1 diabetes will need to have an injection of insulin at lunch time; this will likely be delivered using an insulin pen. Some young people will be able to do this for themselves. Others may need supervision or assistance. It is important that this injection is taken on time prior to food if it is recommended at this time of the day.

Some people will use an insulin pump. This is an expensive, small computerised device that looks like a pager. It delivers insulin automatically and continuously 24 hours a day. This occurs via a small cannula that sits under the skin and through a thin tube that runs from this site to the pump device. Extra doses of insulin are given at meal times and when BGLs are high by entering information into the pump. Young people may need assistance or supervision with this task depending on their age and developmental stage.

How and when the young person gives insulin and the degree of assistance they may need must be detailed in their management plan. Staff working at preschools and schools are not legally obligated to assist in giving insulin. If the young person needs assistance, arrangements need to be made with staff members responsible for their education and care. This should involve the staff member's employer, the family and possibly the diabetes team.

Consideration should also be taken on how and where insulin is stored. Discuss this with the family and diabetes team.

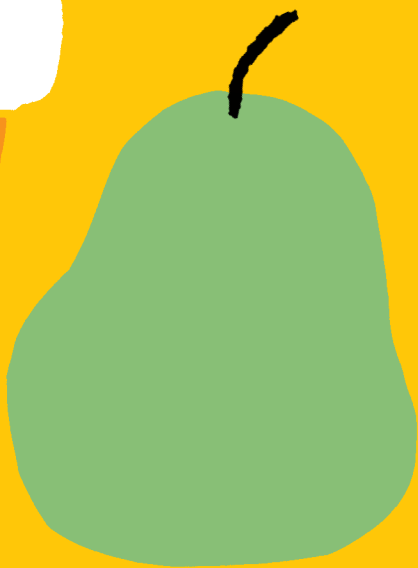
Blood glucose checking

Regular blood glucose checking with a blood glucose meter is the only way to know if the blood glucose levels are in range, too high or too low. This information is vital to keep levels in a specified target range. These levels may be the only indicator that action is required to correct a low or high level. It is important to allow the young person to carry any necessary equipment and supplies with them at all times. Their BG targets, times to check and any help they require needs to be detailed in their management plan. It is essential that a young person can check their BGLs anywhere, whenever needed, and that this is not restricted to the sick bay.

Some young people may wear a continuous glucose monitor (CGM). This is a small sensor and transmitter system that remains attached to them 24 hours a day. It detects and transmits glucose readings every few minutes to their insulin pump or a stand-alone receiver and can alert them to glucose levels that are too low or too high.

The specific support a young person needs with their blood glucose monitoring must be explained in their management plan. Younger children and infants may need to have their BGL checked while attending preschool or school and in most cases this task will need to be performed by a staff member. Specific arrangements need to be discussed and negotiated with the family, diabetes team, and the preschool or school.





EATING

No food is off limits just because a young person has type 1 diabetes. However, food and drink choices can affect their blood glucose levels and how their type 1 diabetes needs to be managed.

Food

Young people with type 1 diabetes should follow the same nutrition guidelines that are recommended for all people— food that is low in saturated fat, salt and added sugar. It is recommended that children eat five serves of fruit and vegetables each day. No food is out of bounds, including lollies and other sugary foods. Too many lollies and chocolates aren't good for anyone, so they should be a treat rather than a regular snack. Artificially sweetened foods are not recommended because they may still affect BGLs, can cause digestive upsets and are expensive.

Young people with type 1 diabetes don't need to be left out from activities that involve treats unless advised by their family or diabetes team. Telling the families ahead of time that treats may be offered will give them time to plan changes to their treatment so the young person can be included.

For further information about healthy food choices:



Eat For Health Australia |

Carb counting

All people using an insulin pump and most of those using multiple daily injections will match their insulin to the amount of carbohydrate* in the food they are about to eat.

All food needs to have its carbohydrate amounts measured before being brought to preschool or school, with each food item clearly labelled with the grams of carbohydrate using a sticker or something similar. Some young people may also measure their carbohydrate intake using "portions", "exchanges" or "serves". Either way, staff may need to oversee food intake at meal times. This information needs to be included in the management plan and the young person's family and diabetes team need to provide guidance. This is particularly so when the child is too young to read or count.

Coeliac disease

Young people with type 1 diabetes are at a higher risk of developing coeliac disease, so the young person you are educating or caring for may have both conditions. Coeliac disease is an autoimmune condition where the body becomes intolerant to gluten. Gluten is found in wheat, rye, barley and oats. This means that people who have coeliac disease need to follow a strict gluten free diet, including foods used for hypo treatment.

For further information on coeliac disease and gluten free diets:



Coeliac Australia |

Snacks

Young people with type 1 diabetes may need snacks between meals. Snacks may need to be eaten during class time. The choice of snack will depend on the individual and could include:

- a piece of fresh fruit (banana or apple)
- a handful of dried fruit
- a muesli bar
- 1 cup of plain air popped popcorn
- 30 grams of pretzels
- 1 tub of low fat yoghurt

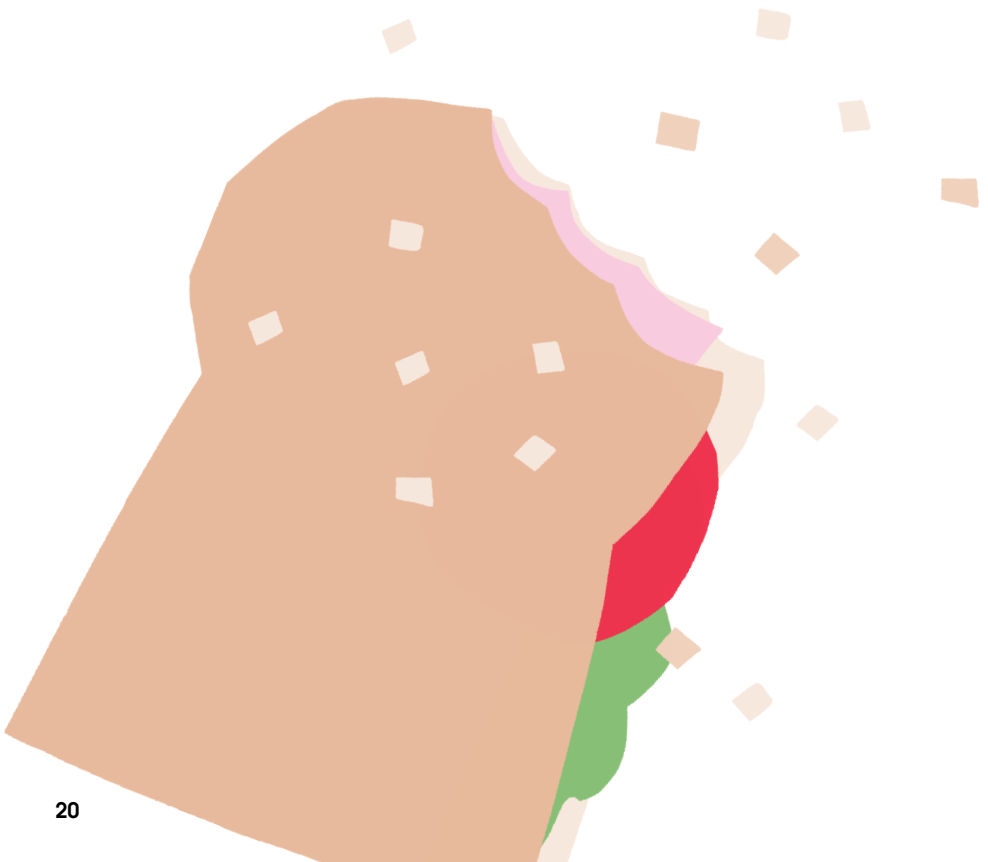
Older children who take insulin with meals or who are on an insulin pump may not need snacks between meals. The child's family or diabetes team will advise on whether and when their child needs snacks and which snack is most appropriate. In the case of younger children and infants, it is important to ensure meals and snacks are fully eaten as this can have an effect on their BGLs.

*** Carbohydrates include wholegrain bread and cereals, starchy vegetables (such as corn or potato), pasta, rice, beans and lentils, fruit or low fat milk and yogurt.**

Eating times

Young people who take short-acting insulin with every meal can usually be flexible with their eating times. If a young person takes only two injections of mixed insulin per day, they need to eat carbohydrate foods at every meal and in snacks. These carbohydrate foods need to be spread evenly over the day, usually as three meals and three snacks. This will help keep BGLs stable. It's important to know if there are specific times when the young person needs to eat. Make sure they keep to these times, as a missed or delayed meal or snack could lead to hypoglycaemia (see 'Hypoglycaemia' section). Having enough time to eat is also important.

It will be helpful to include the preschool or school timetable in discussions regarding eating. It may be possible for the diabetes team to make changes to the young person's insulin regime to fit in with school or preschool meal times. Specific advice needs to be included in the management plan.



HIGHS AND LOWS

Most young people with type 1 diabetes won't be absent from preschool or school more often than those without diabetes. However, they may start to feel unwell if their BGLs are too high or too low. Here are some of the things to be aware of and look out for.

Hypoglycaemia (hypo)

Hypoglycaemia (low blood glucose) happens when BGLs fall below 4.0 mmol/L. This requires immediate treatment. If left untreated, the BGLs may continue to fall and the person could become unconscious or have a seizure. Most young people and their families will call this a 'hypo'. All people with type 1 diabetes are likely to have mild hypos from time to time and they can come on very quickly.

Some reasons hypoglycaemia occurs are because:

- too much insulin has been given
- not enough carbohydrate has been eaten at a meal or snack
- a meal or snack has been delayed or missed
- insulin has been given for a meal but the meal has not been eaten
- there has been unplanned physical activity
- the young person has been more stressed or excited than usual; this happens particularly in younger children.

Sometimes there is no obvious cause.

It is useful to inform all staff of the signs of a hypo and what needs to happen should a young person with type 1 diabetes have one.



How to recognise a hypo

Most people with type 1 diabetes will have warning signs and symptoms of a hypo. These will vary between individuals, may change over time or be lacking altogether (hypo unawareness). These warning signs and symptoms can include:

Change in behaviour

- Angry
- Quiet
- Crying

Looks or feels like they are frightened

- Appears pale
- Feels shaky
(trembly / dizzy / headache)
- Palpitations (heart racing)

Feels hungry

There may be no obvious signs or symptoms

- BGL check shows the level is below 4.0 mmol/L

Symptoms can vary between each young person with type 1 diabetes, and their family can tell you what their child's warning signs are. They will also be detailed in the individual management plan. Symptoms can sometimes change when the young person is having a change in treatment; for example, moving from injections to an insulin pump.

Treating a hypo

Hypos need to be treated as a medical emergency — left untreated, the BGLs may continue to fall and the young person could become unconscious or have a seizure. Please refer to the individual management plan for details of the treatment of severe hypoglycaemia (hypo).

How to respond to hypoglycaemia

- Provide adult supervision at all times (until the young person has recovered).
- Bring all hypo recovery treatment to the young person and treat on the spot; don't move them to another area.
- Check the BGL if possible, to confirm it is low.
- If no meter available, treat as a hypo if symptoms are present.
- Give them 10–15 grams of fast-acting carbohydrate (e.g. five Glucojel jelly beans or the treatment supplied by the family).
- Check the BGL 10–15 minutes after the fast-acting carbohydrate has been consumed to check that the BGL has risen.
- Continue to repeat the last two steps until the BGL is over 4.0 mmol/L.
- Check the management plan to see if a slow-acting follow up carbohydrate also needs to be given (e.g. half a sandwich or the treatment supplied by the family).

The management plan will give individualised treatment advice.

Once a hypo has been treated and the blood glucose is above 4.0mmol/L, the young person could continue with what they were doing. However it can take 45 minutes to recover and it's important to note that their concentration and mental function may be reduced during this time.

Some young people will know when they are having a hypo and will treat it themselves. Others, especially if they are younger, newly diagnosed or have learning difficulties, might need help. It is important for staff to observe the young person and record changes in behaviour that may be indicative of a hypo.

Young people need to have easy access to their hypo treatments and be allowed to eat or drink whenever they need to prevent or treat a hypo.



Seizures and unconsciousness

In the unlikely event a young person has a seizure or loses consciousness, initiate DRSABCD (Danger, Response, Send for help, Airway, Breathing, CPR, Defibrillation).

To help prevent airway blockage:

- Do not give anything by mouth.
- Place them in the recovery position (on their side).
- Ring an ambulance and tell them the person has type 1 diabetes.
- Contact their family.

All families have access to an injection of glucagon which can be given if their child becomes unconscious due to a severe hypo. Glucagon is a natural hormone created in the liver and is generally safe to administer. In some cases this will be available in preschools and schools. The diabetes team will advise on whether this is necessary and if so training will need to be provided to staff.

For further information on glucagon injections:



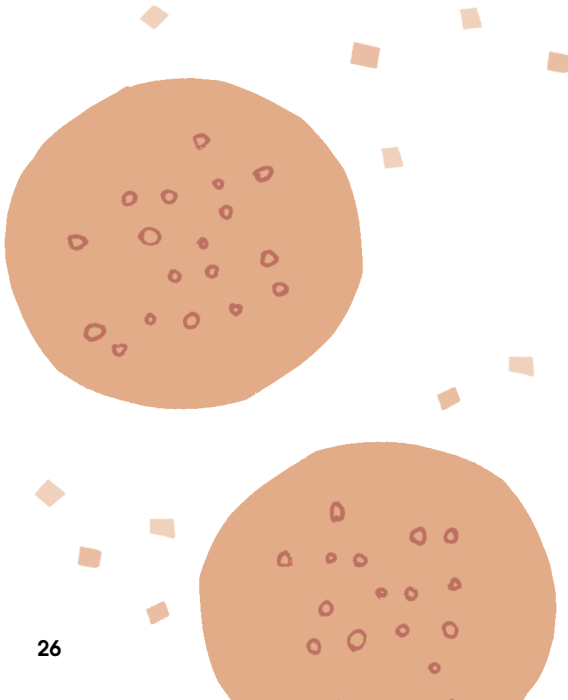
Novo Nordisk Glucagen HypoKit Australia |

Hyperglycaemia

Hyperglycaemia happens when BGLs rise too high. This level is determined by the diabetes team on an individual basis but a BGL over 15mmol/L is usually considered too high. Sustained high BGLs can have an impact on long-term health so it is important to avoid this where possible. However, all people with type 1 diabetes are likely to have transient high BGLs at times.

Some of the reasons why hyperglycaemia may occur include:

- insulin not being given in the appropriate amounts (not enough insulin or a missed dose)
- too much carbohydrate eaten without taking extra insulin (e.g. a bigger meal or extra food)
- reduced activity levels
- an illness or infection
- stress or emotions
- as a side effect of some other medications.



How to recognise hyperglycaemia

The symptoms of hyperglycaemia don't come on quickly. They generally build up over a period of hours. They can include:

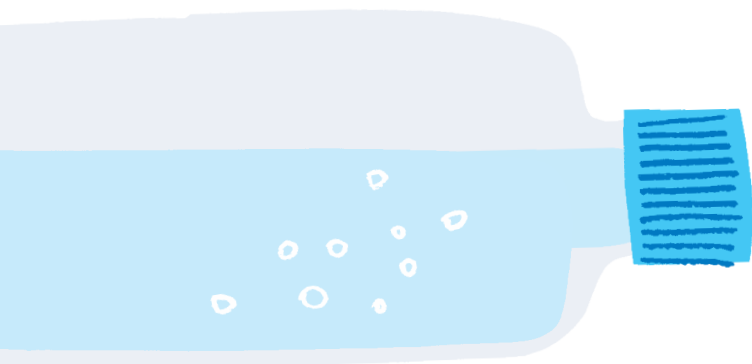
- increased thirst
- need to go to the toilet more often (to urinate)
- fatigue and lethargy
- feeling sick
- stomach ache
- lack of concentration
- irritability
- blurred vision.

If a young person starts to develop these symptoms, it means that something has changed in the insulin-glucose balance. Transient high BGLs are common and generally quite easy to resolve. However if BGLs remain high this can be a sign of illness or infection, or that the young person's insulin needs have changed (for example, due to a growth spurt) and need reviewing by their diabetes team.

Recognising and treating hyperglycemia is important because if a young person with type 1 diabetes doesn't have enough insulin, their body starts to break down its fat stores as an alternative energy source. This produces acid by-products called ketones, which are harmful to the body when they build up. The body then tries to get rid of them through urine and the lungs, so you might smell ketones on their breath - it smells like nail polish remover. It's recommended that the family provides equipment to check blood or urine ketone levels. Please refer to their management plan for further instruction.

Treating hyperglycaemia

If BGLs are high only for a short time, treatment may not be needed. But if their BGL has been high for longer than two to four hours, treatment will most likely be required to reduce the risk of ketoacidosis.



How to respond to hyperglycaemia

- give extra doses of insulin (refer to management plan for individualised treatment advice)
- give plenty of water, especially if the BGL is over 15.0 mmol/L
- allow the young person to use the toilet whenever they need to
- do not encourage extra exercise to lower BGLs
- consider checking the blood or urine for ketones if the BGL is over 15.0 mmol/L

Small levels of ketones can be normal in all people. If ketones are present in either the blood or urine, refer to their diabetes management plan for further instruction. Urine ketone levels above 6.0 mmol/L and blood ketone levels above 0.6 mmol/L can indicate serious problems developing. **If you cannot get in contact with the young person's family or diabetes team you need to ring an ambulance.**

NB.

Both hypos and hypers can affect a person's behaviour.

If a young person with type 1 diabetes is behaving out of character, it's important to check their BGLs.

INCLUSION



Type 1 diabetes doesn't need to stop a person from being involved in any element of preschool or school life. There are a number of things to consider to ensure they are given the same education and opportunities as their peers.

Physical activity

Exercise and physical activity is good for everyone, including young people with type 1 diabetes. The majority of people with type 1 diabetes are able to enjoy all kinds of physical activity including participating in sport at a competitive level. They just need to plan for physical activity because all forms of activity use up glucose. This can mean that their BGL falls low and they might have a hypo.

If their BGL is high before getting active, physical activity may make it rise even higher. This is because the body doesn't have enough insulin to move the glucose into the muscles and cells, and the liver also releases stored glucose to respond to physical activity.

The way a young person with type 1 diabetes prepares for activity will vary depending on:

- their current BGL
- when they last took insulin
- when they last ate
- the type of physical activity they'll be doing
- the timing and duration of the activity

They may need to:

- check their blood glucose more regularly
- alter their insulin dose
- depending on the activity, inject in a particular site to avoid rapid absorption
- have an extra snack before, during or after the activity
- ensure good fluid intake

For younger children, play can be as active as organised sport for older children. Preschool and school staff need to talk with the young person's family or diabetes team who will advise on the specific preparation needed. Details should also be included in the diabetes management plan.

Excursions

Differences in activity levels and food intake on preschool or school excursions can affect a young person's BGLs. Extra activity or eating less can make BGLs drop, whereas eating more or different foods can make them rise. Excitement can make their BGLs go either way depending on the individual! This can be successfully managed with advice from the family or diabetes team. It's therefore important to discuss the excursion with them ahead of time so that any necessary changes to the young person's diabetes management can be planned.

Plan ahead and consider the following:

- Decide if a member of the family needs to attend the excursion or allocate an adult buddy to the young person.
- Pack a copy of the diabetes management plan.
- Make sure there are appropriate supplies of blood glucose test strips and insulin administration equipment, carbohydrate and hypo food for the duration of the excursion, including back-up supplies in the event of delays.
- Make sure the young person is carrying or wearing personal medical identification.
- BG checking equipment and hypo food must be carried or be accessible by the young person at all times (particularly while in transit).
- Inform any external organisations involved that the young person may need to eat at any time during the excursion for medical reasons.
- Check where local medical and emergency services are if the excursion is in a remote location.

If the young person can't do their own BG checks, injections, or operate their insulin pump, these tasks will need to be done by a trained adult buddy. This person needs to meet with the young person's family and/or diabetes team well in advance of the excursion to discuss what health support is required and how they will assist. It is essential that the adult buddy has the appropriate skills and confidence to manage type 1 diabetes.

The individual management plan needs to be used during excursions in the same way it is used in the preschool or school.

Overnight camps

A separate management plan for camps must be prepared by the diabetes team well in advance of the camp. This plan needs to be tailored for camp life which will most likely be a different schedule of activities and meals to their usual school day. Use the tips for planning excursions to help you in planning for camps.

Exams

Young people with type 1 diabetes perform better during tests and exams when their diabetes is well managed. Both high and low BGLs can affect their concentration and mental performance. It's therefore important to have a plan in place for exams, which should be included in their management plan. For example they may need to have access to food and blood glucose checking equipment, as well as extra time if they need to stop and treat a hypo. Most states and territories have set allowances for major exam settings to cater for the needs of people with type 1 diabetes. Make sure the young person and their family are aware of this and that they fill out the necessary paperwork before these exams.

For further information on a young person's rights during exam periods:



Type 1 diabetes and school exams <in your state or territory>



2.

What care to expect from
preschools and schools



As Australia's peak consumer body, Diabetes Australia in its administration of the NDSS is committed to reducing the impact of diabetes by working in partnership with diabetes health professionals, researchers and healthcare providers. Like you, we believe that every young person with type 1 diabetes is entitled to experience a nurturing environment in their preschool or school. Receiving the support they need to feel safe and happy will mean they can have fun, explore, develop and learn alongside their peers.

Here is some information to help you understand what care a young person with type 1 diabetes can expect in an educational setting.

Every preschool and school across Australia has a duty of care to take reasonable steps to ensure that health needs of all children enrolled are met. There are different legislations, policies and plans in place in each state and territory regarding the way preschools and schools meet these needs. It's important that you understand what your preschool's or school's responsibilities are regarding the management of type 1 diabetes in your state and territory. We have included some guiding principles that you can discuss with your child's preschool or school.

National Quality Framework for early childhood and outside school hours care

The National Quality Framework (NQF), established in 2012, is the result of an agreement between all Australian governments to work together to provide better educational and developmental outcomes for children using education and care services. A key part of the NQF is the National Quality Standard (NQS) which includes seven quality areas against which children's education and care services are assessed and rated. One of these areas is children's health and safety and this includes providing for the needs of children with medical conditions such as type 1 diabetes.

These new laws apply to early childhood education and care, and outside school hours care services in Australia including long day care, family day care, outside school hours care and some preschools/ kindergartens. The laws

require all such services which provide or intend to provide education and care on a regular basis to children under the age of 13 to have a diabetes policy in place. Services which do not meet the requirements can be fined.

Educational and care services must make sure that:

- families provide a medical management plan that includes details about their child's diabetes management at school or preschool and any support they will need.
- families let the school or preschool know about any changes to the medical management plan.
- staff follow a child's individual medical plan, document their actions and communicate these to the child's family.
- in the case of an emergency, staff have procedures in place which must include contacting the families.

For further information about national legal requirements:



Australian Children's Education and Quality Authority |

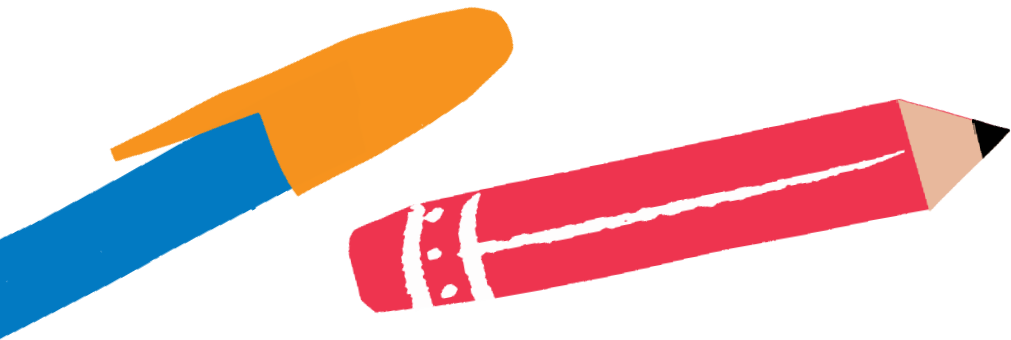
Legal requirements for preschools and schools

Each state and territory has its own unique set of regulations, policies, plans and procedures to provide education and care for all young people with type 1 diabetes.

For further information about state and territory legal requirements:



Type 1 diabetes in schools <in your state or territory> |

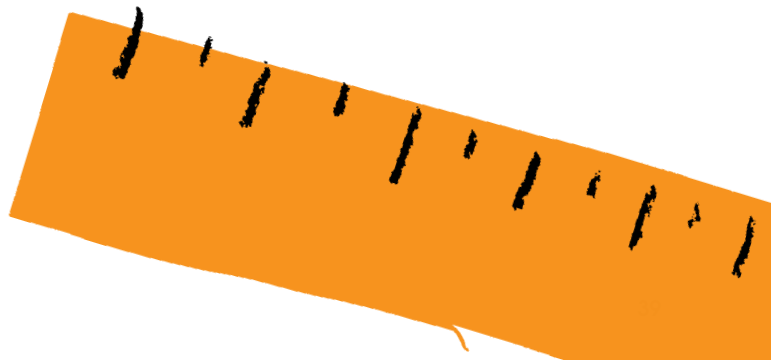


Guiding principles

Listed below are a set of standards to help preschools and schools understand what they need to do, to provide young people with type 1 diabetes with a safe environment to receive education and care:

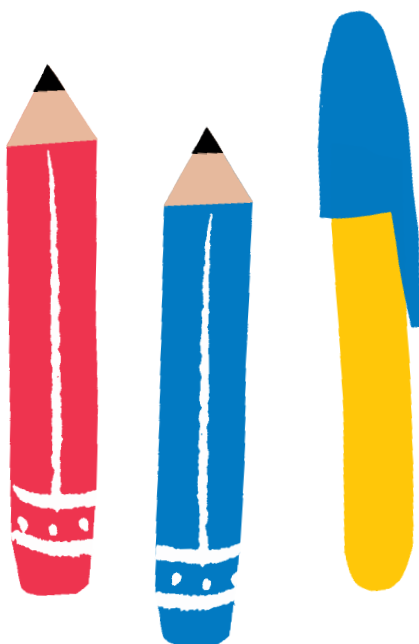
- Every young person with type 1 diabetes has a current individual diabetes management plan written by their diabetes health care team, including details about what their health needs are and who will support them.
- Every young person with type 1 diabetes needs to be listened to and their views taken into account since the way each young person and their family manages their type 1 diabetes is individual.
- Every young person with type 1 diabetes is allowed to attend to their diabetes management activities, in public or private, anywhere and anytime they wish.
- When insulin needs to be given during preschool or school hours, especially for younger children and those who are newly diagnosed, a decision needs to be made about what help the child might need and who will provide this.
- Every young person with type 1 diabetes is included in all parts of the preschool or school curriculum and has equal access to all extracurricular activities, including day excursions and overnight school camps.
- Funding opportunities exist to provide extra staff support (or aides) to children with type 1 diabetes. Investigate the possibilities with your state or territory department of education. This can be particularly useful if the child is young or has a disability.

- Young people with type 1 diabetes may need special provisions put in place for exams or assessments so they are given the best chance to perform well.
- Staff involved in the care and education of a young person with type 1 diabetes have the appropriate knowledge and confidence to support them.
- Preschools and schools have staff available at all times who are aware of what to do in an emergency for the young person with type 1 diabetes. It is crucial to plan ahead for staff absences.
- Every young person with type 1 diabetes needs to be supported by an adult when having a hypo and be able to eat or drink whenever needed, to prevent or treat a hypo.
- Schools and preschools need to ensure that families have provided up to date information about their child's health needs and all supplies needed to manage their type 1 diabetes at preschool or school.
- Young people with type 1 diabetes should be free to attend medical appointments during school hours when necessary.
- Preschools, schools and families need to agree on how they will communicate about the young person's diabetes.
- Preschools and schools, local authorities and health professionals work together to make sure they meet the needs of young people with type 1 diabetes.



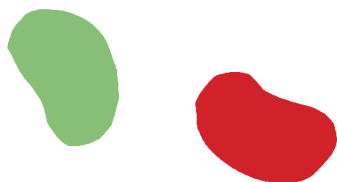
3.

Meeting with your child's
preschool or school



It's understandable and common to be worried about your child going to preschool or school. Staff may also have concerns about how to support your child, especially if type 1 diabetes is new to them.

This resource offers suggestions to address these worries and concerns.



For preschool and school staff, their training courses include general information about type 1 diabetes, but unless a staff member has had personal experiences of, or taught or cared for a child with type 1 diabetes in the past, their knowledge may be limited. By taking part in diabetes education opportunities they can develop the skills to manage type 1 diabetes in a preschool or school setting. Along with information and support from you and your child's diabetes team, staff will be able to look after your child and their specific needs.

That's why it's vital that everyone involved in your child's diabetes care at their preschool or school meets at least once a year or more often if necessary. These meetings are the best time to discuss how to provide your child with the health support needed and who will be responsible for doing so. They are also an opportunity to update staff on any changes in your child's diabetes management. Your child's management plan is the key document to use during these meetings.



Let your child's preschool or school know

Generally it will be you who tells your child's preschool or school about your child's type 1 diabetes. If your child is newly diagnosed, you need to inform the school or preschool as soon as possible. If they're starting at a new preschool or school this needs to be done at the time of enrolment and again when their place is confirmed. When choosing a school or preschool, it's worth asking to view any relevant policies and procedures, investigate funding opportunities for additional staff and whether they have had any previous experience managing children with type 1 diabetes.

Attend a meeting with preschool and school staff

Your first meeting with the school or preschool staff is to ensure there is a clear understanding of the level of support that your child needs. This should include discussion of your child's management plan and the importance of notifying relevant staff that your child has type 1 diabetes.

Make sure that someone takes notes at the meeting. A good way to make progress is to record decisions and actions, noting the people responsible and a timeline for the actions. It's important to make it clear that you will develop the management plan with your child's diabetes team and you will provide it to the school or preschool. This will need to be done by you before the school or preschool year begins, or as soon as possible if your child is diagnosed during the year.

Preparing for the meeting with your preschool or school staff

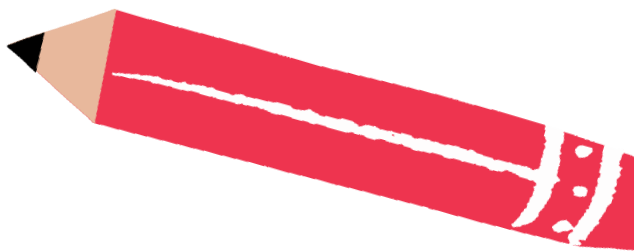
It's important to prepare for any meeting with the key staff at your child's preschool or school. There's a lot to discuss and there are plenty of things to consider.

Here are some points to help you prepare for the meeting:

- Make a list of all of the diabetes-related tasks your child will need help with.
- Get a copy of the preschool or school timetable and decide whether your child's current insulin routine and eating habits fit in well, or if you need to discuss changes that could be made. Your child's diabetes team can give you ideas.
- Think about tasks like hand washing, sharps disposal, storage of equipment and supplies, and access to the sick bay, and consider whether the buildings and the location of facilities could present any problems for your child.
- Read any relevant policies, procedures and/or plans in place at your child's preschool or school. Make notes to provide helpful feedback if you feel there's not enough information.

Who should be at the meeting?

- You and any other member of your family directly involved in the daily management of your child's diabetes. If there's shared custody for your child, all parties need to be present to ensure that everyone is using the same strategies to help manage your child's diabetes.
- Your child may wish to attend however their age needs to be carefully considered. For example, it may not be helpful for younger children to attend.
- The most relevant staff members. For preschools this may include the Director or Centre Manager as well as educators and carers. For schools this may include the Principal or Vice Principal as well as the classroom



teacher, and possibly the Physical Education teacher and staff involved in student welfare. Those in attendance need to be able to make agreements on behalf of the preschool or school.

- If applicable, before or after-school care staff.
- It's unrealistic to expect former teachers or support staff to attend these meetings, however their input could be valuable. If your child is moving between preschools or schools, it may be helpful for them to speak to the new staff involved in your child's education and care. You can give permission for them to share information over the phone.

Tips for a productive meeting

- Do your homework. Make notes about any concerns you wish to talk about as well as the questions you would like answered.
- Be confident to ask for what you want and be ready to talk about your child's needs.
- Recognise that type 1 diabetes may be new to the preschool or school staff. It may be useful to recall how you felt at the time of diagnosis.
- Show the staff that you appreciate that there's a lot to learn about type 1 diabetes.
- Acknowledge that looking after a child with type 1 diabetes at preschool or school is a complex situation and it will take some getting used to.
- Listen to what others have to say.
- Stay focused on the discussion, concentrate on the relevant issues and try not to get side tracked.
- Be clear on actions; who is responsible for what and the time frame for completion.

What to talk about at the meeting

Before the meeting think about the following points and discuss them with your child's diabetes team. This will help you explain the support your child needs. Together with your child's diabetes team write the management plan for your child's school or preschool.

1. Professional development

You may like to let the school or preschool know about appropriate professional development opportunities available for staff to learn more about type 1 diabetes.

2. Looking after young people with type 1 diabetes

Use the resource entitled, 'Looking after young people with type 1 diabetes in preschools and schools' to help you discuss how to manage type 1 diabetes. It covers topics such as:

- What is type 1 diabetes?
- Blood glucose checking and insulin administration
- Food, carbohydrate counting and coeliac disease (where applicable)
- Hypoglycaemia and hyperglycaemia management
- Managing diabetes during physical activities, excursions, camps and exams (where applicable)

3. Your child's management plan

Use your child's management plan to highlight the specific needs of your child regarding their type 1 diabetes.

4. Communication

You and the preschool or school staff will need to find a way of communicating with each other that works for both of you. All communications need to be clear, direct and in writing. This may be through a communication book where you and the staff can detail any relevant events and information. We have included one in the Preschools and Schools resource to provide a ready-made example of what might work. You may also want to communicate by text message, phone call or email.

There may also be times during the day when you might need to be called. Let the school or preschool know in what situations you would like to be contacted. Keep the school aware of any changes to your contact numbers or those of the alternate adult you have nominated.

Find out who will be your main contact person at the preschool or school and the best way of getting hold of them. This is to ensure that any information reaches the right person who is caring for your child with type 1 diabetes.

5. Equipment

Make sure the preschool or school staff have all the equipment needed to look after your child. Decide where all of your child's diabetes equipment will be kept or if it is to be carried with them. Provide back-up equipment and supplies to the school or preschool and decide where these will be kept. This all needs to be documented in your child's management plan.



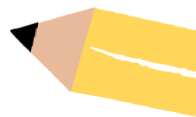


4.

Talking with families



When a young person with type 1 diabetes joins your preschool or school, or has recently been diagnosed with type 1 diabetes, it is important to set up a meeting with their family as soon as possible.



Everyone's type 1 diabetes is different and the level and type of health support varies from individual to individual. That's why it's important to speak to the young person and their family as soon as you can.

They'll be able to explain the health support they need while attending preschool or school.

Meeting a family

When meeting with a family it's important to bear in mind the anxiety they may be feeling. If a young person has just been diagnosed their family may still be coming to grips with their diabetes. They may also have concerns about how diabetes will fit into everyday life, including attending preschool or school. When a young person with existing type 1 diabetes is moving to a new preschool or school, there may also

be concerns. Moving preschools or schools can be a worrying time for the entire family, especially if the young person can't manage their type 1 diabetes on their own.

Some parents may have had problematic experiences with a previous preschool's or school's approach to caring for their child. They may have heard unhelpful stories about other families' experiences and this could make them nervous about a similar thing happening to them.

On the other hand, if families have had very good experiences, they may have concerns about whether a similar level of health support will be provided in a new preschool or school. You need to reassure them that your school or preschool can provide this too.



The conversation

Many parents will initially be anxious when discussing the concerns they may have about their child's diabetes care at your school or preschool. Anxiety may appear as frustration, resulting in tears or apparent aggression.

Understand that this is due to their concerns for their child and not a reaction to your conversation. Taking the time to listen and confirm your understanding may help to put them at ease.

It's possible some families may make requests that you're unsure about. These issues need to be talked through, so that an agreement can be reached. An open and honest dialogue can help prevent confusion and future misunderstandings.

For more information about looking after a young person with type 1 diabetes in preschools and schools, ring the NDSS Helpline on 1300 136 588 to be connected to an operator in your state or territory.

5.

Me and my type 1 diabetes
in preschool and school





If you've just been diagnosed with type 1 diabetes, or you're starting at a new preschool or school, it's normal to wonder what other people might be thinking. There's a lot of new information to understand for everyone. The important thing to remember is that you are still you!

While you have to do blood glucose checks, inject insulin or use an insulin pump you can still do everything your friends do, go to each other's homes, the local park or the movies, go on excursions and camps and be part of a sports team.

There will be staff members at your preschool or school who will know all about diabetes and how to support you. Your family will need to meet with them and talk about a management plan. Make a good start back to preschool or school by following some of these suggestions:



Telling others about type 1 diabetes

Some people might say silly things because they don't know what type 1 diabetes is.

Sharing your story

It's a really good idea to tell your friends at your preschool or school about your diabetes. Use your own words in your own way. It might feel scary and that's ok! Once they know that you're just the same as you always were, they'll probably want to know all about it and how they can help you. Your friends can sometimes understand things that your family, teachers, or your diabetes team don't — so talk to them.

You might want to tell other people at your preschool or school too. Some kids find it helps to talk to the whole class or room about their diabetes. If you do, your family or diabetes team can help you with what to say.

The *Myths about Diabetes* resource is a really good way of showing them some useful facts about type 1 diabetes.

We don't fully know what causes type 1 diabetes, but we do know it's nothing that you or anyone else has done to cause it.

You might hear things about type 1 diabetes that upset or worry you. This is very normal, especially if you've just been diagnosed. So if you do, the best thing is to talk about it. Talk to your family or diabetes team who can work through these things with you. Don't keep it to yourself — there is a very good chance that you can feel better with some help from people that care about you.

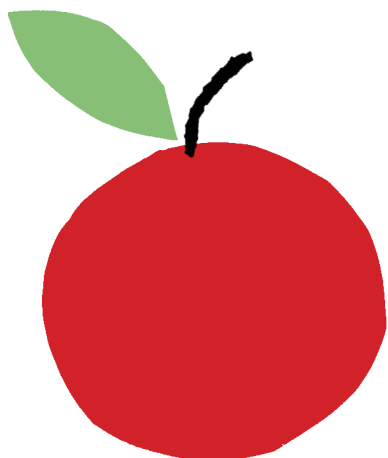
Type 1 diabetes just happens.

You did not do anything
to make it happen.



Staying strong with type 1 diabetes

If you think you're being treated unfairly or differently at your preschool or school because of your diabetes, it's a good idea to speak up about it. People might think you're getting more attention or getting special treatment. They might even be frightened that they could catch type 1 diabetes from you. None of this is true and it's certainly not your fault that others think or feel this way. Talking to your family or an adult at your preschool or school will help to sort this out. It's sometimes hard to talk about your feelings but it's important to let someone help you feel better and clear up any misunderstandings.





Sometimes it's just hard...

We all get upset about things sometimes and it's normal to feel fed up with having diabetes too. You might feel down about having to do blood glucose checks or having hypos that get in the way of having fun. If you've just been diagnosed then you might feel worried about type 1 diabetes and how it will affect you, especially at preschool or school when your family isn't around.

Talking to someone can make you feel better.

Who can I talk to?

There are lots of people who can help you, and different people can help you with different problems. Try talking to your family, a friend, your diabetes team, or an adult at your preschool or school.

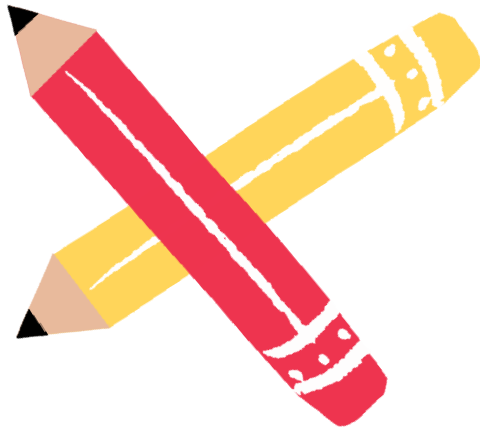
You might like to think about going on a camp or day activities with other children just like you who have type 1 diabetes. Your family can help you find out more about these. They can be great places to make new friends and talk about what it's like living with type 1 diabetes.

There are lots of other young people living with type 1 diabetes.

The NDSS and Diabetes Australia are here to help you.
Call the NDSS Helpline on 1300 136 588.

6.

Myths about diabetes



Let's put the record straight.

People say lots of different things about type 1 diabetes — but not all of it is true.

**NOT
TRUE**

1.

People get type 1 diabetes
because they eat too many
lollies.



We don't fully know what causes type 1 diabetes and why some people get it and others don't. But we do know it's not something you can prevent — and it's definitely nothing to do with eating lollies (or any other sugary foods).

2.

People get type 1 diabetes because they are overweight or used to be overweight.



People don't get type 1 diabetes because they're overweight or used to be overweight. Type 1 diabetes has nothing to do with what you eat or how much exercise you do. Being overweight puts people more at risk of type 2 diabetes, which is not the type that young people normally get.

**NOT
TRUE**

3.

Type 1 diabetes is the same as type 2 diabetes.

Type 1 and type 2 diabetes are quite different.

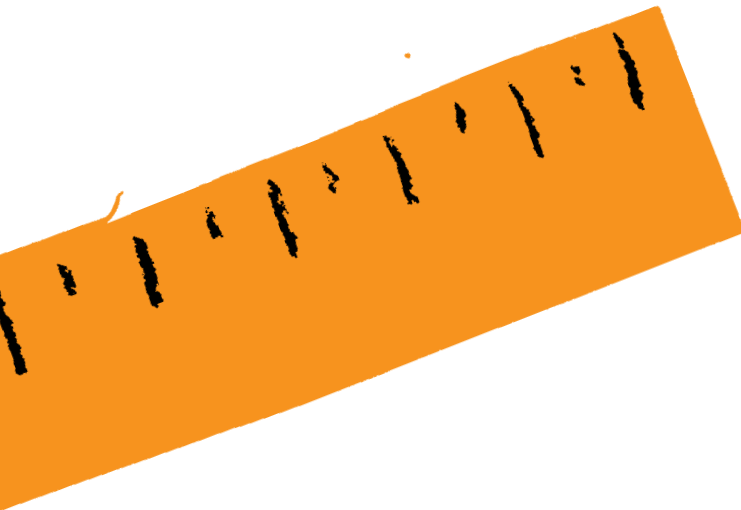
People with type 1 diabetes don't produce any insulin, so the only way to treat it is with insulin injections or a pump. It usually develops sometime in childhood but can occur at any age.

People with type 2 diabetes don't produce enough insulin or their insulin isn't working properly. It can be treated by a combination of eating a balanced diet, keeping active and medicines, which might include insulin. It usually occurs later in life and is much more common in adults.

4.

Young people will grow out of type 1 diabetes.

There is no known cure for diabetes. Once a person is diagnosed with type 1 diabetes, they have it for life. But it can be successfully managed by taking insulin, eating a healthy balanced diet and keeping fit and active.



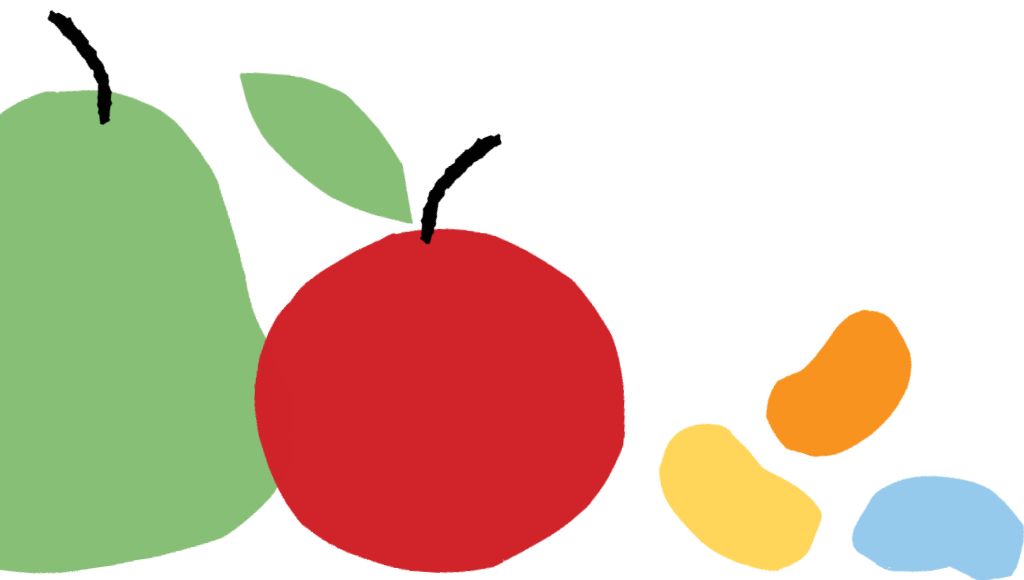
5.

People with type 1 diabetes
can't eat lollies.

**NOT
TRUE**

If you have type 1 diabetes you should follow the same nutrition guidelines that are recommended for all people — food that is low in saturated fat, salt and added sugar, includes regular carbohydrates and at least five portions of fruit and vegetables a day. No food is out of bounds, including occasional lollies, chocolate and birthday cake, just like for other people. But too many lollies and chocolates aren't good for anyone, so they should be a treat rather than a regular snack.

For more information about looking after a child with type 1 diabetes in preschools and schools, ring the NDSS Helpline on 1300 136 588 to be connected to an operator in your state or territory.



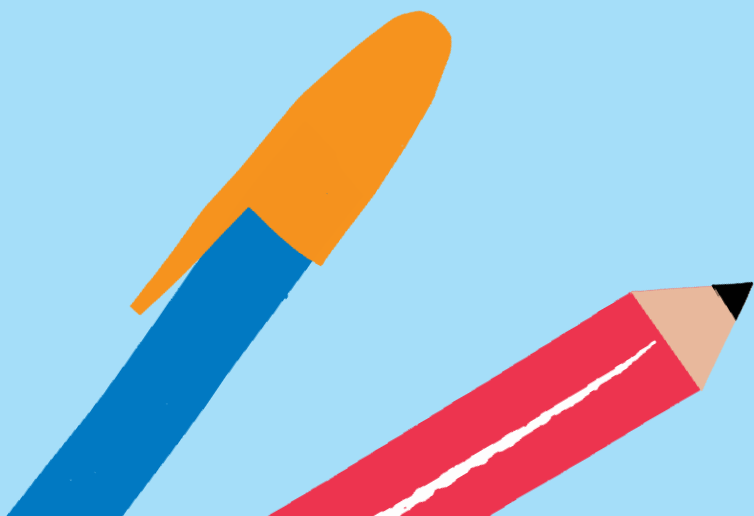
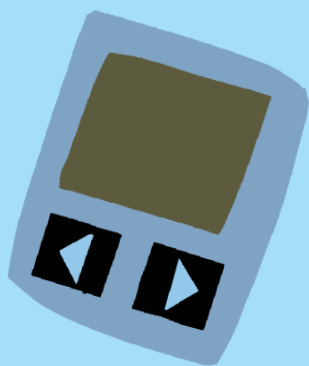
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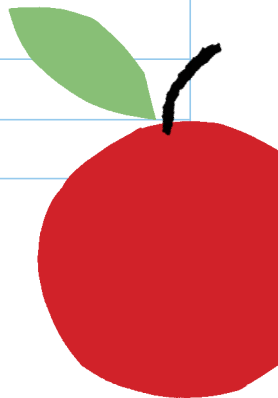
Diabetes communication chart

CLASS:



When you take a blood glucose reading for or with a young person with type 1 diabetes in your preschool or school, use this communication chart to record the results. The young person can take it home so their family knows what has happened during the day.







June 2016



1300 136 588
ndss.com.au

The National Diabetes Services Scheme (NDSS) is an initiative of the Australian Government administered with assistance from Diabetes Australia.