

TYPE 2 DIABETES MANAGEMENT PLAN: 2025 Medication (Not Insulin Injections)

SCHOOL SETTING

Use in conjunction with Diabetes Management Plan.
This plan should be reviewed every year.

As kaitiaki (carers/guardians) of diabetes related services, it is a collective responsibility to establish an environment that facilitates a pathway for people with diabetes to navigate te ao mate huka - the world of diabetes¹.

Student's name:	Age:	Date:
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MEDICATION ADMINISTRATION

The student requires diabetes medication at school: ☐ Yes ☐ No

☐ Oral medication

☐ Injection

☐ Lunchtime

☐ Other

Medication to be given

Location in the school where the medication is to be given:

Is supervision required? ☐ Yes ☐ No ☐ Remind only

Responsible staff will need training if they are required to:

☐ Administer medication (Dose as per additional documentation provided)

☐ Assist

☐ Observe

RESPONSIBLE STAFF

School staff who have voluntarily agreed to undertake training and provide support with diabetes care to the student.

Staff's name/s	Blood Glucose Checking	Medication Administration Supervision
	☐	☐
	☐	☐
	☐	☐

☐ SCHOOL SETTING

A Medical Authority Form may be required if school staff are to administer/ supervise medication.

Medication Authority Form

☐ Yes

☐ No

☐ BEFORE/ AFTER SCHOOL CARE

Before / after school care may be provided by the school, or an outside organisation. Parent / carer to obtain and complete the relevant documentation from this setting, authorising staff to administer / supervise medication administration to their child.

BLOOD GLUCOSE LEVEL (BGL) CHECKING

Is a blood glucose level check required at school?

☐ Yes (See information below) ☐ No

Target range for blood glucose levels pre-meals: 4.0 - 7.0 mmol/L.

- Blood glucose levels outside this target range are common.
- A blood glucose check should occur where the student is at the time it is required.
- Before doing a blood glucose check the student should wash and dry their hands.

Is the student able to do their own blood glucose level check? ☐ Yes ☐ No (Support is required)

The responsible staff member needs to ☐ Do the check ☐ Assist ☐ Observe ☐ Remind

Blood Glucose Levels (BGLs) to be checked (tick all those that apply)

- ☐ Before snack ☐ Before lunch ☐ Before activity
- ☐ Before exams/tests ☐ When feeling unwell ☐ Beginning of after - school care session
- ☐ Other times – please specify:
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**If the student is using a Continuous Glucose Monitoring Device
please discuss with parents about use in the school environment.**

HIGH BLOOD GLUCOSE LEVELS

(Hyperglycaemia / hyper)

- Although not ideal, BGLs above target range are common.
- If BGL is 15.0 mmol/L or more, follow the student's Diabetes Action Plan.
- If the student is experiencing frequent episodes of high BGLs at school, make sure the parent/carer is aware.

EATING AND DRINKING

- No food sharing.
- Seek parent/carer advice regarding foods for school parties/celebrations.
- Always allow access to water.

SCHOOL CAMPS

It is important to plan for school camps and consider the following:

- Parents/carers need to be informed of any school camps at the beginning of the year.
- Checklists for whānau and school are available here.
- A separate and specific Camp Diabetes Management Plan is required.

EXAMS

- GL should be checked before an exam.
- Blood glucose monitor, blood glucose strips and water should be available in the exam setting.
- Extra time will be required for toilet privileges or student unwell.

APPLICATIONS FOR SPECIAL CONSIDERATION

Students with diabetes mellitus are eligible to apply to NZQA for "Special Assessment Conditions" (SAC) on medical grounds. Students must complete a "Student application for entitlement to special assessment conditions". This form can be downloaded from the New Zealand Qualification Authority (NZQA) website.

The application should be lodged at the beginning of Year 11 and 12.

For more information on the Special Assessment Conditions process please go to www.nzqa.govt.nz/

EQUIPMENT CHECKLIST

Supplied by the parent/carer

- ☐ Finger prick device
- ☐ Blood glucose monitor
- ☐ Blood glucose strips
- ☐ Sharps' container

AGREEMENTS

PARENT/CARER

☐ I have read, understood and agree with this plan.

☐ I give consent to the school to communicate with the Diabetes Treating Team about my student's diabetes management at school.

First name _____

Family name _____

Signature _____

Date _____

SCHOOL REPRESENTATIVE

☐ I have read, understood and agree with this plan.

First name _____

Family name _____

Role ☐ Principal ☐ Supervisor ☐ Other (please specify) _____

Signature _____

Date _____

*This document has been developed by Specialist Diabetes Clinicians.
If you have concerns please contact the child's diabetes treating team.*