



# BLOOD GLUCOSE LEVEL (BGL) CHECKING

Target range for glucose levels (GLs): 4 – 8 mmol/L

- GL results outside of this target range are common
- GL check should be done where the student is, whenever needed
- The student should always wash and dry their hands when doing a GL check via finger prick.

Glucose levels will vary day-to-day and be dependent on a number of factors such as:

• Insulin Dose	• Excitement / stress	• Age
• Growth spurts	• Type/quantity of food	• Level of activity
• Illness / infection		

Is the student able to do their own blood glucose check independently?      Yes      No

If NO, the responsible staff member needs to      Do the check      Assist      Observe      Remind

## Times to check GL's (tick all those that apply)

Anytime, anywhere	Before snack	Before lunch
Before activity	Before exams/tests	When feeling unwell
Anytime hypo suspected	Beginning of afterschool care	

Other routine times - please specify:

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If the meter reads **LO** this means the BGL is too low to be measured by the meter

Follow the **Hypoglycaemia** (Hypo) treatment on Diabetes Action Plan

If the meter reads **HI** this means the BGL is too high to be measured by the meter

Follow **Hyperglycaemia** (Hyper) treatment on Diabetes Action Plan

If the student is using a Continuous Glucose Monitoring Device please discuss with parents about use in the school environment.

# LOW GLUCOSE LEVELS

(Hypoglycaemia / Hypo)

Follow the student's Diabetes Action Plan if GL less than or equal to 3.9 mmol/L. Mild hypoglycaemia can be treated by using supplies from the student's HYPO BOX.

Hypo box location/s: \_\_\_\_\_

## HYPO BOX

### FAST ACTING CARBOHYDRATE FOOD

### AMOUNT TO BE GIVEN


### LONG-ACTING CARBOHYDRATE FOOD

### AMOUNT TO BE GIVEN


- If the student requires more than 2 consecutive fast acting carbohydrate treatments, as per their Diabetes Action Plan, call the student's parent / caregiver. Continue hypo treatment if needed while awaiting further advice.
- All hypo treatment foods should be provided by the parent/caregiver.
- Ideally, packaging should be in serve size bags or containers and labelled as fast acting carbohydrate food and long-acting carbohydrate food.

**Mild hypoglycaemia is common. However, if the student is experiencing patterns of low GL, make sure that the parent/carer is aware.**

## SEVERE HYPOGLYCAEMIA (HYPO) MANAGEMENT

Severe hypoglycaemia is not common.

Follow the student's Diabetes Action Plan for any episode of severe hypoglycaemia.

**DO NOT** attempt to give anything by mouth to the student or rub anything onto the gums as this may lead to choking.

If the school is located more than 30 minutes from a reliable ambulance service, then staff should discuss Glucagon injection training with the student's Diabetes Treating Team or with family. [A video resource is available here.](#)

## HIGH BLOOD GLUCOSE LEVELS

## (Hyperglycaemia / Hyper)

- Although not ideal, BGL 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 patterns of high BGL at school, make sure the parent/carer is aware.

## EATING AND DRINKING

- The student should not routinely prolonged periods without having access to a meal or snack containing carbohydrate (if hungry)
- Younger students require supervision to ensure appropriate amounts of food are eaten at meal and snack times
- Students with diabetes are encouraged to eat a nutritionally balanced diet and adequate food to support daily activities and being physically active. It is important NOT to restrict routine meals or snacks to manage glucose levels.
- Seek parent/carer advice regarding appropriate types of foods, appropriate portion sizes and **insulin dose requirements** for parties/celebrations that are occurring at school
- Always allow access to drinking water and toilet facilities while the student is at school (high glucose levels can cause increased thirst and extra toilet visits)

\*Seek parent/carer advice regarding appropriate food and hypo treatments

- Does the student have a confirmed food allergy or intolerance?  No  Yes\*

\*Seek parent/carer advice regarding appropriate food and hypo treatments

# PHYSICAL ACTIVITY AND SWIMMING

A blood glucose meter and hypo treatment should always be available.

- Check glucose level before physical activity.
- Physical activity may lower glucose levels.
- The student may require an extra 'activity' carbohydrate food before every 30 minutes of planned physical activity or swimming if glucose level  $<6$  mmol/l.
- Extra carbohydrate is not required if glucose level is  $>10$  mmol/l.

Activity Food Box location/s:

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## ACTIVITY FOOD BOX

CARBOHYDRATE FOOD TO BE USED

AMOUNT TO BE GIVEN


- Physical activity should not be undertaken if BGL less than 4.0 mmol/L.
- Refer to the Diabetes Action Plan for hypo treatment.

## EXCURSIONS / TRIPS

It is important to plan for extracurricular activities.

Consider the following:

- Ensure blood glucose meter, blood glucose strips, insulin, hypo and activity food are readily accessible.
- Plan for meal and snack breaks.
- Always have hypo treatment available.

## 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.
- GL should be greater than 4.0 mmol/L before exam is started.
- Blood glucose meter, monitoring strips, hypo treatments and water should be available in the exam setting.
- Extra time will be required if a hypo occurs or for toilet privileges.

## 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/](http://www.nzqa.govt.nz/)

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## EXTRA SUPPLIES

Provided for diabetes care at the school by parent/carer

Insulin and syringes / pens / pen needles (If having insulin at school)

Finger prick device

Blood glucose meter

Blood glucose strips

Sharps container

Hypo food

Activity food

Spare battery for blood glucose meter

# 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.*