

# TYPE 2 DIABETES MANAGEMENT PLAN: 2025 Insulin

## SCHOOL SETTING

Use in conjunction with Diabetes Action Plan.  
This has been developed by specialist diabetes clinicians.

*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 diabetes<sup>1</sup>.*

Student's name:	Age:	Date:
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### RESPONSIBLE STAFF

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

Responsible staff will need to receive training on how to check glucose levels and how to administer insulin via pen or syringe if insulin is required while at school.

A Medication Authority Form may be required if school staff are required to administer / supervise insulin given via injection.

List below and tick those that apply.

Staff's name/s:	Blood Glucose checking	Insulin administration

### INSULIN ADMINISTRATION - The child requires an injection of insulin:

Before morning tea                      Before Lunch                      Only at home before/after school

Other: \_\_\_\_\_

Is supervision required      Yes      No

If yes, the responsible staff need to      Remind      Observe      Assist      Administer injection

Responsible staff will need to receive training on how to administer insulin injections.

Type of injection device (please tick)      Pen      Syringe

The location in the school where the injection is to be : \_\_\_\_\_

*Please note, injections should be administered wherever the child feels comfortable.*

### HOW MUCH INSULIN TO BE ADMINISTERED

Parents will explain/advise insulin doses. It is the responsibility of the parent /caregiver to keep the school up to date with changes to insulin doses.

Type of insulin to be delivered: \_\_\_\_\_

If insulin is required while at school, calculate the amount of insulin to be administered using the following advice/instructions:

# BLOOD GLUCOSE LEVEL (BGL) CHECKING

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

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

Blood 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 **BGL'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:

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 BLOOD GLUCOSE LEVELS

(Hypoglycaemia / Hypo)

Follow the student's Diabetes Action Plan if BGL 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:

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## HYPO BOX

FAST ACTING CARBOHYDRATE FOOD

AMOUNT TO BE GIVEN

FAST ACTING CARBOHYDRATE FOOD	AMOUNT TO BE GIVEN

LONG-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 having more than 3 episodes of low BGLs at School in a week, 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's 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 BGL's at school, make sure the parent/carer is aware.

## EATING AND DRINKING

- Younger students will require supervision to ensure all food is eaten.
- Always allow access to drinking water and toilet (high blood glucose levels can cause increased thirst and extra toilet visits).
- Do not restrict students access to foods if glucose levels are high.
- A healthy balanced diet is recommended, as it is for all children.
- If any specific dietary advice is required, advise below:

# 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 >10mmol/l.

Activity Food Box location/s: \_\_\_\_\_

## ACTIVITY FOOD BOX

CARBOHYDRATE FOOD TO BE USED

AMOUNT TO BE GIVEN

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

- BGL should be checked before an exam.
- BGL 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

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# 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.*