

# DIABETES MANAGEMENT PROCEDURE

This procedure must be read in conjunction and interpreted in line with the [First Aid Policy](https://index.ed.act.edu.au/our-people/whs/control/emergency-management-critical-incident-first-aid.html) and [First Aid General Procedure.](https://index.ed.act.edu.au/our-people/whs/control/emergency-management-critical-incident-first-aid.html)

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## OVERVIEW

* 1. This procedure describes the mandatory steps to be taken in directorate workplaces to assist with the management of type 1 diabetes and prevent and manage the risk of type 2 diabetes and any diabetes emergency.

## RATIONALE

The directorate considers diabetes a serious medical risk that requires management in accordance with th*e* [*First Aid in the Workplace Code of Practice*](http://www.safeworkaustralia.gov.au/sites/SWA/about/Publications/Documents/693/First%20aid%20in%20the%20workplaceV3.pdf) in order to meet legislative requirements outlined in the[*Work Health and Safety Act 2011*](http://www.legislation.act.gov.au/a/2011-35/current/pdf/2011-35.pdf), the[*Children (Education and Care Services) National Law (NSW) No. 104a*](http://www.legislation.act.gov.au/a/2011-42/current/pdf/2011-42.pdf), and the[*Work Health and Safety Regulation 2011*](http://www.legislation.act.gov.au/sl/2011-36/current/pdf/2011-36.pdf) and[*Education and Care Services National Regulations*](http://www.legislation.nsw.gov.au/maintop/view/inforce/subordleg+653+2011+cd+0+N).

The [*Education and Care Services National Regulations*](http://www.legislation.nsw.gov.au/maintop/view/inforce/subordleg+653+2011+cd+0+N). outlines specific requirements for the development of a suite of plans in consultation with the parents and carers for any student with a diagnosed risk of diabetes. These plans include a *Medical Management Plan* (which replaces section D of the *Known Medical Condition Response Plan*, a *Risk Minimisation Plan* and a *Communications Plan.*

## DEFINITIONS

ACTPS is the ACT Public Sector or Service.

Diabetes is a medical condition characterised by the excessive amount of glucose in the blood stream. The two common forms are type 1 and type 2.

**Executive** is a term that includes executives, school principals, managers and supervisors.

Type 1 diabetes is where the pancreas, a large gland behind the stomach, stops making insulin. Without insulin, the body’s cells cannot turn glucose (sugar) into energy and burns its own fats as a substitute. Unless treated with daily insulin injections or continuous infusion of insulin via a pump, people with type 1 diabetes accumulate dangerous chemical substances in their blood from the burning of fat. This can cause a condition known as ketoacidosis. This condition is potentially life threatening if not treated.

Type 2 diabetes is the most common form of diabetes where the pancreas makes some insulin but it is not produced in the amounts the body needs to work effectively. The risk of type 2 diabetes is greatly increased by high blood pressure, being overweight or obese, or from insufficient physical activity and poor diet.

Hypoglycaemia (also called a hypo, low blood glucose or insulin reaction) is when the blood glucose level drops too low i.e. below 5 mmol/L, although this can vary. A hypo can present as behavioural disturbance, can cause fits, and is potentially life threatening. It is important to treat a hypo immediately to stop blood glucose levels from dropping lower. Further information on hypoglycaemia is available from Diabetes Australia Hypoglycaemia.

Hyperglycaemia is when the blood glucose level is too high. Many people do not experience the symptoms of hyperglycaemia until their blood sugar levels are extremely high. High blood sugar levels can cause inability to concentrate and leads to a need for frequent urination.

Ketoacidosis is a serious condition associated high blood glucose levels in type 1 diabetes. Without enough insulin, the body burn fat for energy, which leads to accumulation of dangerous chemical substances in the blood called ketones.

**Worker** includes directorate employees, volunteers, students gaining work experience and others including contractors and sub-contractors.

## PROCEDURES

**Roles and responsibilities**

* + 1. The responsibilities of the Director-General, executives including school principals, managers, supervisors and workers are set out in the [*Work Health and Safety Act 2011*](http://www.legislation.act.gov.au/a/2011-35/current/pdf/2011-35.pdf) and articulated in the [*Work Health and Safety Act 2011-Responsibilities* WHS-03-2013](http://www.cmd.act.gov.au/__data/assets/pdf_file/0010/489097/2013_whs_03_responsibilities.pdf) (ACTPS responsibilities).
    2. Key responsibilities as they relate to diabetes management are outlined below and should be read in conjunction with the ACTPS responsibilities and the ACTPS and directorate first aid policies and procedures.
    3. **Director-General**
* The Director-General will exercise due diligence to ensure that directorate work environments are safe and healthy for workers, students and others and that the directorate complies with the ACTPS policy [WHS-04-2013 First Aid in the workplace](http://www.search.act.gov.au/search/click.cgi?rank=1&collection=act-gov&url=http%3A%2F%2Fwww.cmd.act.gov.au%2F__data%2Fassets%2Fword_doc%2F0006%2F489093%2F2013_whs_04_firstaidpolicy.doc&index_url=http%3A%2F%2Fwww.cmd.act.gov.au%2F__data%2Fassets%2Fword_doc%2F0006%2F489093%2F2013_whs_04_firstaidpolicy.doc&auth=1gt%2BdPr65w6qHObsl1k7Og&query=%E2%80%A2%09WHS-04-2013+First+Aid+in+the+Workplace&profile=www-cmtd)
  + - 1. In the context of diabetes management, due diligence means taking all reasonable steps to ensure:
* a system of regular monitoring of safe practices, procedures and controls in relation to diabetes management is implemented
* systems are in place that facilitate consultation with workers when decisions are made about diabetes management requirements
* first aid facilities and equipment are available for all workers, students and others including those who work outside normal business hours e.g. cleaners and contractors
* sufficient numbers of qualified workers are available, in accordance with the site-based risk assessment and early childhood legislative requirements, to manage a diabetes emergency.
  + 1. **Executive** 
       1. Executives will exercise due diligence in assisting the Director-General with their obligations including implementing the ACTPS and directorate first aid policies and procedures. In the context of diabetes management this includes:
* identification and adequate resourcing of the administration of diabetes management at their workplace
* implementing a system of regular monitoring through annual review of safe practices, procedures and controls in relation to diabetes management
* ensuring appropriately trained personnel administer first aid, ensuring that all workers are inducted in diabetes awareness
* ensuring that secure storage systems are in place for any medications associated with diabetes management or an emergency
* ensuring in-confidence record keeping of the administration of any diabetes medications
* in a school context:
  + known diabetes sufferers should be recorded in the [*Schools and Office Risk Register*](https://index.ed.act.edu.au/our-people/whs/risk-management-implementation/risk-management-planning.html)
  + undertaking consultation with workers and parents and carers regarding decisions about diabetes management and risk minimisation requirements
  + ensuring a *Risk Minimisation Plan* is developed using a risk matrix for the management of any student with diabetes
  + ensuring a *Communications Plan* is developed outlining the agreed process for communicating matters between parents and carers and the school such as the status of the child’s blood sugar, administration of medication and required changes to the [*Known Medical Condition Response Plan*](https://index.ed.act.edu.au/our-people/whs/control/emergency-management-critical-incident-first-aid.html)
  + ensuring diabetes medications are administered in accordance with the [*Known Medical Condition Response Plan*](https://index.ed.act.edu.au/our-people/whs/control/emergency-management-critical-incident-first-aid.html) requirements set out in this procedure and the, inclusive of the relevant [*Diabetes Management Plan*](http://as1diabetes.com.au/index.php/schools/teachers-and-schools-2/) (optional template)
  + and associated *Action Plan* (which replaces section D of this form)
  + ensuring additional preparation and planning is undertaken to ensure a safe and effective learning environment for students with diabetes (see section 4. 3).
    1. **Workers**
       1. ACT Government workers have a responsibility to ensure that while at work they:
* take reasonable care for their own health and safety, including any diabetic condition that may adversely affect their health, or the health and safety of another person
* comply with the ACTPS and the directorate first aid policies and procedures. This includes taking all reasonable steps to:
  + participate in consultation and risk management processes relating to diabetes management including the provision and administration of facilities, resources and training relating to diabetes management
  + report any hazards
  + undertake first aid induction, diabetes awareness training and additional diabetes support training provided by a clinical educator if providing direct support for a student with diabetes
  + provide assistance with the management of diabetes when required, to the level of their competence, including calling on expert assistance when necessary.
    1. **Parent and carer responsibilities**
       1. Parents and carers are required to consult with any worker who supports diabetes management for their child. This includes decisions about diabetes management for their child, including risk minimisation and communication requirements and, in particular, the student’s need to test blood glucose levels and self-administer insulin in accordance with the student’s ability to manage their health needs.
       2. Parents and carers are to ensure that:
* The [*Known Medical Condition Response Plan*](https://index.ed.act.edu.au/our-people/whs/control/emergency-management-critical-incident-first-aid.html) with the relevant Diabetes Management Plan and Action Plan (replacing section D of the form) have been completed and remain up to date
* diabetes medications and relevant resources are provided as outlined in the required plans.

**Diabetes management**

* + 1. Schools have the legal and ethical responsibility to provide a learning environment with adequate adult supervision to ensure that students with diabetes are safe.
    2. Students with diabetes can do everything that their peers can do when their glucose levels are normal. Additional preparation and planning is required to ensure a safe and effective learning environment. Specific examples include:
* special consideration on the effect of the activity on diabetes, especially a significant increase in normal physical activity levels or the introduction of a spontaneous, unplanned for physical activity
* extra supervision
* extra toilet privileges
* being able to eat at additional times, especially before or during sport or physical activity, and immediately if at any time hypoglycaemia is detected
* being given extra consideration if unwell or exhibiting out of character behaviour, and particularly when exhibiting or experiencing symptoms of hypoglycaemia
* special provisions for privacy and sharps management and disposal when testing blood glucose levels and injecting insulin at school.
  + 1. **Type 1 diabetes**
       1. Ketoacidosis and hypoglycaemia are both potentially life threatening conditions that may arise from type 1 diabetes. People with type 1 diabetes depend on insulin injections every day of their lives. They must test their blood glucose levels several times daily.
       2. All students with type 1 diabetes have:
* two to four subcutaneous injections of insulin every day or receive continuous subcutaneous insulin via an insulin pump with extra bolus insulin via the pump for meals
* a regular pattern of snacks and meals.
  + - 1. Further information is available from [type 1 diabetes.](http://www.diabetesaustralia.com.au/Understanding-Diabetes/What-is-Diabetes/Type-1-Diabetes/)
    1. **Management of insulin levels**
       1. The insulin dose may be adjusted according to blood glucose test results done several times a day. This adjustment is the responsibility of the parents and carers in consultation with the treating doctor and diabetes care team.
       2. The timing of injections and food intake is most important. Carbohydrate containing foods are essential as they raise blood glucose levels, while insulin and exercise lower them. Maintaining a balance so that the level of glucose is neither too high nor too low is very important, although sometimes difficult to achieve.
    2. **Type 2 diabetes**
       1. Type 2 diabetesisinitially managed with healthy eating and regular physical activity. However, over time most people with type 2 diabetes will also need tablets and many will need insulin. It is important to note that this is just the natural progression of the disease, and taking tablets or insulin as soon as they are required can result in fewer complications in the long-term. There is currently no cure for type 2 diabetes.
       2. Most people with type 2 diabetes will require diabetes tablets to manage their condition, but many will eventually need insulin injections. Students with type 2 diabetes can usually manage it with lifestyle changes. These students are at increased risk of hypoglycaemia. Insulin is frequently required as oral diabetes medications are usually not recommended for younger students.
       3. Further information is available from [type 2 diabetes](http://www.diabetesaustralia.com.au/Understanding-Diabetes/What-is-Diabetes/Type-2-Diabetes/).
    3. **Exercise**
       1. Diabetic students should be able to participate in all sports and exercise with additional care and planning. Where possible, provide advanced notice of exercise events to parents and carers as outlined in the *Communications Plan.*
       2. Blood glucose levels may fall during, immediately after, or several hours after exercise due to increased glucose use from muscle exercise.
       3. Any activities in which hypoglycaemia may cause risk to either the student or any people assisting must be carefully planned and strictly supervised. This planning includes testing blood glucose levels prior to participation. Activities include:
* active sports and any activities in remote locations, where staff need higher levels on diabetes awareness and must do additional preparation and planning well in advance
* water sports, which need careful planning and close supervision as hypoglycaemia increases the risk of drowning.
  + - 1. Workers supporting a student with diabetes during exercise can assist by:
* being aware of the student’s [*Known Medical Condition Response Plan*](https://index.ed.act.edu.au/our-people/whs/control/emergency-management-critical-incident-first-aid.html) and Diabetes Medical Management Plan and Action Plan and commence action as outlined where required
* ensuring food and drinks for the treatment of hypoglycaemia are available on site
* giving extra carbohydrate food before sport i.e. a mixture of rapidly and slowly absorbed carbohydrates
* giving additional carbohydrate food for each half hour of exercise
* giving extra carbohydrate food after the sport as well if the sport has been particularly vigorous or lengthy
* providing more supervision during exercise
* watching for signs of hyperglycemia and hypoglycaemia, which must be treated as outlined on the student’s plans, as soon as it is identified.
  + 1. **Examinations**
       1. Students with diabetes perform at their best when their diabetes is well managed and blood glucose levels are maintained within or close to the recommended target range. After a hypoglycaemic event, brain function may not return to normal for several hours and even then students may not do as well as expected in an examination.
       2. Symptoms of anxiety related to exams can feel similar to hypoglycaemia and the student may need to test their glucose to help identify hypoglycaemia.
       3. For reasons of both fairness and safety in examinations, special provisions for students with diabetes are permitted.
       4. **Examination arrangements**
          1. All students requiring special consideration when undertaking examinations should discuss their needs with the student welfare officer prior to undertaking the examination. Further information is available from the *Board of Senior Secondary Studies* [*Equitable Assessment and Special Consideration in Assessment in Years 11 and 12*](http://www.bsss.act.edu.au/information_for_students/equitable_assessment_and_special_consideration_in_assessment_in_years_11_and_12_student_guide)pamphlet or by ph: 6205 7181 or email: [bsss.enquiries@act.gov.au](mailto:bsss.enquiries@act.gov.au).
          2. Students should provide all of the following items when sitting an exam:
* a drink such as water, fruit juice, or cordial
* bite size carbohydrate food that can be opened without disturbing other students
* blood glucose meter and strips.
  + - * 1. If a blood glucose meter is used, the result is to be noted by the presiding officer and recorded in the presiding officer diary.
        2. Students should be seated at the side or back of the examination room, with easy access to the exit and toilets, and extra privileges to attend the toilet provided.
        3. Additional examination time of three minutes is provided to undertake initial blood glucose test reading. If the blood glucose reading is less than five (5.0mmol/L) the student is allowed an extra 20 minutes to take remedial action (e.g. eat carbohydrate food) and retest the blood glucose level. During this time the student will not have access to the exam paper. If after the second reading, the blood glucose level is still less than five (5.0 mmol/L) the student is considered medically ill.
    1. **Camps**
       1. Students are able to attend camps when they are reliably independent in the management of their diabetes or if not independent, when they are accompanied by a parent or carer.
       2. During remote camps involving strenuous activity students will need extra supervision and assistance to manage their diabetes. A *Risk Management Minimisation Plan* for the event should be developed with additional controls implemented such as training of attending workers in diabetes management several weeks prior to the planned departure.
       3. Parents and carers need to meet with the organisers prior to the camp to discuss:
* the written [*Known Medical Condition Response Plan*](https://index.ed.act.edu.au/our-people/whs/control/emergency-management-critical-incident-first-aid.html), inclusive of the *Diabetes Medical Management Plan* and *Action Plan*
* adequate supplies for insulin administration and blood glucose testing
* details of insulin dosage
* emergency contact details.
  1. **Risk Minimisation Plan**
     1. A *Risk Minimisation Plan* is a risk assessment document prepared on the [*Hazard Risk Assessment*](http://sharedservices/actgovt/WHS/SafetyMgt/RiskManagement/Managing-Risk.htm) tool. This is developed in consultation with the student’s parent or carer and the school delegate. It is developed to ensure that the risks relating to the student’s diabetes care needs are assessed and minimised and, if relevant, to ensure that practices and procedures are developed and implemented:
* workers can identify the student, the student’s Emergency Treatment Plan, and the location of the student’s medication
* the safe handling, preparation, consumption and service of food
* parents and carers are notified of any known allergens that pose a risk to a student, and strategies for minimising the risk
* the student does not attend school without medication prescribed by the student’s medical practitioner in relation to the asthma care need.

* 1. **Communications Plan**
     1. The development of the *Communications Plan* is required in schools regarding any specialist medical conditions including diabetes. This plan outlines the process by which the workplace ensures that:
* relevant workers and volunteers are informed about the first aid policy and procedures, the [*Known Medical Condition Response Plan*](https://index.ed.act.edu.au/our-people/whs/control/emergency-management-critical-incident-first-aid.html) and *Risk Minimisation Plan* for the student with diabetes
* a student’s parent or carer communicates any changes to [*Known Medical Condition Response Plan*](https://index.ed.act.edu.au/our-people/whs/control/emergency-management-critical-incident-first-aid.html)*,* inclusive of the *Diabetes Medical Management Plan* and *Action Plan*, and *Risk Minimisation Plan* for the student, setting out how that communication can occur
* any changes to the student’s diabetes or any health concerns can be communicated to the student’s parent or carer
* the parent or carer can be informed of the administration of medication for the student.
  + 1. Required communication for workers and others regarding specialist medical conditions may be implemented through first aid induction, as well as the distribution and review by relevant workers of the student’s *Medical Information and Consent* form, and the [*Known Medical Condition Response Plan*](https://index.ed.act.edu.au/our-people/whs/control/emergency-management-critical-incident-first-aid.html). This communication must be in undertaken in accordance with *Territory privacy principles* outlined in the[*Information Privacy Act 2014*](http://www.legislation.act.gov.au/b/db_49298/default.asp).

**Emergency treatment**

* + 1. The parent or carer should be contacted if a student with diabetes is unwell and exhibits the following symptoms:
* abdominal pain
* drowsiness
* extreme thirst
* excessive urination
* rapid laboured breathing
* sweet acetone smell to the breath or vomiting.
  + 1. If the child’s parent or carer is unavailable, call an ambulance.

**Hypoglycaemia symptoms**

* + 1. Students showing symptoms of Hypoglycemia must be treated immediately. No harm will come from giving a student with diabetes treatment for hypoglycaemia and providing treatment may save their life.
    2. Hypoglycaemia is most likely to occur if there is a significant change in the student’s routine such as a change in insulin dose, unexpected exercise, lack of food or insufficient carbohydrates. Hypoglycaemia may also occur for no apparent reason.
    3. Hypoglycaemia occurs when the level of glucose in the blood drops low enough to cause certain signs and symptoms (below 4.0 mmol/L). Table 1 can be used to help recognise the level of severity of Hypoglycaemia.

Table 1: Hypoglycaemia symptom severity

|  |  |  |
| --- | --- | --- |
| **Mild hypoglycaemia** | **Moderate hypoglycaemia** | **Severe hypoglycaemia** |
| Makes poor decisions | Unable to help oneself | Unable to stand |
| Hunger, weakness | Unable to drink and swallow without much encouragement | Unable to drink and swallow food, danger of food inhalation |
| Changes in mood and behaviour such as crying, argumentative outbursts, aggressiveness | Lack of concentration or co-ordination, glazed expression, disorientation, apparent intoxication and aggression (eg. slurred speech) | Unable to respond to instructions, extreme disorientation, may be thrashing about |
| Sweating, paleness, trembling | Headache, abdominal pains or nausea , may be unsteady | Unconsciousness or seizures such as jerking or twitching of face, body or limbs |

**First aid for hypoglycaemia**

* + 1. For severe hypoglycaemia workers can:
* lie the person on their side and protect them from injury, ensuring to maintain Airway, Breathing, and Circulation (ABC)
* do not give anything by mouth
* if the person wears an insulin pump and the worker has received instruction or training in removal of the insulin pump by a clinical educator with support from parents and carers, the pump may be disconnected at the quick release
* call an ambulance and notify emergency contacts.
  + 1. Supervise and remain with the student at all times to ensure physical safety and that they do not become distressed.
    2. For mild to moderate hypoglycaemia:
* treatment must be initiated swiftly
* never send a student for first aid treatment unaccompanied
* always assume the student is hypoglycaemic if they say so.
  + 1. Supervise and remain with the student at all times to ensure physical safety and that they do not become distressed.
    2. Follow instructions in the student’s [*Known Medical Condition Response Plan*](https://index.ed.act.edu.au/our-people/whs/control/emergency-management-critical-incident-first-aid.html), inclusive of *Diabetes Medical Management Plan* and *Action Plan* if available. If no plan is available, follow the standard hypoglycaemia first aid treatment.
    3. Standard first aid for hypoglycaemia includes:
* raising blood sugar levels by giving the student one of the following:
* four large or seven small jellybeans
* 125-200 mLs soft drink or juice (non-diet)
* 2-3 teaspoons of sugar, jam or honey (with a repetition of this treatment if symptoms persist)
* providing a slow-absorbed carbohydrate food such as a sandwich, biscuits, or fruit when recovery begins to occur
* completing a blood glucose test as soon as the student is able and their meter is available.
  + 1. Parents and carers must be informed that the student has had hypoglycaemia immediately after the episode as it increases the risk of further hypoglycaemia that afternoon and especially over night and into the next day.
    2. Treatment will vary for students according to their individual circumstances such as type of insulin administration and age.

**First aid for hyperglycaemia**

* + 1. Hyperglycaemia (high blood glucose level) occurs from time to time and is not usually a problem in the short-term. During periods of hyperglycaemia the student may need to drink extra water and go to the toilet more often. Students experiencing hyperglycaemia may find it difficult to concentrate and can be irritable.
    2. Extreme hyperglycaemia can be serious. It is more likely to occur when the student is unwell for other reasons and may be accompanied by nausea or abdominal pain. The [*Known Medical Condition Response Plan*](https://index.ed.act.edu.au/our-people/whs/control/emergency-management-critical-incident-first-aid.html) inclusive of the *Diabetes Medical Management Plan* and *Action Plan* should contain information on the level of blood glucose at which the parents and carers should be contacted.

**Training**

* + 1. It is mandatory for all school staff who are administering insulin to students to undertake the Healthcare Access At Schools (HAAS) program training, [HAAS information.](https://index.ed.act.edu.au/our-people/whs/control/emergency-management-critical-incident-first-aid.html) HAAS Registered Nurses are able to provide general information sessions on diabetes and also specific training on the individual student’s diabetes management including pumps, injections, blood glucose monitoring and continuous improvement glucose monitoring, as well as hypoglycaemia and hyperglycaemia management. The HAAS program also includes an Individual Careplan, buddying with school staff providing the health care task, competency assessment and ongoing support as needed.
    2. Training may be provided by a Diabetes Nurse Educator through the Paediatric Diabetes Service at The Canberra Hospital. This training is available at various times through the school year. Phone 6174 7495 to request a booking.
    3. The *Diabetes and School* training program, an awareness program for schools as well as diabetes management plan seminars are available from <http://as1diabetes.com.au/schools/teachers-and-schools-2/>
  1. **Further information and resources**
     1. Further information is available from:
* Healthcare Access At Schools [(HAAS)](https://index.ed.act.edu.au/our-people/whs/control/emergency-management-critical-incident-first-aid.html)
* Diabetes NSW/ACT by ph: 136 588 or 6288 9830,
* [Diabetes NSW website](https://diabetesnsw.com.au/) for children and carers
* Paediatric Diabetes Service at The Canberra Hospital on ph: 6174 7495

**Continuous improvement processes**

* + 1. Annual review of diabetes management should be undertaken with the Health and Safety Representative and leadership team as part of the annual review of the provision of first aid. In the event of any serious diabetes first aid emergency an immediate review should be undertaken. [The *Schools and Office Risk Register*](https://index.ed.act.edu.au/our-people/whs/risk-management-implementation/risk-management-planning.html) should be reviewed where required, with additional controls noted and changes to work practices implemented.

**Records management**

* + 1. Records must be kept in accordance with the [*Territory Records Act 2002*](http://www.legislation.act.gov.au/a/2002-18/default.asp) and *Territory privacy principles* outlined in the [*Information Privacy Act 2014.*](http://www.legislation.act.gov.au/a/2014-24/)
    2. Further information about [records management](https://index.ed.act.edu.au/corporate-support/records-management.html) including registration, storage and disposal is available on Index.

**Complaints**

* + 1. Where there are concerns regarding any first aid procedure or concerns about their application, people should:
* contact the school principal or People and Performance in the first instance
* contact the directorate Liaison Unit
* access the [*Complaints Policy*](https://index.ed.act.edu.au/sites/default/files/ComplaintsPolicyETD.pdf), which is available on the directorate’s website.

## PROCEDURE OWNER

* 1. Director, People and Performance
  2. For support in relation to this procedure contact People and Performance on ph: 6205 9202.

## RELATED DOCUMENTS

* 1. The following documents must be read in reference to the information provided in this procedure document:
  2. ACTPS policy:
* [WHS-04-2013 First Aid in the workplace](http://www.search.act.gov.au/search/click.cgi?rank=1&collection=act-gov&url=http%3A%2F%2Fwww.cmd.act.gov.au%2F__data%2Fassets%2Fword_doc%2F0006%2F489093%2F2013_whs_04_firstaidpolicy.doc&index_url=http%3A%2F%2Fwww.cmd.act.gov.au%2F__data%2Fassets%2Fword_doc%2F0006%2F489093%2F2013_whs_04_firstaidpolicy.doc&auth=1gt%2BdPr65w6qHObsl1k7Og&query=%E2%80%A2%09WHS-04-2013+First+Aid+in+the+Workplace&profile=www-cmtd)

* 1. Directorate policy and procedures:
* [*First Aid Policy 2014*](https://index.ed.act.edu.au/our-people/whs/control/emergency-management-critical-incident-first-aid.html)
* [First Aid General Procedure.](https://index.ed.act.edu.au/our-people/whs/control/emergency-management-critical-incident-first-aid.html)

By agreement with Diabetes Victoria:

[Diabetes Action and Management Plans](http://www.diabetesvic.org.au/how-we-help-type?tags=Left-Mega-Nav%2Fdiabetes-and-school%2F&breadCrum=1)