

Diabetes for Support Workers





In the spirit of reconciliation Premium Health acknowledges the Traditional Custodians of country throughout Australia and their connections to land, sea and community. We pay our respects to their elders past, present and emerging and extend that respect to all Aboriginal and Torres Strait Islander peoples today.

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“

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Phillipa Wilson

Founder & Managing Director of Premium Health

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PUBLISHER: PREMIUM HEALTH

The technical information and techniques used for training includes the latest knowledge from research and other relevant national and international professional bodies.

Special acknowledgement is given to the Australian Resuscitation Council for the information relating to their Guidelines.

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Welcome to your course and Premium Health.

We select our Premium Health trainers and assessors carefully. All are either nurses or paramedics with appropriate training qualifications, technical expertise and experience.

DIABETES WORKBOOK

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WHEN YOU SEE THIS ICON:

Scan QR Code using your mobile phone camera to access video content.

WHAT YOU NEED TO KNOW ABOUT YOUR COURSE

Welcome

This resource provides support workers with the essential knowledge and skills to support a client living with diabetes. The essential knowledge to understand and recognise hyperglycaemia and hypoglycaemia will be examined. The different types of medications used to treat diabetes will be discussed.

Evaluation of the course

Your feedback is vitally important to us as we use this as part of our continuous improvement cycle. We especially value any personal comments you would like to make.

Your trainer will provide you with the way to access the feedback survey.

Premium Health's customer service

We offer you an on-going service in relation to first aid information and invite you to call our office on **1300 721 292** or email us on info@premiumhealth.com.au.

For more information about Premium Health products, services and policies, access our website www.premiumhealth.com.au

DIABETES



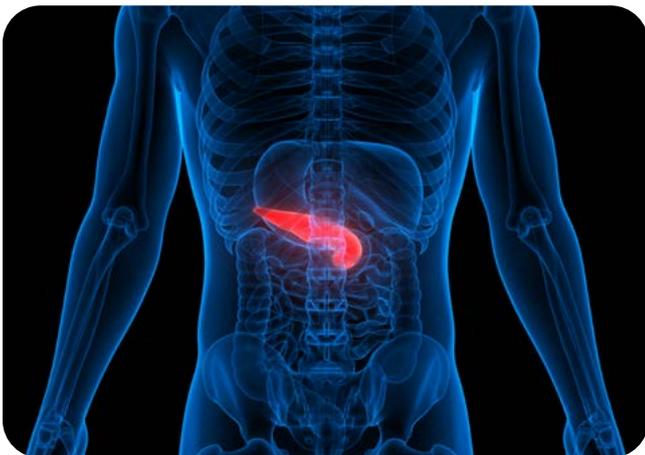
DIABETES

Diabetes mellitus is a metabolic condition where the body cannot use glucose normally.

With diabetes, the body either does not make enough insulin or, cannot effectively use the insulin it does make. The body is like an engine, with glucose being the main and most efficient fuel the body uses to generate its energy. To provide this energy, the sugars from the food we eat are transformed into glucose.

Blood glucose levels rise after eating and the pancreas is triggered to release the hormone insulin, which moves glucose from the blood and into the cells of the body. Because of this movement blood glucose levels (BGLs) subsequently fall.

Diabetes is diagnosed when there is no insulin or when insulin does not work effectively. Glucose remains in the blood stream and the blood glucose levels (BGLs) become too high.



COMPLICATIONS OF DIABETES

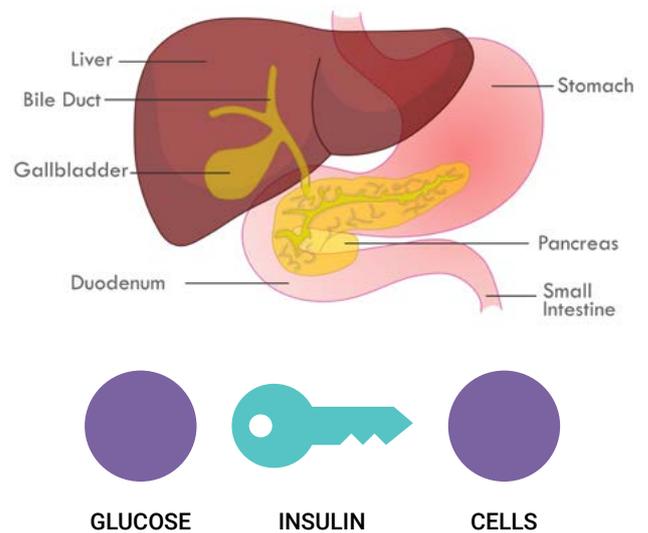
Diabetes can result in damage to nerves, eyes, kidneys, and the cardiovascular system. It can be very debilitating and may lead to an early death.

- people with diabetes are up to four times more likely to suffer heart attacks and strokes

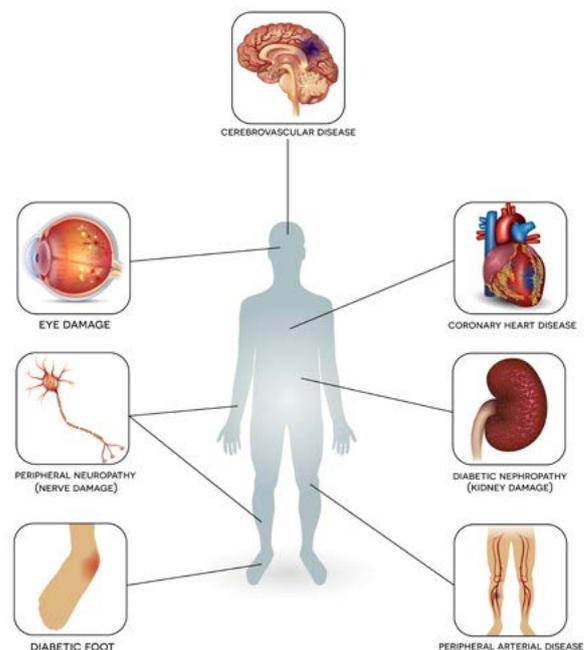
- diabetes is the leading cause of preventable blindness in Australia
- kidney failure is three times more common in people with diabetes
- amputations are 15 times more common in people with diabetes
- more than 30 per cent of people with diabetes experience depression, anxiety, and distress
- early diagnosis, optimal treatment and effective ongoing support and management reduce the risk of diabetes-related complications

www.diabetesaustralia.com.au/living-with-diabetes/preventing-complications

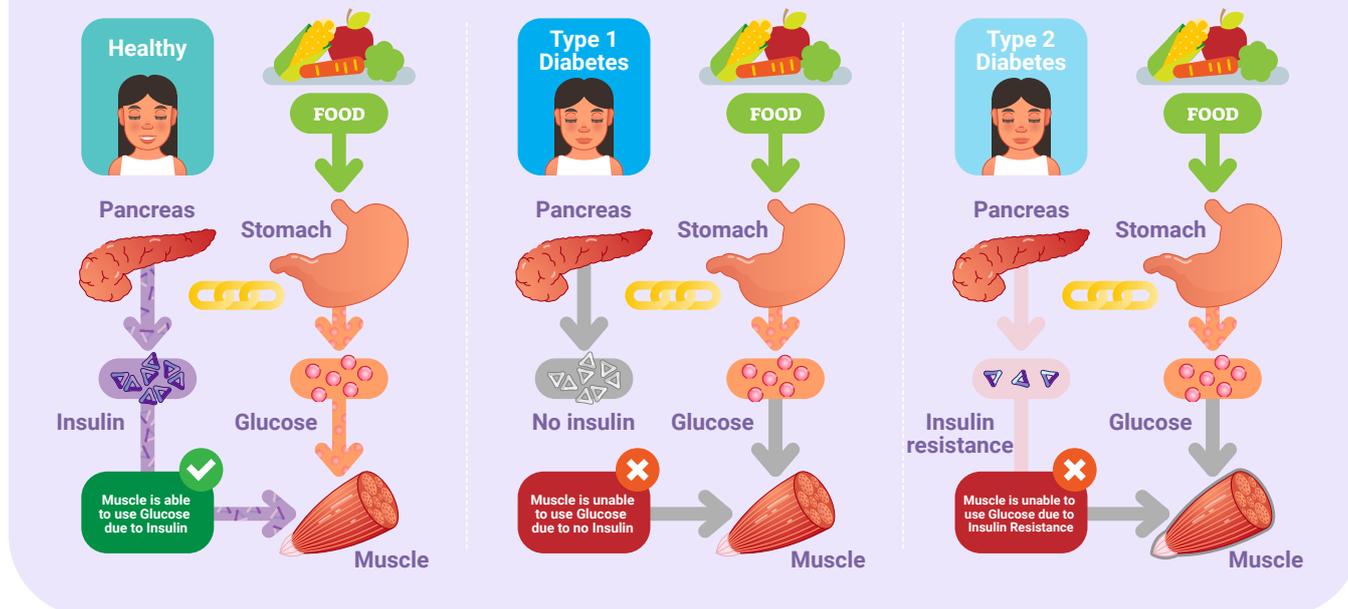
Digestion in small intestine



Diabetes complications



Types of diabetes



TYPES OF DIABETES

- type 1 diabetes: the pancreas no longer makes insulin
- type 2 diabetes: the pancreas produces inadequate insulin to meet the body's need and/or the cells do not respond to the insulin appropriately (insulin resistance)
- gestational diabetes: a form of insulin resistance where the baby is supplied with an abundance of glucose
- other: surgical or drug induced
- pre-diabetes: abnormal glucose profile but not yet diagnosable of type 2 diabetes

In 2020 over 1.3 million Australians were known to have diabetes.

This is equivalent to 297 people diagnosed with diabetes daily.

The Royal Australian College of General Practitioners asserts the aim of good diabetes management is to :

- Improve the duration and quality of life.
- Encourage people to participate and take an active role in the management of their condition.
- Ensure that all other preventative health care activities are included while maintaining good diabetes health care.

Treatment goals include:

- attain and maintain optimal BGLs, usually between 4.0 – 6.0mmol/L (fasting)
- attain and maintain optimal HbA1c <7% which measures the amount of blood sugar (glucose) attached to haemoglobin. Haemoglobin is the part of your red blood cells that carries oxygen from your lungs to the rest of your body
- reduce cardiovascular risk
- attain and maintain body weight to target range
- encourage self-monitoring and self-management
- physical exercise - at least 30 minutes most days/week

ALL TYPES OF DIABETES

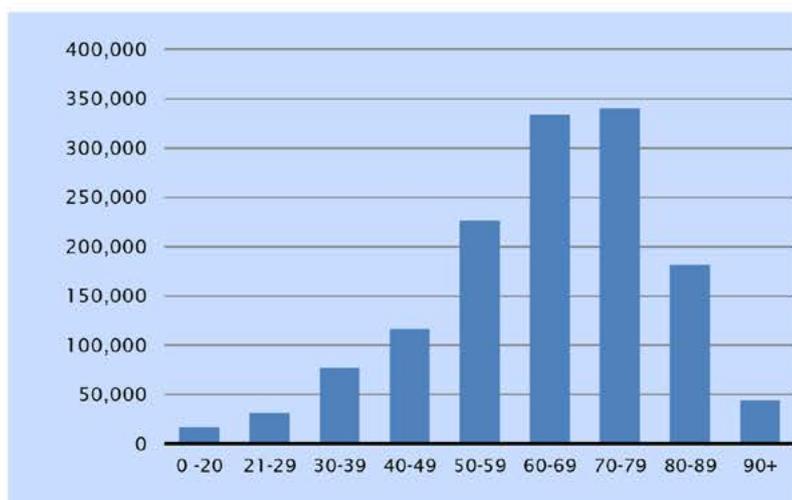
as at 30 June 2020

There were 1,366,857 people with diabetes registered with the NDSS

Diabetes Type	Number	%	Registered in Past Year
Type 1	124,652	9%	3,468
Type 2	1,191,919	87%	58,369
Gestational*	40,604	3%	40,604
Other	9,682	< 1%	1,088
Total	1,366,857	100%	103,529

* An additional 206,145 women who previously had gestational diabetes are registered with the NDSS. These women are at high risk of developing type 2 diabetes and receive regular reminder letters to have a diabetes check.

All People With Diabetes by Age Group



Over the last 12 months
103,529 people with diabetes
were registered with the NDSS

Equivalent to 284 new
registrants every day

For daily new registrants, 160
had type 2 diabetes, 111 had
gestational diabetes, 10 had
type 1 diabetes, 3 had "other"
diabetes

8,648 people with diabetes
were aged 15 years or under

16,713 people with diabetes
were aged 20 years or under

31,194 people with diabetes
were aged 21 to 29 years old

77,049 people with diabetes
were aged 30 to 39 years old

899,341 people with diabetes
were aged 60 years or older

Type 1 diabetes

Type 1 diabetes was previously known as Insulin Dependent Diabetes (IDDM) or Juvenile Onset Diabetes. In type 1 diabetes the immune system has attacked the insulin-producing beta cells of the pancreas and the pancreas is no longer able to make its own insulin.

Type 1 diabetes cannot be prevented and can occur at any point in life, although it most commonly develops in people under 30 years old. Type 1 diabetes requires insulin therapy for survival, which requires insulin being delivered just under the skin either by injection with a needle and syringe, an insulin pen, or an insulin pump. In Australia, type 1 diabetes affects approximately 1 in 10 people.

Type 2 diabetes

Type 2 diabetes, previously known as Non-Insulin Dependent Diabetes (NIDDM) or Maturity Onset Diabetes, is a chronic condition where the pancreas still produces insulin but either:

- not enough to meet the needs of the body – insulin insufficiency
- and/or the cells of the body become less responsive to that insulin – insulin resistance

Excess weight, particularly around the waist, contributes to insulin resistance which can ultimately result in a diagnosis of type 2 diabetes. Approximately 90% of people in Australia diagnosed with diabetes have type 2 diabetes. Previously a condition associated with ageing, it is now diagnosed across all age groups.

People with type 2 diabetes are encouraged to actively engage in lifestyle modification by:

- maintaining healthy food choices
- active lifestyles
- weight control
- smoking cessation
- limiting alcohol

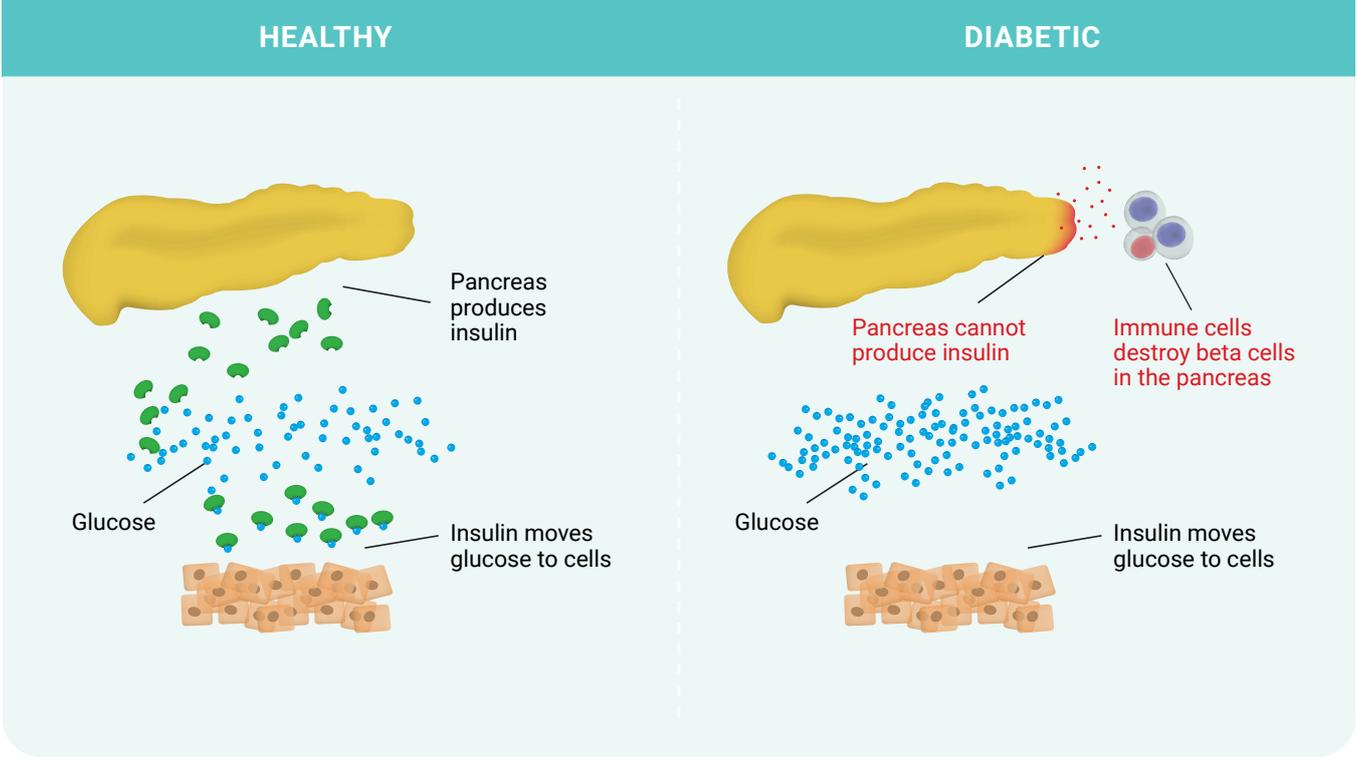
It is common, in conjunction with lifestyle modification, for tablets (oral hypoglycaemic agents or OHA's) and/or insulin to be prescribed to help maintain blood glucose levels within the target range.

A further 1.2 million Australians are estimated to have pre-diabetes in which blood glucose levels are higher than normal, although not high enough to cause diabetes. Pre-diabetes has no symptoms and without adequate management, about one in three people with pre-diabetes will develop type 2 diabetes.

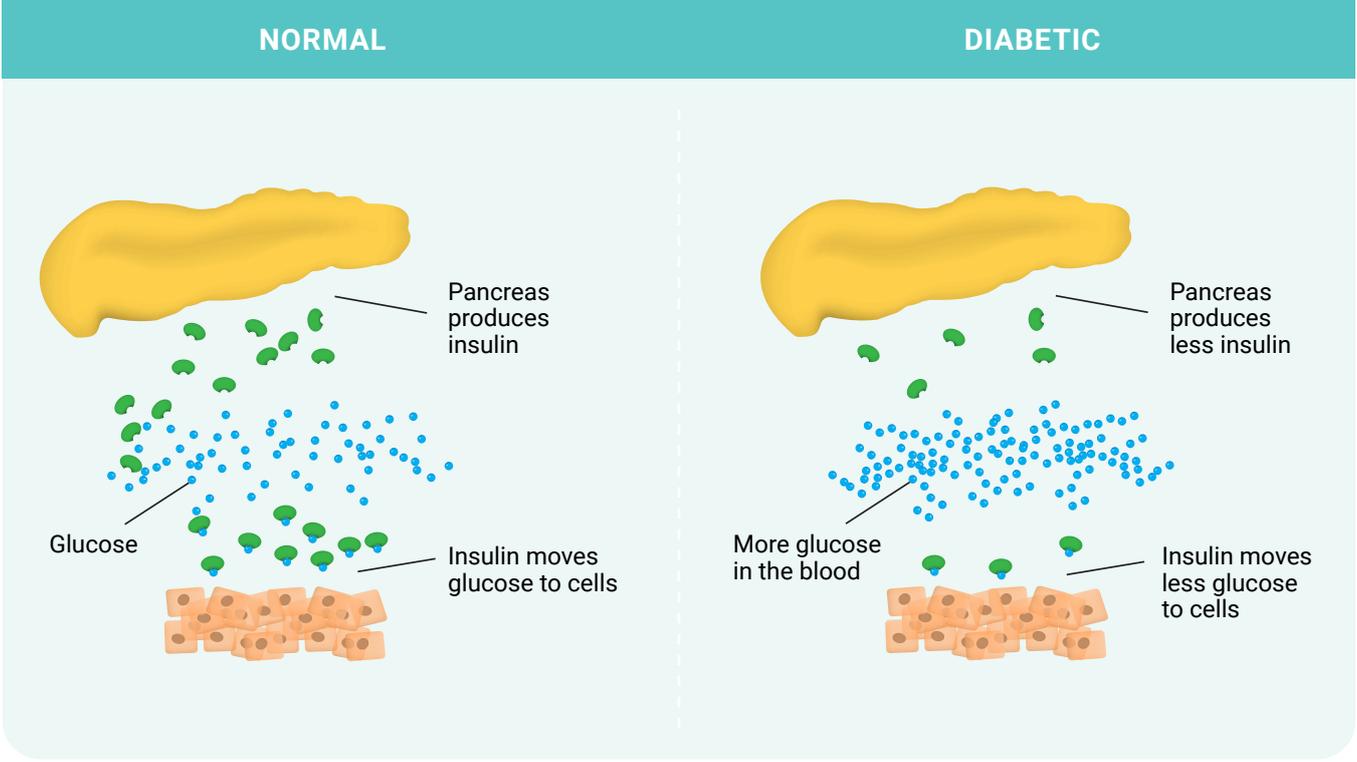
Risk factors for type 2 diabetes include:

- pre-diabetes
- a family history of diabetes
- being over 55 years of age - the risk increases as we age
- being over 45 years of age and overweight and/or have high blood pressure
- being over 35 years of age - have an Aboriginal or Torres Strait Islander, Pacific Island, Indian subcontinent, or Chinese cultural background
- being a female who birthed a child over 4.5 kgs (9lbs), had gestational diabetes or Polycystic Ovarian Syndrome

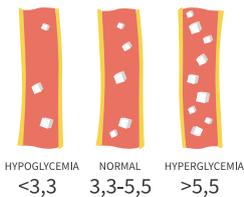
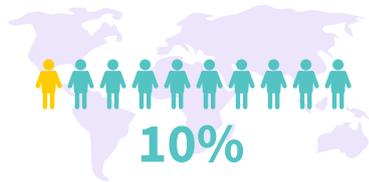
Type 1 Diabetes



Type 2 Diabetes



Type 2 Diabetes



Reasons



Medicine



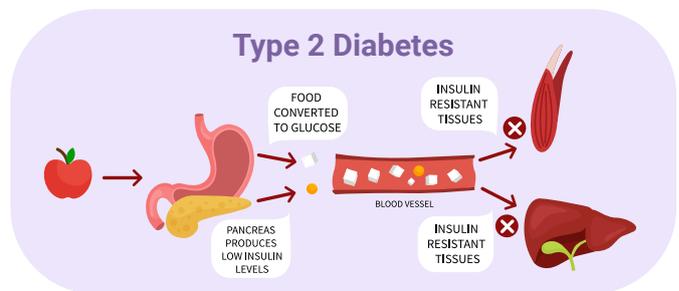
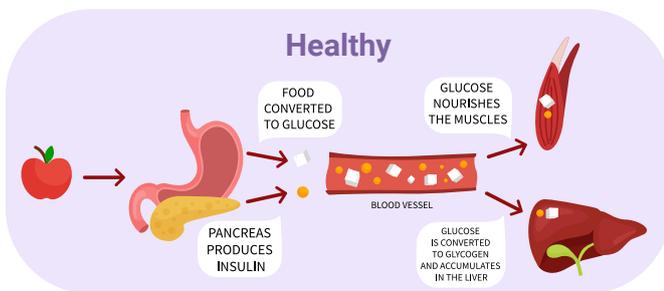
Pancreatic diseases



Stress



Overweight



Gestational diabetes mellitus (GDM)

This is a temporary form of diabetes that occurs during the second or third trimester of pregnancy. During pregnancy, maternal insulin resistance naturally increases allowing the baby to access more glucose during its growth period. If this resistance is too great, then the mother's blood glucose levels increase above the normal range, allowing excessive glucose to be accessed by the baby.

This results in:

- increased baby weight
- increased risk of birth trauma and complications
- increased risk of type 2 diabetes for both the mother and child.

Gestational diabetes is managed by:

- Following a healthy eating plan.
- Doing regular physical activity.
- Monitoring blood glucose levels.
- Insulin injections (if needed).

Once the baby is born the mother's body can again regulate glucose normally and the diabetes is considered resolved. Blood glucose level (BGL) testing is recommended 6 weeks after delivery to ensure that blood glucose levels have returned to normal; this is to exclude a diagnosis of type 2 diabetes in pregnancy.

All women should be tested for GDM between 24 – 28 weeks of pregnancy with an oral glucose tolerance test (OGTT). The fasting blood glucose is measured, followed by a drink containing 75 grams of glucose. If either the fasting or subsequent BGLs taken at 1 hour and at 2-hour time periods are above normal range, then GDM is diagnosed. GDM accounts for 3% of all diabetes in Australia with 41,490 cases in the 12 months prior to September 2020.

Other causes of diabetes

Diabetes may also be caused by surgery involving the pancreas or steroid therapy. Steroid therapy is indicated for many conditions and illnesses and requires awareness of person with diabetes and stakeholders regarding its side effects.

- corticosteroids (steroids) are anti-inflammatory medications used to treat asthma, arthritis, dermatitis and to prevent nausea during medical procedures such as chemotherapy
- certain forms of steroids can affect blood glucose levels in people with and without diabetes. Often people with diabetes taking large doses of steroids may need to temporarily commence or increase diabetes tablets or insulin injections
- people with type 1 or type 2 diabetes need to monitor their blood glucose levels more often if they are taking steroids and report any changes or symptoms to their health care team

TEAM MANAGEMENT OF DIABETES

The diagnosis of diabetes can be stressful for all concerned; the person themselves, their family, friends, and associates. It is important that all involved have access to a wide range of support from a health care team as they become familiar with the requirements of managing diabetes making lifelong changes to lifestyle and healthcare.

Diabetes self-management education and support is ongoing and designed to meet the needs of the person as their diabetes management changes over time.



Diabetes educator

Qualified diabetes educators can support people in assisting a person with diabetes to develop knowledge of their condition, how to self-monitor, manage their eating plans and foot care, how to use their medication appropriately and exercise plans.

Dietician

As healthy food choices, regular exercise and weight control contribute to the management of diabetes. Seeing dieticians early allows the person with diabetes to learn about the condition and inform their lifestyle behaviours.

Exercise physiologist

Specialise in individual and group exercise programs which are specifically tailored to meet the needs of people with diabetes.

General practitioner

The GP is usually the first point of contact and will be involved in the ongoing care, playing a central role in managing and supporting a person with a chronic condition such as diabetes.

Endocrinologist

People with diabetes may see an endocrinologist if they require additional assistance with their diabetes management or if they are having other health problems impacting on their diabetes.



Pharmacist

Pharmacists are often a first point of contact for people asking for advice on a wide range of health issues. They can provide a free information leaflet for all prescription medications called Consumer Medicine Information (CMI).

An annual review of a person's medication, known as a Home Medicines Review (HMR), can be conducted by authorised Pharmacists. These reviews are funded by the Australian Government. The aim of the review is to look at a person's medication regime and to identify whether there is a risk of drug side effects, interactions, long-term side effects or possible toxicity and to make recommendations about safe medication orders to the client's doctor.

Podiatrist

Diabetes places a person at significant risk of foot problems due to compromised circulation and sensation. Podiatrists provide preventative care and assist in the management of foot ulcers or calluses. Foot complications are the most common cause of non-traumatic amputation for a person with diabetes.

Eye specialist

Diabetes places a person at risk of vision loss due to diabetes retinopathy. This is caused by damage to the small blood vessels on the back of the eye. Retinopathy can occur regardless of the type of diabetes, age or BGL control, however optimal glycaemic control blood pressure and regular screening can greatly reduce the risk of complications. Everyone with diabetes should have their eyes checked regularly, when first diagnosed and then at least every two years.

Medicare subsidies are available for a range of services from allied health professionals such as diabetes educators, dieticians, and exercise physiologists.

LIFESTYLE MANAGEMENT OF DIABETES

Healthy weight range

In 2017–18, an estimated 2 in 3 (67%) Australians aged 18 and over were overweight or obese (36% were overweight but not obese, and 31% were obese) and around a quarter of our children are now overweight or obese. (Snapshot July 2020 <https://www.aihw.gov.au/reports/australias-health/overweight-and-obesity>)

Being overweight greatly increases the risk of high blood pressure, muscle, bone and respiratory disorders, and chronic disease including type 2 diabetes.



Waist circumference

A way for adults to measure their weight-related health risk is with a tape measure. This can be done by measuring between the lowest rib and the top of the hip bone, roughly in line with the belly button.

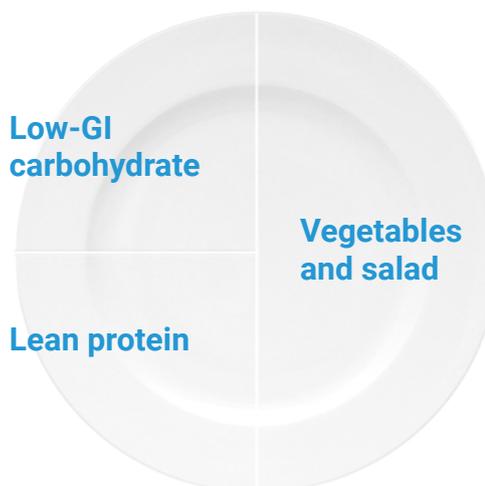
Waist measurement	Weight-related health risk
Men less than 94cm Women less than 80cm	Low-risk
Men less than 94-102cm Women less than 80-88cm	Increased-risk, especially if your BMI is more than 25
Men more than 102cm Women more than 88cm	High-risk



Healthy eating plans

There are no special diets or special foods for people with diabetes, instead it is recommended that all Australians follow the Australian Dietary Guidelines, which are available to be downloaded at: <https://www.health.gov.au/resources/publications/the-australian-dietary-guidelines>.

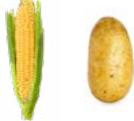
Baker IDI Nutritional plate model



Glycaemic index

Carbohydrates (CHO) are digested to produce glucose. Some are slowly absorbed, others more quickly. The glycaemic index or GI ranks carbohydrates according to their effect on blood glucose levels. The lower the GI, the slower the rise in blood glucose levels will be when the food is consumed. The effect may differ from person to person.

It is recommended that people with diabetes have moderate amounts of carbohydrate with each meal, with the recommendation to eat more low GI foods, but not to exclude high GI foods. The GI is only a small part of the healthy eating plan for people with diabetes.

FOOD CATEGORY	LOWER GI	HIGHER GI
Bread 	<ul style="list-style-type: none"> • Multigrain • Sourdough, Sourdough Rye • Pumpernickel • Mountain (Oat, Barley) & Pita • Fruit & Grain • Low GI White / Tip Top EnerGI 	<ul style="list-style-type: none"> • White • Wholemeal • Bagels & Turkish • Crumpets
Breakfast Cereals 	<ul style="list-style-type: none"> • untoasted Muesli • Rolled Oats (Porridge) • Kellogg's All-Bran • Guardian • Special K Advantage • Sustain • Uncle Toby's Oatbribs • Rice Bran / Oat Bran 	<ul style="list-style-type: none"> • Coco-Pops • Quick Oats (Porridge) • Cornflakes • Rice Bubbles • Puffed Wheat • Sultana Bran • Just Right
Rice 	<ul style="list-style-type: none"> • Basmati (Brown & White) • Doongara • Mahatma Long Grain • Wild 	<ul style="list-style-type: none"> • Jasmine • Brown
Pasta & Noodles 	<ul style="list-style-type: none"> • Wheat Pasta (White & Wholemeal) • All noodles (Not instant) 	<ul style="list-style-type: none"> • Canned Spaghetti • Potato Gnocchi • Corn & Rice Pasta • Instant Noodles
Grains 	<ul style="list-style-type: none"> • Bulghur, Barley • Pearl Cous Cous • Buckwheat • Quinoa • Semolina 	<ul style="list-style-type: none"> • Cous Cous • Polenta
Legumes & Lentils 	<ul style="list-style-type: none"> • All Dried and Canned • E.g. Kidney Beans, Chickpeas, Brown Lentils, Baked Beans 	<ul style="list-style-type: none"> • Broad Beans
Starchy Vegetables 	<ul style="list-style-type: none"> • Potato – Nicola, Carisma • Sweet Potato (Orange) • Corn <p><i>Note: Most other low-starch salad, stir fry, green & coloured vegetables do not contain significant carbohydrate and do not have a GI value.</i></p>	<ul style="list-style-type: none"> • Potato – White, Pontiac, Sebago <p><i>Note: Some semi-starch vegetables – pumpkin, peas, parsnip, beetroot & swede – do have a GI value, but rarely elevate blood glucose levels unless consumed in large quantities</i></p>
Fruit 	<ul style="list-style-type: none"> • Apples • Apricot • Banana • Berries • Cherries • Grapefruit, Grapes • Orange • Kiwifruit 	<ul style="list-style-type: none"> • Mandarin • Mango • Nectarines • Peaches • Pineapple • Plums • Tangelo <p><i>Note: Although fruit juice & dried fruit have a lower GI, consume only small amounts and preferably choose fresh fruit.</i></p>
Milk & Yoghurt 	<ul style="list-style-type: none"> • Dairy Milk & Yoghurt • Ice Cream & Custard • Soy Milk & Yoghurt 	<ul style="list-style-type: none"> • Sweetened Condensed Milk • Rice Milk
Dry Biscuits 	<ul style="list-style-type: none"> • Vita-Weat 9 Grain • Ryvita Multigrain 	<ul style="list-style-type: none"> • Rice Cakes / Crackers • Puffed Corn Thins • Water Crackers
Extras 	<ul style="list-style-type: none"> • Arnott's Snack Right Biscuits • Low Fat Ice Cream & Custard 	<ul style="list-style-type: none"> • Plain Sweet Biscuits • Sorbet & Fruit-Based Gelato

Physical activity

The human body generally responds well to physical exercise and substantial improvements may be anticipated in heart and lung function, muscular strength and endurance and flexibility.

Some of the more noticeable changes from exercise may include:

- improved glucose regulation
- increased ability to perform physical work
- improved sense of well being
- increased muscular strength
- decreased blood pressure
- improved sleep patterns and levels of anxiety

Exercise can have a profound effect with the most "unfit" person usually experiencing the greatest benefits. Before commencing any new program of physical activity, a medical check-up with a doctor is advised.

Other tips for commencing an exercise program include:

- Ease steadily and gently into an exercise program - begin with low intensity, low frequency activity and proceed slowly.
- Choose an exercise activity that is enjoyed.
- Start a regular routine by exercising every other day.
- Exercise in a group setting as this is more socially enjoyable.
- Avoid any exercise that hurts. Movements should be gentle and comfortable.



Importantly:

- Always check the feet, including soles, for any injury before exercising.
- Check blood glucose level before commencing exercise.
- Carry identification and wear a medical identification bracelet.
- Carry some sugary food and carbohydrate food in case a hypo is experienced.

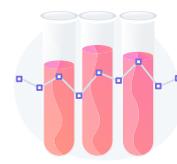


WARNING:

- Stop exercising and consult a doctor if any of the following occur: nausea, dizziness, breathlessness, tightness in the chest or persistent muscle soreness.
- Remember there is no benefit in continuing with that exercise when it hurts.



Blood glucose meter



Diabetes exam results



Diabetes medications

MONITORING BLOOD GLUCOSE LEVELS (BGLS)

Maintaining blood glucose to as close to the normal range as possible is the best defence to reduce the chances of developing acute and chronic complications from diabetes.

It is recommended that people with diabetes who are prescribed multiple glucose lowering tablets or insulin therapy, perform regular blood glucose monitoring. Over time the glucose trends will provide valuable information to determine the best management strategies.

Blood glucose monitoring is usually undertaken before meals, two hours after meals or when symptoms of hyper or hypoglycaemia are being experienced.

Blood glucose targets	Before a meal	After a meal
Type 1 diabetes	4-6 mmol/L	5-8 mmol/L
Type 2 diabetes	4-7 mmol/L	5-10 mmol/L
Gestational	<5.0 mmol/L	4-6.7 mmol/L

Glucose levels can be tested by:

- a fasting blood glucose or oral glucose tolerance test conducted in a pathology centre as ordered by a doctor
- a blood glucose meter, when a drop of blood, obtained by pricking the finger with a lancet, is applied to blood glucose test strip inserted into a blood glucose meter. The BGL is displayed on the meter screen and kept in the meter memory for future reference



- a continuous or flash glucose monitoring systems (CGMS / FGM) when a sensor is inserted under the skin to continuously record or display interstitial (body fluid) glucose levels. Readings are displayed on a smart phone, insulin pump or reading device and can be read by multiple devices at the same time. The sensor is changed every 7 – 10 days



Note: CGMS/FGM:

- as glucose levels are being measured in two separate fluid spaces of the body, one being the blood (BGL) and the other being the interstitial fluid (CGMS/FGM), the levels will rarely be reported as being the same. This may be particularly evident when glucose levels are changing rapidly such as after meals or after treatment for hypo or hyperglycaemia
- it is therefore recommended that a blood glucose level be taken should signs and symptoms be inconsistent with the CGMS/FGM reading

Accurate blood glucose results using a blood glucose meter depend on:

- using the correct testing technique
- the meter working properly
- obtaining a clean sample
- using strips which are in date and undamaged

All blood glucose meters may be checked by doing a test with a control solution available from the meter manufacturer.

BGLs should be monitored more often when:

- the person is sick, increase frequency of testing to 2 - 4 hourly
- adjusting tablet or insulin doses or
- hypo/hyperglycaemia is suspected or has been treated

When using a blood glucose meter, a lancing device is what holds a lancet or small, sharp object used to prick the skin for a blood sample. The lancing device is to be used for one person only and each lancet must be disposed of in a sharps container after use. In the situation where the individual is not able to manage their own monitoring, the person performing the test must use a single use disposable lancet.

Procedure for lancing and performing a blood glucose test:

- Wash hands to remove contaminants that may affect the test result; do not use alcohol swabs.
- Insert pen lancet into a lancet pen (some lancet pens may require a needle depth to be set) or select a single lancet device.
- Place the test strip into the meter.
- Select the site to be lanced on the side of the fingers or thumbs rather than the tip or the pad. Press the lancing device firmly against the selected site and perform the lance.
- Gently milk the blood to obtain a drop of blood and apply to the test strip inserted into the BGM.
- Wipe the site clean or apply pressure with a cotton ball.
- Dispose of lancet into a sharps container.

GLYCOSYLATED HAEMOGLOBIN (HBA1C) TEST

The HbA1c test shows an average of a person's blood glucose level over the past 3 months and should be arranged by their doctor every 3-6 months for optimal management. A sample of red blood cells that are calculated to be 3 months old are assessed for how much glucose they have picked up over this time.

The HbA1c test does not replace the BGL testing but is used as an added tool in giving the overall picture of blood glucose management. In general, people with all types of diabetes should aim to keep their HbA1c numbers below 7%.

HYPOLYCAEMIA

Hypoglycaemia means "low blood glucose" and is often referred to as a "hypo". It occurs when the blood glucose level drops to less than 4mmol/L or when symptoms are being experienced at a level close to 4mmol/L. If left untreated, hypoglycaemia may lead to loss of consciousness.

Potential causes of hypoglycaemia include:

- insufficient food or delayed meals or snacks
- excess insulin or diabetes medication taken
- alcohol consumed without food or in excessive amounts
- extra physical activity without sufficient carbohydrate or insulin adjustment

Signs and symptoms include:

- feeling shaky or nervous
- pounding heart
- rapid pulse

- sweating
- chills
- feeling irritable
- headache
- hunger
- weakness
- tingling or numbness in lips or tongue
- confusion or lack of concentration

Treatment for hypoglycaemic episode

If conscious

- 1 > Give a sugary drink - e.g., 100mls Lucozade or Lemonade or:
 - 5 -20 jelly beans (depending on the brand)
 - honey or sugar – 3 teaspoons
 - 15 gm glucose tablet or glucose gel
- 2 > Check blood glucose levels in 10 - 15 mins.
 - > If above 4 mmol/L and symptoms have resolved give a carbohydrate snack e.g., fruit, sandwich or glass of milk.

If BGL remains below 4 mmol/L or symptoms persist repeat step 1 until BGLs improve.

SEEK MEDICAL AID IF REQUIRED.

If unconscious

MANAGE USING FIRST AID PRIORITY ACTION PLAN.

Hypoglycaemia Symptoms			Hyperglycaemia Symptoms		
 PALLOR	 SLEEPINESS	 HUNGER	 HEADACHE	 DRY MOUTH	 THIRST
 SWEATING	 LACK OF COORDINATION	 IRRITABILITY	 FREQUENT URINATION	 BLURRED VISION	 WEAKNESS

A first aid priority action plan is a quick reference tool to guide the first aider in what to do and the order in which actions are taken when managing an emergency situation.

Each letter represents a major step in the care of a casualty and the actions in each step are completed before moving on.

D

DANGER

- › Check for dangers to yourself, bystanders and the casualty.
- › Make the scene safe by removing the danger from the casualty or the casualty from the danger. Only continue when it is safe to do so. If unsafe, remain clear and call triple zero (000).

R

RESPONSE

Is the casualty conscious? A person who fails to respond or shows only a minor response, such as groaning without eye opening, manage as if unconscious.

Assess for response to voice and touch:

- › Give simple commands e.g. "Open your eyes, squeeze my hand". With an adult casualty, grasp the shoulders firmly to determine a response; for children and infants, assess their response by talking or clapping and tapping the ends of their feet. **Never shake an infant.**
- › If the casualty is **conscious**, check **ABCD** and position appropriately and send/call for help (triple zero 000) as necessary.
- › If the casualty is **unconscious**, continue with the letter "S" below.

S

SEND

- › Send/call for help (triple zero 000).
- › Send for AED and first aid kit where available.

A

AIRWAY (air passages)

- › Open the mouth and check for foreign material or obstructions. In an infant make sure the nose is also clear.
- › If airway is not clear from food, vomit, blood or fluids (e.g. immersion incident) turn casualty into the recovery position, open mouth and drain matter downwards, remove loose dentures and remove visible material with rescuer's fingers then position on back.
- › Lift chin upwards (towards the ceiling) by placing fingers under chin or use a pistol grip; this lifts the tongue from the back wall of the throat and opens the airway.
- › With upper hand on forehead, tilt an adult and child's head fully back to further open the airway. Place an infant's head in a neutral position, sometimes known as a "sniffing position" (as tilting an infant's head backwards or forwards may cause airway obstruction).

B

BREATHING (lungs)

Adults breathe approximately 12-15 breaths per minute; infants/children approximately 20 breaths.

- › Look for the even movement of the rising and falling of the lower chest for 10 seconds.
- › Listen for the sound of regular normal breathing.
- › Feel air escaping from the mouth/nose with your cheek.

Note: A casualty who is breathing normally is now turned on to their side (recovery position) with neck stability if possible.

If a casualty is not breathing or not breathing normally, commence resuscitation as per the management of a NON-BREATHING casualty action plan.

C

CIRCULATION (heart)

- › Check for circulation by checking for warmth and skin colour (if lining inside the mouth is pink this is a positive sign).

D

DEADLY BLEEDING

- › Check for external bleeding – pooling or spurting blood loss, control with a pad and bandage or improvised material which may be replaced when first aid equipment is made available. Elevate and rest area where possible.
- › Check for internal bleeding – bleeding from ears, tenseness or swelling of abdomen/thighs.

DRSABCD FOR THE BREATHING CASUALTY: FURTHER ACTION POINTS

Manage other injuries and/or conditions and document all observations when possible.

Health professionals may wish to check carotid, apical or brachial pulse for rate, regularity and volume:

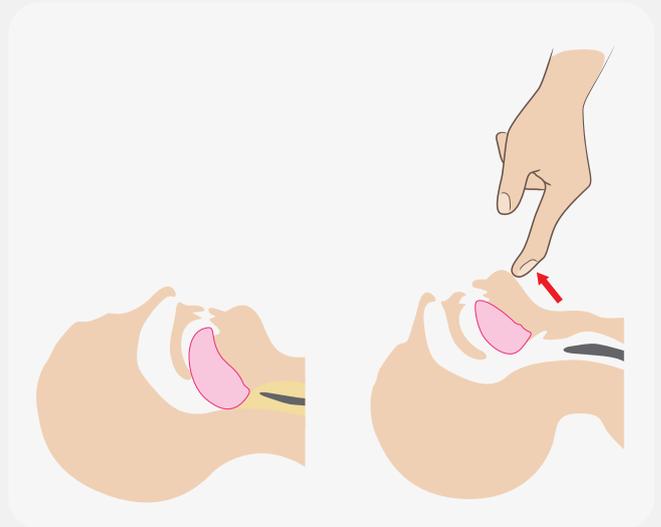
Check quality for 10 seconds (remember if a casualty is breathing they are circulating).

Constantly monitor casualty condition for changes, keep warm, check for identification and continually assess ABCD.

If the condition of the casualty worsens **telephone triple zero (000)** again.



Scan QR Code using your mobile phone camera to access video content.

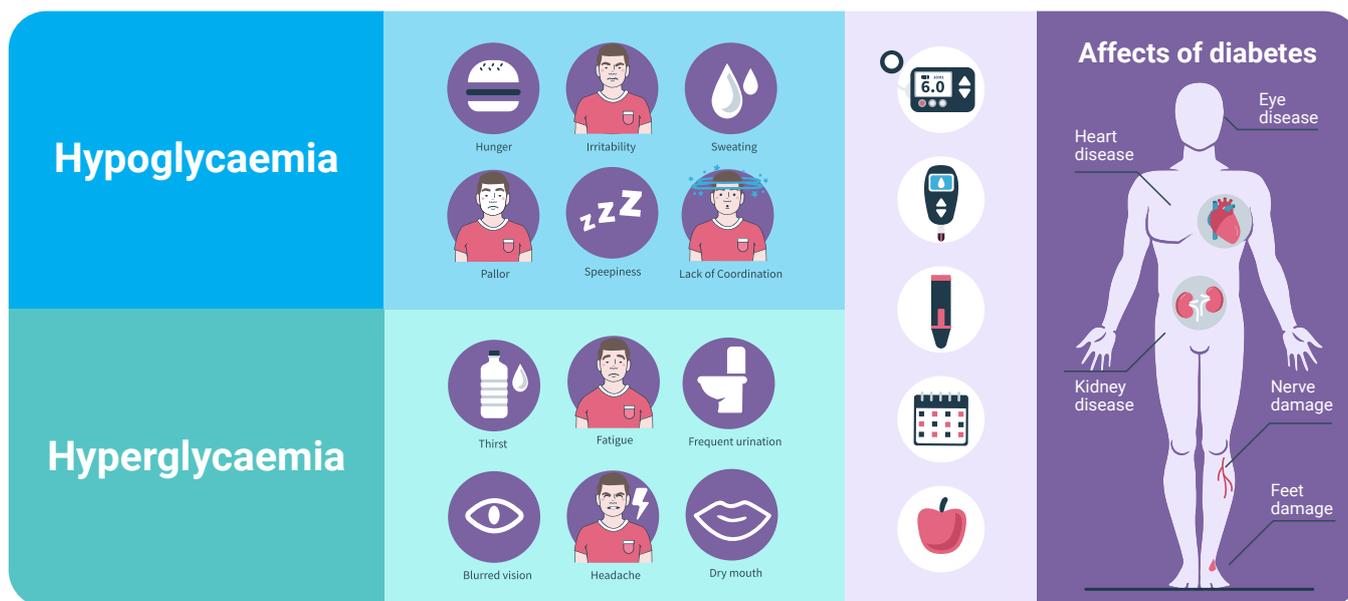


Common causes of airway obstruction

In an unconscious casualty, management of their airway takes priority over any injury, including the possibility of spinal injury.

There are two common causes for potential airway obstruction in an unconscious casualty:

- 1 When a casualty becomes unconscious, all of their muscles relax. If the casualty is lying on their back, the tongue (a large muscle), which is attached to the base of the jaw, can fall against the back of the throat blocking air from entering the lungs. This is the most common cause of airway obstruction in an unconscious casualty. Tilting the head backwards and lifting the chin up at the same time are actions used to overcome obstruction.
- 2 As an unconscious casualty is unable to cough or swallow, their airway is also at risk of becoming blocked by foreign material. Where the airway is obstructed by fluid (vomit, blood or liquid due to immersion) the casualty should be rolled onto their side to clear the airway (recovery position). The mouth should be opened and turned slightly downwards to allow gravity to assist with drainage; a first aider may use a finger sweep to remove visible foreign material.



HYPERGLYCAEMIA

Hyperglycaemia means there is an excessively high blood glucose level. Hyperglycaemia can develop over many hours or days and often there are no symptoms until the levels are extremely high.

Potential causes include:

- emotional stress
- steroids
- too little or missed dose of insulin or tablets
- insulin pump failure
- eating more carbohydrates than usual
- being less physically active than usual
- illness or infections such as thrush, cystitis, wound infections

Signs and symptoms of hyperglycaemia include:

- excessive thirst
- need to frequently urinate
- extreme tiredness
- blurred vision
- illness or infections such as thrush, cystitis, wound infections

Treatment of hyperglycaemia in type 2 diabetes

It is normal for blood glucose levels to go up and down throughout the day and occasional high blood glucose levels are not a problem. Take the following action:

- Monitor blood glucose more frequently and maintain hydration.
- Implement actions as contained in the individual's management plan for a correction dose of rapid acting insulin.
- Manage any concurrent illness or infections.

Note: If the blood glucose level remains elevated above the target ranges over time, then seek medical assistance to review the current diabetes management strategy.

Treatment of hyperglycaemia in type 1 diabetes

- Test BGLs more frequently and maintain hydration.
- Avoid exercise if BGL is $>15\text{mmol/L}$ and/or blood ketones are $>0.6\text{mmol/L}$.
- Implement action as contained in the individual's management plan for a correction dose of rapid acting insulin or a bolus dose if on insulin pump therapy.
- Repeat BGL 2 hours after a correction dose of insulin or as per the individual management plan.
- Manage any concurrent illness or infections.
- Seek medical assistance if:
 - vomiting makes drinking and eating more difficult
 - blood glucose levels remain high, and symptoms persist despite corrective action
 - ketones are greater than 0.6mmol/L despite corrective action.

Note: In type 1 diabetes, high blood glucose levels can progress to a serious condition called ketoacidosis.

Ketoacidosis

Diabetic ketoacidosis (DKA) occurs when there is not enough insulin to allow glucose to enter the body's cells to be used for energy. To make up for this, the body begins to burn fat for energy instead. This leads to accumulation of toxic chemicals in the blood called ketones, which will subsequently also appear in the urine. Detecting for ketones can be measured by using a urine test stick.

Ketoacidosis is a serious and potentially life-threatening condition associated with prolonged hyperglycaemia. It is caused by insufficient insulin and can develop gradually over hours or days. Ketoacidosis is mostly associated with type 1 diabetes; it is very rarely seen in people with type 2.

The symptoms of ketoacidosis include:

- all the symptoms for hyperglycaemia
- loss of appetite
- stomach pains
- nausea or vomiting
- extreme tiredness or fatigue
- a fruity smell on the breath
- confusion
- blood ketones > 0.6 mmol/L

If there are ketones in the blood or urine AND any of the symptoms listed above, seek medical assistance immediately.

Hyperglycaemic Hyperosmola Syndrome (HHS)

Persistent hyperglycaemia in type 2 diabetes, can lead to this rare and life-threatening condition called Hyperglycaemic Hyperosmola Syndrome. The hyperglycaemia draws fluid out of the body's tissues leading to dehydration, coma and death.

The symptoms include:

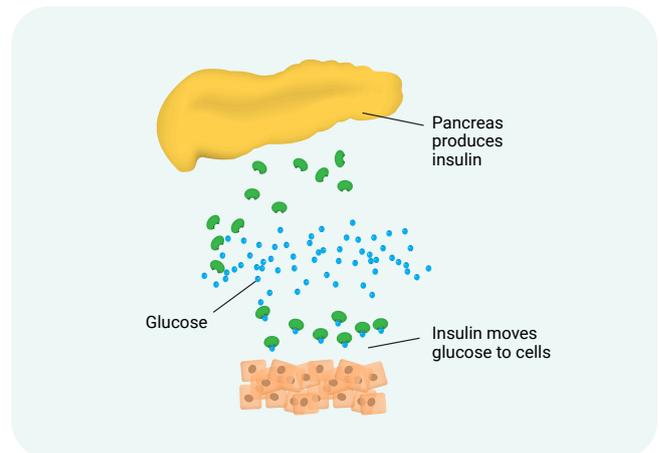
- thirst
- frequent urination
- muscle cramps
- slow heavy breathing
- extreme tiredness

MEDICATION THERAPY

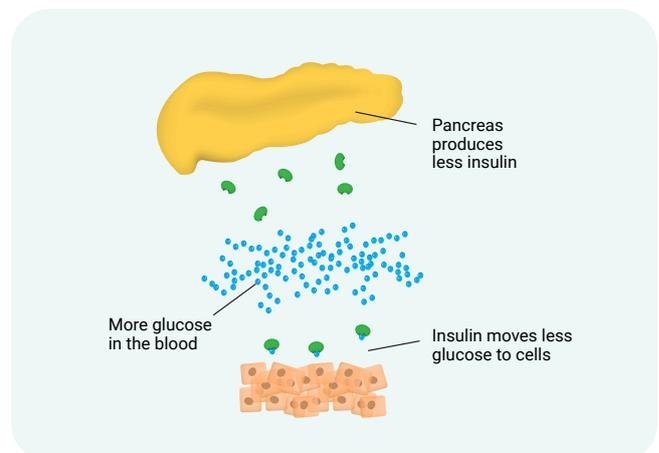
In Australia there are seven classes of medicines used to treat type 2 diabetes.

Drug treatment of Type 2 Diabetes

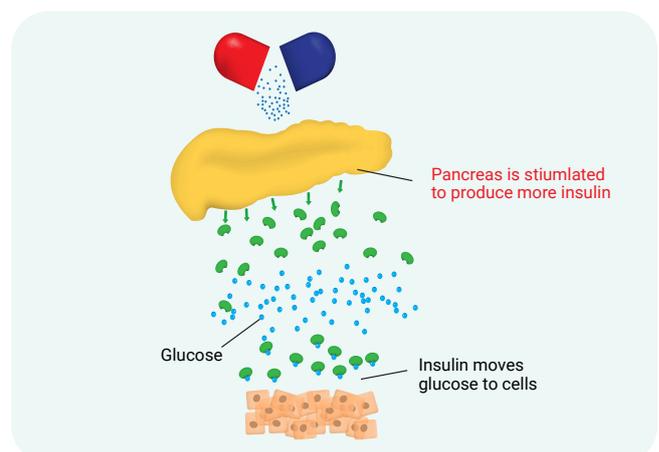
Healthy



Type 2 Diabetes



Type 2 Diabetes with Treatment



Biguanides (Metformin)

These medications help to lower BGLs by reducing the amount of stored glucose released by the liver, slowing the absorption of glucose from the gut and helping the body to become more sensitive to insulin. The main side effect to be aware of is gastrointestinal upset.

DPPP-4 inhibitors (Gliptins)

These medications work by blocking the action of DPP-4, an enzyme which destroys the hormone incretin. Incretins help the body produce more insulin only when it is needed and reduce the amount of glucose being produced by the liver when it is not needed.

Sodium-glucose transporter (SGLT2) inhibitors (Canagliflozin, Dapagliflozin)

These medications lower blood glucose levels by decreasing the amount of glucose that is reabsorbed from the kidneys so that it goes out through the urine rather than staying in the blood. The main side effect is urinary tract and genito-urinary fungal infections.

Incretin mimetics (Byetta, Trulicity)

These medications are an injectable class of medications used to treat type 2 diabetes. They work by copying, or mimicking, the functions of the natural incretin hormones in the body that help lower post-meal blood sugar levels. These functions include stimulating the release of insulin from the pancreas after eating, even before blood sugars start to rise. The main side effects are nausea and diarrhoea.

Sulphonylureas (Gliclazide, Glibenclamide, Glipizide, Glimepiride)

These medications lower BGLs by stimulating the pancreas to release more insulin. The main side effect is hypoglycaemia.

Thiazolidinediones (Glitazones)

These medications help to lower blood glucose levels by increasing the effect of the insulin, especially on muscle and fat cells (they aim to improve insulin resistance).

Alpha glucosidase inhibitors (Acarbose)

These medications help to slow down the digestion and absorption of certain dietary carbohydrates in the gut. The main side effect is gastrointestinal upset.

INSULIN

Insulin is a hormone made by beta cells in the pancreas. When we eat, insulin is released into the blood stream where it helps to move glucose from the food we have eaten into cells to be used as energy.

Everyone with type 1 diabetes needs to use insulin therapy to keep their blood glucose levels as normal as possible. Currently 25% of people with type 2 require insulin therapy to help manage BGLs when prescribed tablets, together with lifestyle modifications, are not enough to keep blood glucose levels within the recommended target range.

Doses are measured by UNITS of INSULIN and have different duration of action to mimic that which would be produced by a functional pancreas.

Insulin types

There are different types of insulin ranging from short to long acting. Often people need varying amounts of both short and longer acting insulin.

1 FAST ACTING INSULIN

- starts to work within minutes
- peak time is approximately 1.5 hours and lasts 3 – 5 hours
- is advised to be injected with the first bite of the meal or within 20 minutes of starting the meal

Examples: Fiasp.

2 RAPID ACTING INSULIN®.

- is clear in appearance and starts to work within 10 - 20 minutes
- peak time is approximately 1.5 hours and lasts 3 - 5 hours
- advised to pre bolus 5 – 10 minutes before the start of the meal. In some cases, with finicky or unpredictable eaters, insulin is given after the meal is finished

Examples: NovoRapid®, Humalog®, Apidra®.



3 SHORT ACTING INSULIN

- is clear in appearance, works within half an hour (so the injection is given half an hour before eating)
- peak time is 2- 4 hours and lasts for 6 - 8 hours

Examples: Actrapid®, Humulin®R and Hypurin® Natural (beef).

4 INTERMEDIATE ACTING INSULIN

- is cloudy in appearance, works within 1 ½ hours
- peak around 4-12 hours and lasts for 16-24 hours

Examples: Protaphane®, Humulin® NPH, Hypurine Isophane® (beef).

5 MIXED INSULIN

- is cloudy in appearance (contain pre-mixed combinations of either rapid onset or short acting)

Examples: NovoMix® 30 (30% insulin aspart and 70% Protamine crystallised insulin aspart), Humalog® mix 25 (25% Insulin® lispro, 75% insulin lispro Protamine suspension), Humalog® mix 50 (50% Insulin lispro, 50% insulin lispro Protamine suspension)

Types of mixed insulins containing a short acting insulin currently available are: Mixtard®30/70, Mixtard®50/50 and Humulin®30/70.

6 LONG-LASTING INSULIN

- is clear in appearance
- provide “basal or background insulin”. Needs to be supplemented with short or rapid onset-fast acting in type 1 diabetes

Examples: Semglee® Optisulin® Toujeo® (insulin glargine) and Levemir® (insulin detemir).

Semglee & Optisulin start working 1 – 2 hours after injection, have no peak and continue to lower BGL for 24 hours.

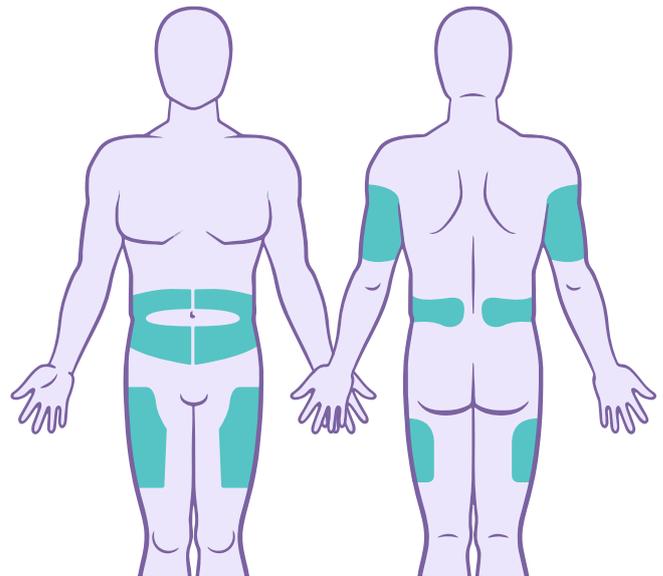
Toujeo starts working 1 – 6 hours after injection, has no peak and continues to lower BGL for 24 – 36 hours.

Levemir® (insulin detemir) injected once or more commonly twice daily, starts to work within 1-2 hours of injecting, has a peak action 6-8 hours after injecting and continues to lower blood glucose levels for 12-24 hours.

Insulin therapy

Insulin is injected subcutaneously, which means into the fat layer under the skin. In this type of injection, a short needle is used to inject insulin into the fatty layer between the skin and the muscle.

The most suitable sites are generally those indicated below. The abdomen absorbs insulin the fastest, while the thighs and buttocks allow slower insulin absorption.



Injection sites

Abdomen

The preferred site for insulin injection is the abdomen. Insulin is absorbed more quickly and predictably there. Select a site between the bottom of the person's ribs and their pubic area, steering clear of the 5 cms or 2 inches area surrounding the navel.

Thigh

Inject into the top and outer areas of the thigh, about 10 cms or 4 inches down from the top of the leg and 10cms or 4 inches up from the knee.

Arm

Use the fatty area on the back of the arm, between the shoulder and elbow.

Delivery methods:

- injection with an insulin pen
- insulin pump
- injection with a needle and syringe

Insulin pen devices can make injecting simpler and more convenient. Disposable insulin pen devices come pre-filled with 300 units of insulin. Reusable insulin pen devices have a replaceable cartridge pre-filled with 300 units of insulin. Insulin pen devices are made to fit specific brands of either fast, rapid, long acting or a pre-mix of insulin; they are not interchangeable.



Insulin pen



Insulin pen



Insulin pen showing dial up dosage

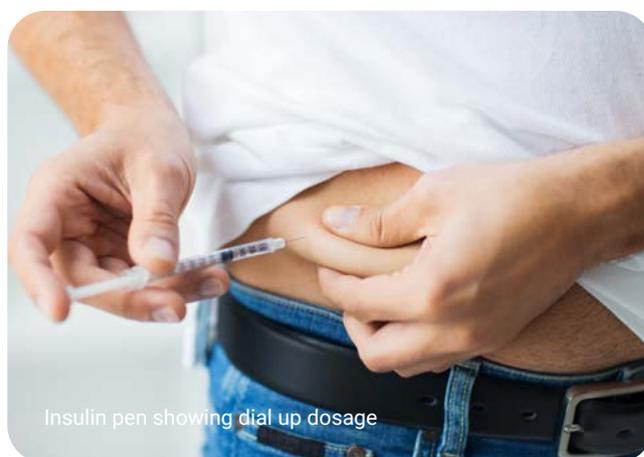
Syringes and needles

Syringes come in 0.3 ml (30 units), 0.5 ml (50 units) and 1ml (100 units) sizes. Syringes and needles are made to be used only once and then discarded.

When you inject insulin, you should:

- Use the recommended pen needle length of 4, 5, or 6mm.
- Attach a new needle every time and discard after use.
- Check you are giving the right type and dose of insulin.

- Prime the needle every time to remove air and start the flow of insulin (also known as an "air shot").
- Insert the needle at 90 degrees (a right angle), unless advised otherwise by the health professional.
- Gently insert needle into the skin and slowly depress the button to deliver insulin.
- After injecting the insulin, hold the needle under the skin for 10 seconds to make sure the full dose is given.
- Rotate injection sites so that a different site is used every time to avoid developing fatty lumps.
- If using an insulin pen, remove the needle from the pen after each injection.
- Keep insulin in use at room temperature.
- Discard expired insulin.
- Dispose of all sharps safely.



Insulin pen showing dial up dosage

Insulin via a syringe

Roles and responsibilities of a support worker when assisting clients with medications

Support workers:

- are individually accountable for their own actions
- have a duty of care to the clients they support, care for, give advice to
- have a duty of care to clients to ensure the safe and proper use of medications
- must be assessed as competent (preferably on the job) to assist client/s with the client's medication
- are responsible for gaining consent before assisting a client with medication
- have a general awareness of potential side effects and interactions of medications
- must report any medication incidents or near misses
- must know who to report to if there are any circumstances or changes in clients' condition (physical/behavioural)

- must follow the '6 Rights' of medication practice and check each time that they have:
 - right client
 - right medication
 - right dose (amount)
 - right time
 - right route (e.g. mouth, nose, rectal etc)
 - right documentation
- are responsible for documenting the outcomes of assisting client/s with medication administration
- are responsible for knowing and working within the boundaries of their roles in relation to state and territory drug and poisons legislation
- cannot claim the status of a registered nurse or medical officer as this is illegal

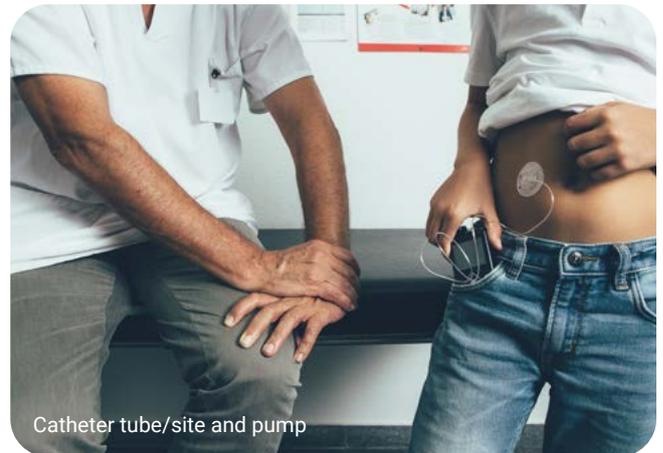
Six Rights of Medication



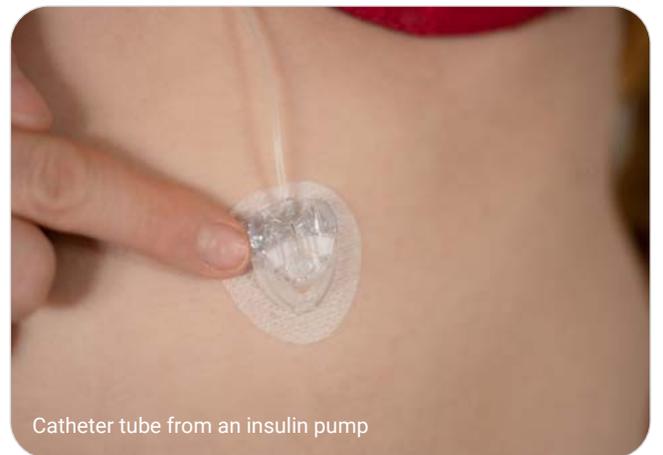
Support workers must work within the limitation of their role in relation to medication management, to assist with medications as part of the client's personal care once the client has been assessed by a registered nurse/doctor. Support workers are responsible for following instructions in the health care plan to physically assist clients with medications from DAA and client prescribed containers.

Only support workers who have been trained to a client's specific health management plan and diabetes medication management plan are able to administer insulin, and to that single client only.

Insulin Pump Therapy (IPT) or Continuous subcutaneous insulin infusion (CSII)



Catheter tube/site and pump



Catheter tube from an insulin pump

An insulin pump is a small battery-operated device that contains a reservoir filled with rapid acting insulin. It is worn outside the body, in a pouch or on a belt. A cannula, which is a thin tube, is inserted into the skin with a plastic tube connecting it to the pump; these are called infusion sets and are changed every 2 – 3 days. Site selection is the same as for an insulin injection.

The pump is programmed to continuously deliver rapid acting insulin to provide basal or background insulin. 'Bolus' doses are delivered with food throughout the day to match carbohydrate intake.

There are currently several insulin pumps available in Australia including:

- Medtronic 670G
- Ypsomed Insulin Pump
- Tandem T-Slim
- Accu-Chek Solo



Many of these pumps integrate with CGMS which allows for the glucose levels to be displayed on the screen. Some of these systems can automatically act based on the glucose reading such as:

- suspending insulin delivery
- changing rate of basal delivery

Other features of pump programming are:

- multiple basal rates over a 24-hour period
- temporary basal rates for sick days and exercise for example
- pre-set carbohydrate to insulin ratios and sensitivity factors
- ability to give correction dose for elevated BGL

It is important to never disconnect from the pump for more than two hours without using an alternative method of insulin delivery (e.g., insulin injections) and to regularly check that the pump is delivering insulin. Prompt attention to rising blood glucose level is essential to prevent diabetic ketoacidosis.

Approximately 10% or 10,000 Australians with type 1 diabetes are currently using insulin pump therapy in place of daily injections. Private health insurance may cover the cost of the insulin pump whilst the infusion sets and reservoirs are subsidised by the National Diabetes Services Scheme (NDSS).

Troubleshooting insulin pump therapy

Operator error and/or a combination of these issues can cause the pump to fail:

- flat battery
- empty reservoir
- insulin infusion set (IIS) blockage
- displaced infusion set
- infusion site problems
- insulin stability issues
- mechanical pump failure

If the pump issue cannot be quickly and easily resolved a return to insulin therapy using insulin pens or needle and syringe is necessary to maintain the person's insulin levels and prevent diabetic ketoacidosis (DKA).

SICK DAY MANAGEMENT PLAN

Illness, injury, pain and common infections such as urinary tract, ear and chest infections and viral illnesses place stress on the body. The result of this stress in someone with diabetes is that blood glucose levels may rise and often become quite high.

It is important for people with diabetes to work in conjunction with their healthcare team and have a Sick Day Management and Action plan in place.

When sick:

- Continue taking the diabetes medication as prescribed.
- Monitor blood glucose levels more frequently, usually every 2 hours.
- Keep fluid levels up and eat if possible.
- Ask for help early from the healthcare team.
- Seek medical attention if:
 - the person is type 1 and their blood glucose is greater than 15mmol/L for more than 12 hours or if it continues to rise
 - the person is feeling drowsy, confused, having difficulty breathing or has severe abdominal pain
 - the person has hypoglycaemia, and the blood glucose cannot be kept above 4mmol/L
 - the person is too unwell to carry out their self-management
 - the person is vomiting or diarrhoea continues for more than 12 hours

Further in depth information on managing sick days

Managing sick days for adults with type 1 diabetes on insulin injections can be found at https://www.adea.com.au/wp-content/uploads/2020/09/Consumer_02_03.pdf

In addition managing sick days for adults with type 2 diabetes who use insulin can be found at https://www.adea.com.au/wp-content/uploads/2020/09/Consumer_03_03.pdf

Sick day action plan sample (Source: www.adea.com.au)

SICK DAY ACTION PLAN	DATE
Any special instructions for when to commence using guidelines	
Details of whom to contact	
Action to take if unable to contact the numbers above	
Any special instructions for diabetes medication	
Any special instructions for types of fluids	
Instructions for use of insulin	
Instructions for managing low blood glucose levels	
When to seek medical care	
Other	

DIABETES REFERENCES AND RESOURCES

Diabetes Australia

www.diabetesaustralia.com.au

Victoria

Office and retail store address:

570 Elizabeth Street Melbourne VIC 3000

Customer service: 1300 136 588

Direct business calls: (03) 9667 1777

Opening hours: Mon to Fri 8:30am - 5:00pm

Fax: (03) 9667 1778

Email: mail@diabetesvic.org.au

www.diabetesvic.org.au/contact-us

Diabetes Research Foundation

www.diabetesresearchfoundation.asn.au

Juvenile Diabetes Research Foundation

www.jdrf.org.au

Royal Children's Hospital, Melbourne

Fact sheet: Diabetes manual, type 2 diabetes

www.rch.org.au

Department of Health, Victoria

Home Page Keyword search: Diabetes

www.health.vic.gov.au

Department of Human Services, Victoria

Home Page Keyword search: Diabetes

www.dhs.vic.gov.au/home

Better Health Channel, Victoria

Home Page: A-Z of Conditions: Diabetes Fact Sheets

www.betterhealth.vic.gov.au

Department of Education and Early Childhood Development

Home Page keyword search: Diabetes – information on medical condition guidelines, Safety guidelines for Education Outdoors emergency response procedures; Student safety and risk management etc.

www.education.vic.gov.au

Australian Resuscitation Guidelines ANZCOR Guideline 9.2.9 – First aid Management of a Diabetic Emergency - April 2021 (0.6 MiB)



Premium Health has a range of health care, first aid and mental health training programs conducted by our nurses, paramedics or mental health practitioners.



Call us to discuss our onsite face-to-face and live virtual classroom options, delivered anywhere in Australia.

HEALTH CARE

- Assisting clients with medication
- Assisting clients with medication (part 2)
- Advanced medication - eye and ear drops, topical creams, oral liquids and patches
- Autism spectrum disorder
- Blood pressure – using a digital blood pressure machine
- Bowel management – elimination
- Coronavirus and infection control
- Dementia training for support workers
- Diabetes training for support workers
- Dysphagia for support workers
- End of life care
- Epilepsy training for support workers
- Epilepsy training and midazolam administration via intranasal and buccal routes
- Food safety awareness for support workers
- Infection control
- Managing behaviours with positive support
- Manual handling
- Nebuliser training for asthma
- Ostomy and stoma care for support workers
- Positive behaviour support
- Pressure injury – prevention and care for support workers
- Providing personal care with dignity and respect
- Shallow suctioning
- Tube feeding management
- Urinary catheter care
- Wound care awareness for support workers

FIRST AID TRAINING

- Cardiopulmonary resuscitation (CPR)
- Provide first aid
- Asthma and anaphylaxis
- Advanced first aid

MENTAL HEALTH

- Mental health first aid
- Leadership and resilience training
- Mental health awareness

And many others...

1300 721 292

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ABN 24 692 649 946