

Diabetes Management Policy

Diabetes in children can be a diagnosis that has a significant impact on families and children. It is imperative that Educators and Staff within the Service understand the responsibilities of diabetes management. Most children will require additional support from the Service and Educators to manage their diabetes whilst in attendance.

National Quality Standard (NQS)

Quality Area 2: Children's Health and Safety		
2.1	Health	Each child's health and physical activity is supported and promoted
2.1.2	Health practices and procedures	Effective illness and injury management and hygiene practices are promoted and implemented.
2.2	Safety	Each child is protected
2.2.1	Supervision	At all times, reasonable precautions and adequate supervision ensure children are protected from harm and hazard

Education and Care Services National Regulations

Children (Education and Care Services) National Law NSW	
90	Medical conditions policy
90(1)(iv)	Medical Conditions Communication Plan
91	Medical conditions policy to be provided to parents
92	Medication record
93	Administration of medication
94	Exception to authorisation requirement—anaphylaxis or asthma emergency
95	Procedure for administration of medication
96	Self-administration of medication

PURPOSE

Our Service is committed to providing a safe and healthy environment that is inclusive for all children, staff, visitors and family members. The aim of this policy is to minimise the risk of a diabetic medical emergency whilst at our Service.



SCOPE

This policy applies to children, families, staff, management and visitors of the Service

DESCRIPTION

- *Type-1 Diabetes* is an autoimmune condition, which occurs when the immune system damages the insulin producing cells in the pancreas. This condition is treated with insulin replacement via injections or a continuous infusion of insulin via a pump. Without insulin treatment, type-1 diabetes is life threatening.
- *Type-2 Diabetes* occurs when either insulin is not working effectively (insulin resistance) or the pancreas does not produce enough insulin (or a combination of both). Type-2 diabetes affects between 85 and 90 per cent of all cases of diabetes and usually develops in adults over the age of 45 years, but it is increasingly occurring at a younger age. Type-2 diabetes is unlikely to be seen in children under the age of 4 years old.

DUTY OF CARE

Our Service has a legal responsibility to provide

- a. A safe environment
- b. Adequate Supervision

Staff members, including casual staff, need to know about diabetes to ensure the safety of children, especially in regards to hypoglycemia and safety in sport.

IMPLEMENTATION

We will involve all educators, families and children in regular discussions about medical conditions and general health and wellbeing throughout our curriculum. The Service will adhere to privacy and confidentiality procedures when dealing with individual health needs.

All medical conditions policies are available to all educators and volunteers and families of the Service. It is important that communication is open between families and educators to ensure appropriate management of diabetes is effective.



Children diagnosed with Diabetes will not be enrolled into the Service until the child's medical plan is completed and signed by their Medical Practitioner and the relevant staff members have been trained how to manage the individual child's diabetes.

It is imperative that all educators and volunteers at the Service follow a child's Medical Management Plan in the event of an incident related to a child's specific health care need, allergy or medical condition.

Management / Nominated Supervisor will ensure:

- Parents/guardians of an enrolled child who is diagnosed with diabetes have access to service policies around managing medical conditions.
- All staff members including volunteers are aware of this policy and all service policies involving managing medical conditions.
- That new staff members are made aware of this policy during their induction and how to easily access it when needed.
- All staff members have completed first aid training approved by the Education and Care Services National Regulations at least every 3 years and is recorded, with each staff members' certificate held on the Service's premises.
- When a child diagnosed with diabetes is enrolled, all staff attend regular training on the management of diabetes and, where appropriate, emergency management of diabetes.
- At least one staff member who has completed accredited training in emergency diabetes first aid is present in the Service at all times whenever children with diabetes are being cared for in the Service.
- There is a staff member who is appropriately trained to perform finger-prick blood glucose or urinalysis monitoring and knows what action to take if these are abnormal.
- The family supplies all necessary glucose monitoring and management equipment.
- The plan will cover the child's known triggers and where relevant other common triggers which may lead to a Diabetic emergency.
- All staff members are trained to identify children displaying the symptoms of a diabetic emergency and location of the Diabetic Management Plan as well as the Emergency Management Plan.

- All staff, including casual and relief staff, are aware of children diagnosed with diabetes attending the Service, symptoms of low blood sugar levels, and the location of diabetes management plans and emergency management plans.
- Each child with type-1 diabetes has a current individual Diabetes Management Plan prepared by the individual child's diabetes medical specialist team, at or prior to enrolment.
- Ensure that a child's Diabetes Management Plan is signed by a Registered Medical Practitioner and a copy is placed on the child's file. This will describe any prescribed medication for that child as well as the emergency management of the child's medical condition.
- Before the child's enrolment commences, the family will meet with the Service and its educators to begin the communication process for managing the child's medical condition in consultation with the registered medical practitioners instructions.
- A communication plan is developed for staff and parents/guardians encouraging ongoing communication between parents/guardians and staff regarding the management of the child's medical condition, the current status of the child's medical condition, this policy and its implementation within the Service prior to the child starting at the Service.
- Individual Diabetes Management plans will be displayed in key locations throughout the Service.
- Ensure that the staff member accompanying children outside the Service has the evacuation bag with them at all times with the child's prescribed medication and action plan.
- The programs delivered at the Service are inclusive of children diagnosed with diabetes and that children with diabetes can participate in all activities safely and to their full potential.
- All staff and volunteers at the Service are aware of the strategies to be implemented for the management of diabetes at the Service in conjunction with each child's diabetes management plan.
- Updated information, resources and support is regularly given to families for managing childhood diabetes.
- That no child diagnosed with diabetes attends the Service without the appropriate monitoring equipment and any prescribed medications.
- Availability of meals snacks and drinks that are appropriate for the child and are in accordance with the child's Diabetes Management plan at all times.
- Contact Diabetes Australia for further information to assist Educators to have comprehensive understanding about treating diabetes.

Educators will:

- Read and comply with this Diabetes Management Policy and the service's Medical Conditions Policy.
- Know which children are diagnosed with diabetes, and the location of their monitoring equipment, Diabetes Management Plan and any prescribed medications.
- Perform finger-prick blood glucose or urinalysis monitoring (when required) and will act by following the child's diabetes management plan if these are abnormal.
- Communicate with parents/guardians regarding the management of their child's medical condition and regularly update the Risk Minimisation plan.
- Ensure that children diagnosed with diabetes are not discriminated against in any way and are able to participate fully in all programs and activities at the Service.
- Follow the strategies developed for the management of diabetes at the Service.
- Follow the Risk Minimisation Plan for each enrolled child diagnosed with diabetes.
- Ensure a copy of the child's Diabetes Action Plan is visible and known to staff within the Service.
- Take all personal Diabetes Action Plans, monitoring equipment, medication records and any prescribed medication on excursions and other events outside the Service (evacuation bag)
- Recognise the symptoms of a diabetic emergency and treat appropriately by following the Diabetes Management Plan.
- Administer prescribed medication if needed according to the Emergency Medication Management Plan in accordance with the Service policies.
- Identify and where possible minimise possible triggers as outlined in the child's Diabetes Action Plan and Risk Minimisation Plan.
- Ensure that children with diabetes can participate in all activities safely and to their full potential.
- Increase supervision of a child diagnosed with diabetes on special occasions such as excursions, incursions, parties and family days.
- Regularly check and record the expiry date of the prescribed medication relating to the medical condition.
- Provide information to the Service community about resources and support for managing childhood diabetes.
- Ensure there are glucose foods or sweetened drinks readily available to treat hypoglycemia at all times (low blood glucose), e.g. glucose tablets, glucose jellybeans, etc.

Families will ensure they provide the Service with:

- Details of the child's health problem, treatment, medications and allergies.
- Their doctor's name, address and phone number, and a phone number for contact in case of an emergency.
- A Diabetes Care Plan and Emergency Medical Plan (Action Plan) during enrolment and prior to the child starting at the Service which should include:
 - a) When, how and how often the child is to have finger-prick or urinalysis glucose or ketone monitoring
 - b) What meals and snacks are required including food content, amount and timing
 - c) What activities and exercise the child can or cannot do
 - d) Whether the child is able to go on excursions and what provisions are required
 - e) What symptoms and signs to look for that might indicate hypoglycemia (low blood glucose) or hyperglycemia (high blood glucose)
 - f) What action to take including emergency contacts and what first aid to implement
 - g) An up to date photograph of the child
- A copy of the child's Diabetes Action Plan and an Emergency Medication Management Plan developed and signed by a Registered Medical Practitioner for implementation within the Service.
- The appropriate monitoring equipment needed according to the Diabetes Management Plan.
- An adequate supply of emergency medication for the child at all times according to the Emergency Management Plan.
- Information and answering any questions regarding their child's medical condition.
- Any changes to their child's medical condition and provide a new Diabetes Management Plan in accordance with these changes.
- All relevant information and concerns to staff, for example, any matter relating to the health of the child.

Upon enrolment, families are to agree to our service's terms and conditions which includes displaying of children's action plan in prominent positions within the Service for easy access for staff and medical professionals.

DIABETIC EMERGENCY

A diabetic emergency may result from too much or too little insulin in the blood. There are two types of diabetic emergencies;

- a) Very low blood sugar (hypoglycemia, usually due to excessive insulin);
- b) Very high blood sugar (hyperglycemia, due to insufficient insulin).

The more common emergency is hypoglycemia. This can result from too much insulin or other medication, not having eaten enough of the correct food, unaccustomed exercise or a missed meal.

In a medical emergency involving a child with diabetes, the Service staff should immediately dial 000 for an ambulance and notify the family in accordance with the Regulation and guidelines on emergency procedures and administer first aid or emergency medical aid according to the child's Diabetes Management or Emergency Plan (Action Plan).

In the event that a child suffers from a diabetic emergency the Service and staff will:

- Follow the child's Diabetic Emergency Plan.
- If the child does not respond to steps within the Diabetic Emergency Plan call an ambulance immediately by dialing 000
- Continue first aid measures
- Contact the parent/guardian when practicable
- Contact the emergency contact if the parents or guardian can't be contacted when practicable
- Notify the regulatory authority within 24 hours

SIGNS & SYMPTOMS

HYPOGLYCEMIA - If caused by low blood sugar, the person may:

- Feel dizzy, weak, tremble and hungry
- Look pale and have a rapid pulse
- Sweating profusely
- Numb around lips and fingers
- Appear confused or aggressive
- Unconsciousness

HYPERGLYCEMIA - If caused by high blood sugar, the person may:

- Feel excessively thirsty
- Have a frequent need to urinate
- Have hot dry skin, a rapid pulse, drowsiness
- Have the smell of acetone (like nail polish remover) on the breath
- Unconsciousness

For more information, contact the following organisations:

Diabetes Australia Victoria

1300 136 588

mail@diabetesvic.org.au

www.diabetesvic.org.au

Juvenile Diabetes Research Foundation

www.jdrf.org.au

Diabetes Kids and Teens

(A branch of Diabetes Australia NSW)

www.diabeteskidsandteens.com.au

Source

- Australian Children's Education & Care Quality Authority
- Guide to the Education and Care Services National Law and the Education and Care Services National Regulations
- ECA Code of Ethics
- Guide to the National Quality Standard
- Staying Healthy in Child Care. 5th Edition
- Care of Young Children With Diabetes in the Child Care Setting: A Position Statement of the American Diabetes Association
<http://main.diabetes.org/dorg/PDFs/Advocacy/Discrimination/ps-care-of-young-children-with-diabetes-in-child-care-setting.pdf>
- As 1 Diabetes - <http://as1diabetes.com.au/>
- Revised National Quality Standard

Review

Policy Reviewed	Modifications	Next Review Date
July 2017 Aug 2017	Minor terminology amendments Updated to meet the National Law and/or National Regulations in respect of a serious incidents and notification purposes.	July 2018
October 2017	Updated the references to comply with revised National Quality Standard	July 2018
July 2018	Minor terminology adjustments	July 2019
July 2019	Policy reviewed	July 2020