

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	
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
136	First aid qualifications

RELATED POLICIES

Administration of first aid Policy Incident, Illness, Accident, Trauma Policy	Medical Conditions Policy Supervision Policy
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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 occurring for any child 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 sufficient insulin (or a combination of both). Type-2 diabetes accounts for between 85 and 90 per cent of all cases of diabetes and usually develops in adults over the age of 45 years, but 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 relief staff, must have adequate knowledge about diabetes to ensure the safety of children (especially in regard 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.

A copy of all medical conditions policies will be provided to all educators, volunteers, and families of the Service. It is important that communication is open between families and educators so that 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 on 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 that:

- Parents/guardians of an enrolled child who is diagnosed with diabetes are provided with a copy of the Diabetes Management Policy and the Medical Conditions Policy.
- All staff members including volunteers are provided with a copy of the Diabetes Management policy and the Medical Conditions Policy which are reviewed annually.
- A copy of this policy is provided and reviewed during each new staff member's induction process.
- All staff members have completed first aid training approved by the Education and Care Services National Regulations at least every 3 years and that this is recorded, with a copy of 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 a child / children with diabetes are in attendance at the Service.
- There is a staff member who is appropriately trained to perform finger-prick blood glucose or urinalysis monitoring and is aware of the action to be taken if these are abnormal.
 - The family supplies all necessary glucose monitoring and management equipment, and any prescribed medications prior to the child's enrolment.

- 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 are aware of the 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, their individual symptoms of low blood sugar levels, and the location of their 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.
- A child's Diabetes Management Plan is signed by a Registered Medical Practitioner and inserted into the enrolment record for each child. This will include all information on 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 adherence with the registered medical practitioner's 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, and this policy and its implementation within the Service prior to the child starting at the Service.
- Individual Diabetes Management and Emergency Medical Management Plans will be displayed in key locations throughout the Service.
- A staff member accompanying children outside the Service to attend excursions or any other event carries the appropriate monitoring equipment, any prescribed medication, a copy of the Diabetes Management and Emergency Medical Management Plan for children diagnosed with diabetes.
- The programs delivered at the Service are inclusive of children diagnosed with diabetes and that children with diabetes can participate in 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.

- Meals, snacks and drinks that are appropriate for the child and are in accordance with the child's Diabetes Management plan are available at the Service at all times.
- Diabetes Australia are contacted for further information to assist Educators to gain and maintain a comprehensive understanding about managing and treating diabetes.

Educators will:

- Read and comply with this Diabetes Management Policy and the Medical Conditions Policy.
- Know which children are diagnosed with diabetes, and the location of their monitoring equipment, Diabetes Management and Emergency Plans and any prescribed medications.
- Perform finger-prick blood glucose or urinalysis monitoring as 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.
- 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 Management Plan is visible and known to staff within the Service.
- Take all personal Diabetes Management Plans, monitoring equipment, medication records, Emergency Management Plans and any prescribed medication on excursions and other events outside the Service.
- Recognise the symptoms of a diabetic emergency, and treat appropriately by following the Diabetes Management Plan and the Emergency Management Plan.
- Administer prescribed medication if needed according to the Emergency Medication Management Plan and in accordance with the Service's Administration of Medication Policy.
- Identify and where possible minimise possible triggers as outlined in the child's Diabetes Management Plan and Risk Minimisation Plan.
- Increase supervision of a child diagnosed with diabetes on special occasions such as excursions, incursions, parties and family days, as well as during periods of high-energy activities.
- Maintain a record of the expiry date of the prescribed medication relating to the medical condition so as to ensure it is replaced prior to expiry.
- Ensure the location is known of glucose foods or sweetened drinks to treat hypoglycemia (low blood glucose), e.g. glucose tablets, glucose jellybeans, etc.

Families will ensure they provide the Service with:

- Details of the child's health **condition**, treatment, medications, and **known triggers**.
- 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 following 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 types/groups, 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.
- 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 regarding their child's medical condition and provide answers to questions as required and pertaining to the medical condition.
- Any changes to their child's medical condition including the provision of a new Diabetes Management Plan to reflect these changes.
- All relevant information and concerns to staff, for example, any matter relating to the health of the child.

DIABETIC EMERGENCY

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

- a) Very low blood sugar (hypoglycemia, usually due to excessive insulin), and
- 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.

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

HYPOGLYCAEMIA

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

HYPERGLYCAEMIA

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

1300 136 588

email: ndss@diabetesaustralia.com.au

<https://www.diabetesaustralia.com.au/contact-us>

Juvenile Diabetes Research Foundation: www.jdrf.org.au

Diabetes South Australia: <https://www.diabetessa.com.au/>

Source

As 1 Diabetes (2017) - <http://as1diabetes.com.au/>

Australian Children’s Education & Care Quality Authority. (2014).

Early Childhood Australia Code of Ethics. (2016).

Guide to the Education and Care Services National Law and the Education and Care Services National Regulations. (2017).

Guide to the National Quality Standard. (2017).

National Health and Medical Research Council. (2012) (updated June 2013). *Staying healthy: Preventing infectious diseases in early childhood education and care services.*

Revised National Quality Standard. (2018).

[Siminerio, L., Albanese-O’Neill, A., Chiang, J. L., Hathaway, K., Jackson, C. C. \(2014\). Care of young children with diabetes in the child care setting: A position statement of the American Diabetes Association. *Diabetes Care*, 37, 2834-2842. Retrieved from http://main.diabetes.org/dorg/PDFs/Advocacy/Discrimination/ps-care-of-young-children-with-diabetes-in-child-care-setting.pdf](http://main.diabetes.org/dorg/PDFs/Advocacy/Discrimination/ps-care-of-young-children-with-diabetes-in-child-care-setting.pdf)

REVIEW

POLICY REVIEWED	JULY 2019	NEXT REVIEW DATE	JULY 2020
MODIFICATIONS	<ul style="list-style-type: none"> • Grammar and punctuation edited. • Additional information added to points. • Sources checked for currency. • Sources corrected & alphabetised. • Regulation 136 added. • Section added: ‘for more information...’ • References added for each state. 		
POLICY REVIEWED	PREVIOUS MODIFICATIONS		NEXT REVIEW DATE

JULY 2018	<ul style="list-style-type: none">Minor adjustments made to terminology plus included the 'related policies' list.	JULY 2019
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