

DIABETES MANAGEMENT POLICY

Diabetes in children can be a diagnosis that has a significant impact on families and children. It is imperative that KCS educators understand the responsibilities of diabetes management to reduce the risk of emergency situations and long-term complications; and that families communicate with the Service about any medical management plan of the child in need of diabetes management.

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 hazards.
2.2.2	Incident and emergency management	Plans to effectively manage incidents and emergencies are developed in consultation with relevant authorities, practised and implemented.

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 condition 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
162	Health information to be kept in enrolment record
168	Education and care service must have policies and procedures
170	Policies and procedures to be followed

PURPOSE

Our Service is committed to providing a safe and healthy environment that is inclusive for all children, educators, 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 by supporting children with diabetes, working in partnership with families and health professionals, and following the child's Medical Management Plan.

SCOPE

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

DIABETES - TYPES

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.

SIGNS & SYMPTOMS

Hypoglycaemia - Hypo

If a child is wearing a Continuous Glucose Monitoring (CGM) device, it will sound an alert when they are below their target range. Symptoms can vary between each young person.

If caused by low blood sugar, the child may:

- Feel dizzy, weak, tremble and feel hungry;
- Look pale and have a rapid pulse (palpitations);
- Sweat profusely;
- Feel numb around lips and fingers;
- Change in behaviour – angry; quiet, confused, crying;
- Become unconsciousness or have a seizure.

Hyperglycaemia - Hyper

If caused by high blood sugar, the child may:

- Feel excessively thirsty;
- Have a frequent need to urinate;
- Feel tired or lethargic;
- Feel sick;
- Be irritable;
- Complain of blurred vision;
- Lack concentration;
- Have hot dry skin, a rapid pulse, drowsiness;
- Have the smell of acetone (like nail polish remover) on the breath;
- Become unconsciousness.

DUTY OF CARE

Our Service has a legal responsibility to take reasonable steps to ensure that the health needs of all children enrolled in the Service are met. This includes our responsibility to provide:

- A safe environment, and
- Adequate supervision at all times.

Our Service will ensure that educators have adequate training and knowledge about diabetes and know what to do in an emergency to ensure the health and safety of children.

IMPLEMENTATION

A copy of our Medical Conditions Policy will be provided to all educators during induction and to families during enrolment or as soon as a medical condition arises. It is important that communication is open between families and educators so that the management of diabetes is effective.

Children diagnosed with diabetes will not be enrolled into the Service until the child's Medical Management Plan is completed and signed by their Medical Practitioner and the relevant educators have been trained on how to manage the individual child's diabetes. A Risk Minimisation and Communication Plan must be developed with parents/guardians to develop strategies for minimising any risk to the child.

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

Management and Nominated Supervisor will ensure:

- Before the child's enrolment commences, the family will meet with the Service to begin the communication process regarding strategies of managing the child's medical condition in adherence with the registered Medical Practitioner's instructions;
- Parents/guardians of an enrolled child who is diagnosed with diabetes are provided with a copy of the Diabetes Management Policy and Medical Conditions Policy;
- Each child with Type-1 diabetes has a current individual Diabetes Medical Management Plan prepared by the child's Medical Practitioner or Paediatrician, at or prior to enrolment;
- A child's diabetes Medical Management Plan is signed by a registered Medical Practitioner or Paediatrician and inserted into the enrolment record for each child. This will include all information on how to manage the child's diabetes on a day-to-day basis as well as the emergency management of the child's medical condition. Information may include:
 - blood glucose testing- BG meter;
 - insulin administration;
 - food and carbohydrate counting;
 - how to store insulin correctly;
 - how the insulin is delivered to the child- as an injection or via an insulin pump/ Continuous Glucose Monitoring CGM;
 - oral medicine prescribed;
 - managing diabetes during physical activities and excursions.
- A Communication Plan is developed for the Service and parents/guardians, encouraging their ongoing communication regarding the management of the child's medical condition, the child's

pre-existing medical condition, and the implementation of strategies within the Service regarding managing the child's medication condition;

- All educators are provided with a copy of the Diabetes Management Policy and the Medical Conditions Policy which are reviewed on a regular basis;
- A copy of this policy is provided and reviewed during each new educator's induction process;
- At least one educator on duty during the Service's opening hours has completed ACECQA approved first aid training;
- At least one educator on duty during the Service's opening hours has completed accredited training in emergency diabetes first aid whenever a child /children with diabetes are in attendance at the Service;
- At least one educator on duty during the Service's opening hours is trained to perform finger-prick blood glucose or urinalysis monitoring and is aware of the action to be taken if these are abnormal;
- Consideration is given as to how and where insulin is stored and the safety of sharps disposal;
- The family supplies all necessary glucose monitoring and management equipment, and any prescribed medications prior to the child's enrolment and ensures subsequent adequate and up-to-date supply of the equipment and medications;
- The Risk Minimisation Plan will cover the child's known triggers which may lead to a diabetic emergency;
- All educators are alert to identify children displaying the symptoms of a diabetic emergency and are aware of the location of the diabetic Medical Management Plan, required insulin/food as well as the Risk Minimisation and Emergency Action Plan;
- All educators are aware of children diagnosed with diabetes attending the Service, their individual symptoms of low blood sugar levels, and the location of their Medical Management Plans and Risk Minimisation Plans;
- Individual children's Medical Management and Emergency Action Plans will be displayed in key location/s of the Service;
- Ensure that a copy of the Diabetes Management Plan with any appropriate monitoring equipment and/or prescribed medication will be available to educators when the child/ren are on excursions;
- 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;
- Updated information, resources and support is given to families for managing childhood diabetes if necessary;
- Meals, snacks and drinks are arranged for the child/ren in accordance with the child's diabetes Medical Management plan;
- Flexible and/or longer eating times will be arranged according to the child's Diabetes Management Plan;
- Diabetes Australia is 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 the Diabetes Management Policy and Medical Conditions Policy;
- Be aware of the child/ren diagnosed with diabetes, and the location of their monitoring equipment, Diabetes Medical Management Plan and/or any prescribed medications;
- Perform finger-prick blood glucose or urinalysis monitoring as required and will act according to the child's Diabetes Medical Management Plan if these are abnormal;
- 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;
- Read and make reference to the child's diabetes Medical Management Plan within the Service;
- Take all personal Medical Management Plans, monitoring equipment, medication records, Emergency Management Action Plans and any prescribed medication on excursions;
- Recognise the symptoms of a diabetic emergency and treat appropriately by following the Diabetes Medical Management Plan and the Emergency Management Action Plan;
- Administer prescribed medication if needed according to the Emergency Medication Management Plan;
- Record any medication administered in the Administration of Medication Record;
- Identify and where possible minimise possible triggers as outlined in the child's Medical Management Plan and Risk Minimisation Plan;
- Increase supervision of a child diagnosed with diabetes on special occasions such as excursions, and periods of high-energy activities;
- Ensure appropriate supplies of insulin administration equipment is provided by the families;
- 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.

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 an authorised nominee and/or emergency contact person in case of an emergency;
- A Medical Management Plan and an Emergency Action Plan following enrolment and prior to the child starting at the Service. These plans must be completed by a Medical Practitioner. The plan should include:
 - when, how, and how often the child is to have finger-prick or urinalysis glucose or ketone monitoring;
 - what meals and snacks are required including food types/groups amount and timing;
 - what activities and exercise the child can or cannot do;
 - whether the child is able to go on excursions and what provisions are required;

- what symptoms and signs to look for that might indicate hypoglycaemia (low blood glucose) or hyper glycaemia (high blood glucose);
 - what action to take in the case of an emergency.
- The appropriate monitoring equipment needed according to the diabetes Medical Management Plan;
 - An adequate supply of emergency insulin for the child at all times according to the Emergency Action Plan;
 - Information regarding their child's medical condition and provide answers to questions as required and pertaining to the medical condition and management of their condition;
 - Any changes to their child's medical condition including the provision of a new diabetes Medical Management Plan to reflect these changes as needed;
 - All relevant information and concerns to educators, for example, any matter relating to the health of the child that may impact on the management of their diabetes;

DIABETIC EMERGENCY

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

1. very low blood sugar- HYPO- (hypoglycaemia, usually due to excessive insulin), and
2. very high blood sugar- HYPER- (hyperglycaemia, due to insufficient insulin).

The more common emergency is hypoglycaemia. This can result from:

- Too much insulin or other medication;
- Not having eaten enough carbohydrate or the food required by the child;
- A meal or snack has been delayed or missed;
- Unaccustomed or unplanned physical exercise; or
- The child has been more stressed or excited than usual

IN THE EVENT THAT A CHILD SUFFERS FROM A DIABETIC EMERGENCY EDUCATORS WILL:

- Supervise the child at all times;
- Follow the child's diabetic Emergency Action Plan;
- Immediately dial 000 for an ambulance if the child does not respond to steps within the diabetic Emergency Action Plan. They will continue first aid measures and follow instructions provided by emergency services;
- Contact the parent/guardian when practicable;
- Contact the emergency contact if the parent/guardian cannot be contacted;
- Notify the Regulatory Authority within 24 hours.

ORGANISATIONS FOR MORE INFORMATION:

Diabetes Australia

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

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

National Diabetes Services Scheme- An Australian Government Initiative

<https://www.ndss.com.au/living-with-diabetes/about-you/young-people/living-with-diabetes/school/>

Diabetes NSW & ACT: <https://diabetesnsw.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. (2020)

National Diabetes Services Scheme (NDSS). *Mastering diabetes in preschools and schools* (2020).

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>

Version History

Version	Description of changes	Responsible Staff	Effective Date
1	Updated content from KCS Medical Conditions Policy	Tury To	September 2020