

STATEMENT

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. Most younger children will require additional support from the service and educators to manage and monitor their diabetes whilst in attendance however, older children may be working towards independence and learning to self-monitor blood glucose and insulin injecting.

PURPOSE

The Education and Care Services National Regulations requires approved providers to ensure their services have policies and procedures in place for medical conditions including diabetes. Kogarah Community Services 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, staff, management, the approved provider, nominated supervisor, students and visitors of the OSHC Service

DUTY OF CARE

Kogarah Community Services 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.

Kogarah Community Services will ensure all staff members, including relief staff, have adequate training and knowledge about diabetes and know what to do in an emergency to ensure the health and safety of children (especially regarding hypoglycaemia and safety in sport). Management will ensure all staff are aware of children's medical management plan and risk management plans.

DESCRIPTIONS

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.

IMPLEMENTATION

We will involve all educators, families and children in regular discussions about medical conditions and general health and wellbeing throughout our curriculum. Kogarah Community Services will adhere to privacy and confidentiality procedures when dealing with individual health needs including having families provide written permission to display the child's medical management plan in prominent positions within the OSHC venue.

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, NOMINATED SUPERVISOR / RESPONSIBLE PERSON WILL ENSURE THAT:

- 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 or health professional'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 and Administration of Medication 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;
- Discussions occur regarding authorisation for children to carry diabetes equipment with them and the self-administration of Blood Glucose testing and insulin injecting. Any authorisations for self-administration must be documented in the child's medical management plan and approved by the OSHC Service, parents/guardian, and the child's medical management team
- 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 the child may be prescribed;
 - managing diabetes during physical activities and excursions.
 - permission for the child to self-administer blood glucose testing and insulin injecting
- a risk minimisation plan will be developed in collaboration with parents/guardian and cover the child's known triggers and where relevant other common triggers which may lead to a diabetic emergency
- 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 status of the child's medical condition, and this policy and its implementation within the Service prior to the child starting at the OSHC Service
- All educators including volunteers 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;
- When a child diagnosed with diabetes is enrolled, all Responsible People will attend regular professional 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 /child 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 whenever the child attends the service
- 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;
- All educators are trained 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 plan
- All educators, including casual and relief staff, are aware of children diagnosed with diabetes attending the OSHC Service, their individual symptoms of low blood sugar levels, and the location of their medical management/action plans and risk minimisation and communication plans
- Individual children's Medical Management and Emergency Action Plans will be displayed in key locations of the Service;
- An Educators accompanying children outside the OSHC Service to attend excursions, or any other event carries the appropriate monitoring equipment, any prescribed medication, a copy of the diabetes medical management /action 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 medical 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 Medical Management plan are available at the Service at all times
- Eating times are flexible and children are provided with enough time to eat
- Diabetes Australia are contacted for further information to assist educators to gain and maintain a comprehensive understanding about managing and treating diabetes
- Applications for additional funding opportunities are made if required to support the child and educators.

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;
- communicate with parents/guardians regarding the management of their child's medical condition as per their communication 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 medical management plan is visible and known to staff 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;
- Ensure a suitably trained and qualified educator will administer prescribed medication if needed according to the medical management/action plan and in accordance with the Service's Administration of Medication Policy

- 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.
- Ensure the location is known of glucose foods or sweetened drinks to treat hypoglycaemia (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 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 hyperglycaemia (high blood glucose);
 - what action to take in the case of an emergency.
 - an up-to-date photograph of the child
- The appropriate monitoring equipment needed according to the diabetes Medical Management Plan; blood glucose meter with test strips, insulin pump consumables and hypo treatment foods/drinks
- 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 young person has been more stressed or excited than usual

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.

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

- Supervise the child at all times;
- Follow the child's diabetic Medical Management/Action Plan;
- If the child does not respond to steps within the diabetic medical management/action plan, immediately dial 000 for an ambulance
- 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.

REPORTING PROCEDURES

Any incident involving serious illness of a child which requires urgent medical attention or hospitalisation is regarded as a serious incident. The following is required:

- staff members involved in the situation are to complete an *Incident, Injury, Trauma and Illness Record* which will be countersigned by the Nominated Supervisor of the Service at the time of the incident
- ensure the parent or guardian signs the *Incident, Injury, Trauma and Illness Record*
- if necessary, a copy of the completed form will be sent to the insurance company
- a copy of the *Incident, Injury, Trauma and Illness Record* will be placed in the child's file
- the Nominated Supervisor will inform the Service management about the incident
- the Nominated Supervisor or the Approved Provider will inform Regulatory Authority of the incident within 24 hours as per regulations

- staff will be debriefed after each incident and the child's individual medical management plan and risk minimisation plan evaluated, including a discussion of the effectiveness of the procedure used

FOR MORE INFORMATION, CONTACT THE FOLLOWING ORGANISATIONS:

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/>

STATE AND TERRITORY SPECIFIC INFORMATION

Diabetes NSW & ACT: <https://diabetesnsw.com.au/>

CONTINUOUS IMPROVEMENT/REFLECTION

Our Diabetes Management Policy will be reviewed on an annual basis in consultation with children, families, staff, educators and management.

COMPLIANCE

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 LAW AND REGULATIONS	
12	Meaning of a serious incident
86	Notification to parents of incident, injury, trauma and illness
87	Incident, injury, trauma and illness record
89	First aid kits
90	Medical conditions policy
90(1)(iv)	Medical Conditions Communication Plan
91	Medical conditions policy to be provided to parents
92	Medication record
93	<ul style="list-style-type: none"> • Administration of medication
94	Exception to authorisation requirement—anaphylaxis or asthma emergency
95	Procedure for administration of medication
96	Self-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
174	Time to notify certain circumstances to Regulatory Authority

SOURCE

- As 1 Diabetes (2017) - <http://as1diabetes.com.au/>
- Australian Children's Education & Care Quality Authority. (2021). [Dealing with Medical Conditions in Children Policy Guidelines](#)
- Early Childhood Australia Code of Ethics. (2016).
- Education and Care Services National Law Act 2010. (Amended 2023).
- [Education and Care Services National Regulations](#). (Amended 2023).
- Guide to the National Quality Standard. (Amended 2023)
- 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).

RELATED DOCUMENTS

- Administration of First Aid Policy
- Administration of Medication Policy
- Incident, Injury, Trauma and Illness Policy
- Medical Conditions Policy
- Privacy and Confidentiality Policy

RECORD OF REVISIONS

Unless the Policy specifically states otherwise, the Policy does not form part of your employment agreement with KCS. KCS may unilaterally vary, remove or replace this Policy at any time. To the extent that this Policy imposes any obligations on KCS and/or purports to provide any right or benefit to you, those obligations are not contractual and do not give rise to any contractual rights. The Employee is required to be familiar with the content of the Policy and comply with the terms at all times.

File Reference	CSP014 – Diabetes Management Policy				
Date Created	September 2023	Created By	Jordan Ross	Responsible	Children's Services Manager

Version Number	Modified or Reviewed by	Modifications Made/Notes	Date	STATUS (Internal, External, Archived)
1	Tury To	Updated content from KCS Medical Conditions Policy	September 2020	External
2	Jordan R	New policy format	November 2023	External