SHARE Co-Operative Society Ltd.
Before, After and Vacation Care.

Policy	Management of Diabetes	
Reviewed	October 2024	**Next review:** October 2026

Policy Statement:

Diabetes in children can be a diagnosis that has a significant impact on families and children. It is imperative that SHARE educators and staff understand the responsibilities of diabetes management to reduce the risk of emergency situations and long-term health complications during Before School, After School and Vacation Care. 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.

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	
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	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

RELATED POLICIES:

- Administration of First Aid
- Administration of Medication
- Enrolment
- Family Communication
- Incident, Injury, Trauma, and Illness
- Medical Conditions
- Privacy and Confidentiality
- Supervision

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. SHARE 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 by supporting young people 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, and visitors of the SHARE service.

DUTY OF CARE:

SHARE 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. a safe environment and
b. adequate supervision always.

SHARE 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.

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.

IMPLEMENTATION:

SHARE will involve all educators in regular discussions about diabetes, and the health and wellbeing of those affected. SHARE 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 SHARE premises.
SHARE will provide copies or access to our *Medical Conditions Policy* and *Diabetes Management Policy* for all educators, volunteers, and families of our 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 management plan is completed and signed by their medical practitioner or diabetes team and the relevant staff members 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 ensure risks are minimised and strategies developed for minimising any risk to the child.
It is imperative that all educators and volunteers at SHARE 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 / RESPONSIBLE PERSON WILL ENSURE THAT:

• Before the child's enrolment commences, the family meets 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 or health professional's instructions
• Parents/guardians of an enrolled child who is diagnosed with diabetes are provided with copies of the *Diabetes Management , Medical Conditions,* and *Administration of Medication* policies.
• Each child with type-1 diabetes has a current individual diabetes medical management plan prepared by the child's diabetes medical specialist team 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 Service, parents/guardian, and the child's medical management team.
•The service has received the child's diabetes medical management plan which is signed by a registered medical practitioner or paediatrician. This is to be saved with the enrolment record for each child. The plan should include all information on how to manage the child's diabetes on a day-to-day basis as well as emergency management such as:

- o BG meter for blood glucose testing
- o insulin administration

o food, carbohydrate counting

o how to store insulin correctly

o how the insulin is delivered to the child- as an injection or via an insulin pump / Continuous Glucose Monitoring (CGM)

o oral medicine the child may be prescribed

o managing diabetes during physical activities and excursions

o permission for the child to self-administer blood glucose testing and insulin injecting

• A risk minimisation plan is developed in collaboration with parents/guardian. This should cover the child's specific needs and any relevant issues that could 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 Service

• All staff members 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 ACECQA at least every 3 years. 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 professional training on the management of diabetes and, where appropriate, emergency management of diabetes.

• 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 there are abnormal results 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.

• All staff members 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 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 medical management/action plans and risk minimisation and communication plans

• Individual child's medical management plans will be displayed in key locations throughout the Service

• When educators accompany children outside the service, they ensure that the appropriate monitoring equipment, any prescribed medication, a copy of the diabetes medical management /action plan are carried for any 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 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 diabetic management plan.

• Meals, snacks, and drinks that are appropriate for the child and in accordance with the child's diabetes Medical Management plan are always available at the service

• 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

• A copy of the child's diabetes medical management plan is visible and known to staff within the Service

EDUCATORS WILL:

• Read and comply with the *Diabetes Management Policy*, *Medical Conditions Policy* and *Administration of Medication Policy*

• Know which children are diagnosed with diabetes, and the location of their monitoring equipment, diabetes medical management and risk management plans and any prescribed medications

• If capable and confident, educators with first aid training will perform finger-prick blood glucose or urinalysis monitoring as required and will act by following the child's diabetes medical management plan if these are abnormal

• Ensure that the Responsible Person is kept appraised of any developments so parents/guardians can be communicated with 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

• Take each individual child's medical management/action plans, monitoring equipment, medication records, and any prescribed medication on excursions and other events outside the Service when they are attending

• Recognise the symptoms of a diabetic emergency and treat appropriately by following the Diabetes medical 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*
record any medication 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 incursions as well as during periods of high-energy activities

• Ensure appropriate supplies of insulin administration equipment, carbohydrate and hypo food are taken on excursions, including back-up supplies in the event of delays

• Maintain a record of the expiry date of the prescribed medication relating to the medical condition 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

• Written authorisation for their child over preschool age to self-administer medication (if applicable)

• A medical management plan following enrolment and prior to the child starting at the Service is completed by their child's diabetes team (paediatrician or endocrinologist, general practitioner, and diabetes educator). The plan should include:

- o when, how, and how often the child is to have finger-prick or urinalysis glucose or ketone monitoring
- o what meals and snacks are required including food types/groups amount and timing
- o what activities and exercise the child can or cannot do
- o whether the child can go on excursions and what provisions are required
- o 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 always according to the medical management 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 staff, 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.
a) very low blood sugar (hypoglycaemia, usually due to excessive insulin), and

b) very high blood sugar (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 other correct food
- 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 & SYMPTONS:

HYPOGLYCAEMIA (HYPO)

If a child is wearing a CGM device, it will sound an alert when they are below their target range.
Symptoms can very 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

• feeling 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

If a child suffers from a diabetic emergency, the Service and staff will:

• Always provide adult supervision

• 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 parents or guardian can't be contacted when practicable

• In the case that emergency services were needed, 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

• Ensures 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:

- o a copy of the *Incident, Injury, Trauma, and Illness Record* will be placed in the child's file
- o the Nominated Supervisor will inform the Service management about the incident
- o 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
State and Territory specific information
Diabetes NSW & ACT: https://diabetesnsw.com.au/
Diabetes Victoria: https://www.diabetesvic.org.au/
Diabetes South Australia: https://www.diabetessa.com.au/
Diabetes Queensland: https://www.diabetesqld.org.au/
Diabetes Western Australia: https://diabeteswa.com.au/
Healthy Living, Northern Territory: https://healthylivingnt.org.au/our-services/diabetes/
Diabetes Tasmania: https://www.diabetestas.org.au/
Source
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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 childcare setting: A position statement of the American Diabetes Association. *Diabetes Care, 37,* 2834-2842.

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