

# DIABETES MANAGEMENT POLICY



## INTRODUCTION

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 to reduce the risk of emergency situations and long-term complications. Most children will require additional support from the Service and Educators to manage their diabetes whilst in attendance.

The management of a child's diabetic condition is dependent upon co-ordination between our school, the child's family and the child's doctor. Our school recognises the need to facilitate effective care and health management of children who have diabetes and the prevention and management of acute episodes of illness and medical emergencies.

## 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

## PURPOSE

Our School 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 School by supporting young 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, 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.

## AIMS

- To raise awareness of diabetes management amongst those involved in the school.
- To provide necessary strategies to ensure the health and safety of anyone with diabetes attending the school.
- To provide an environment in which anyone with diabetes can participate in all activities to the full extent of their capabilities.
- To provide a clear set of guidelines and expectations to be followed with regard to the management of diabetes.

## DUTY OF CARE

Our School 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 at all times.

The Farmhouse School will ensure that 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 in regard to hypoglycaemia).

## IMPLEMENTATION STRATEGIES

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

A copy of our medical conditions policies will be provided to all educators, volunteers, and families of the School. 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 School until the child's Medical Management Plan is provided 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 the School follow the child's Medical Management Plan and Action 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:

- before the child's enrolment commences, the family will meet with the School 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 a copy of the *Diabetes Management Policy, 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 diabetes medical specialist team, 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, 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
- 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 School prior to the child starting at the School
- all staff members including volunteers are provided with a copy of the *Diabetes Management Policy*.
- a copy of this policy is provided during each new staff member's induction process
- all staff members have completed first aid training approved by the Education and Care Schools National Regulations at least every 3 years and that this is recorded, with a copy of each staff members' certificate held on the School'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
- at least one staff member who has completed accredited training in emergency diabetes first aid is present in the School at all times whenever a child /children with diabetes are in attendance at the School
- 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
- 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
- the Risk Minimisation 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 Medical Management Plan, required insulin/food as well as the Risk Minimisation and Emergency Action Plan
- all staff, including casual and relief staff, are aware of children diagnosed with diabetes attending the School, their individual symptoms of low blood sugar levels, and the location of their Medical Management Plans and Risk Minimisation and Communication Plans. A copy of these will normally be kept in a separate folder for each child in the child's classroom for easy access as well as on the school database.
- individual child's Medical Management and Emergency Action Plan will be displayed in key locations throughout the School
- a staff member accompanying children outside the School to attend excursions or any other event carries the appropriate monitoring equipment, any prescribed medication, a copy of the diabetes Medical Management Plan and Emergency Action Plan for children diagnosed with diabetes

- the programs delivered at the School 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 School are aware of the strategies to be implemented for the management of diabetes at the School 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 School 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.

#### Staff will:

- Identify children with diabetes during the enrolment process and ensure all staff are aware of this condition.
- Ensure that *Diabetes Action Plans* are received for anyone with a diagnosis of diabetes that contains information for the person's *Diabetic Management* and outline what to do in relation to any *Diabetic Emergency* the person might face.
- Ensure families provide the school with the child's testing kit and hypo pack if required.
- Store *Diabetes Action Plans* in the child's enrolment form and display with a photo in the office.
- Ensure that they are familiar with the symptoms or signs and the emergency treatment of a low blood glucose level.
- 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.
- Call an ambulance if they feel emergency treatment is required.
- Ensure that a child's *Diabetes Action Plan* is followed at all times.
- Ensure a copy of the child's diabetes Medical Management Plan is visible and known to staff within the school.
- Encourage open communication between families and staff regarding the status and impact of a diabetes child.
- Where necessary, modify activities in accordance with a child's needs and abilities.
- Promptly communicate any concerns to families should it be considered that the child's diabetes is limiting their ability to participate fully in all activities.
- Ensure that children with diabetes are treated the same as all other children.
- Record any medication in the Administration of Medication record form.
- Ensure appropriate supplies of insulin administration equipment, carbohydrate and hypo food are taken on excursion, including back-up supplies in the event of delays.

#### Families will:

- Inform staff, either upon enrolment or on initial diagnosis, that their child has diabetes.
- Provide all relevant information regarding their child's diabetes via a written Diabetes Action Plan.
- Keep the child's testing kit and hypo pack updated as required.
- Notify the Nominated Supervisor, in writing, of any changes to the Diabetes Action Plan.
- Ensure that they comply with all requirements and procedures in relation to the Medications Record.
- Communicate all relevant information and concerns to educators as the need arises.
- 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 Emergency Action Plan following enrolment and prior to the child starting at the School is completed by their child's diabetes team (paediatrician or endocrinologist, , general practitioner and diabetes educator). 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
- the appropriate monitoring equipment needed according to the diabetes 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 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- **HYP**O (hypoglycaemia, usually due to excessive insulin), and
- b) 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 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

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

- Provide adult supervision at all times
- Follow the child's diabetic Emergency Action Plan
- If the child does not respond to steps within the diabetic Emergency 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
- Notify the regulatory authority within 24 hours

### SIGNS & SYMPTOMS HYPOGLYCAEMIA- (HYPO)

*If a child is wearing a 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
- 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

### For more Information, contact the following organisations

Diabetes Australia

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

Juvenile Diabetes Research Foundation: [www.jdrf.org.au](http://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/>

### 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>**

Policy Review Date	Modification	Review Date
15 October 2012	Created	2014
26 March 2014	Minor adjustments made	2015
May 2015	<ul style="list-style-type: none"> <li>• Grammar and punctuation edited</li> <li>• Additional information added to points</li> </ul>	2018

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<b>August 2018</b>	New Logo	2020
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