

## DIABETES MANAGEMENT Policy

### Policy and Procedures

We believe in ensuring the safety and wellbeing of children who are diagnosed with diabetes, and are committed to:

- Providing a safe and healthy environment where children can participate fully in all aspects of the program.
- Actively involving the parents/guardians of each child diagnosed with diabetes in assessing risks, and developing risk minimisation and risk management strategies for their child.
- Ensuring all staff members and other adults at the service have adequate knowledge of diabetes and procedures to be followed in the event of a diabetes-related emergency.
- Facilitating communication to ensure the safety and wellbeing of children diagnosed with diabetes.

### Procedure

Our service will ensure that families will, at enrolment, provide a current diabetes management plan prepared specifically by their diabetes medical specialist team for their child with diabetes. GPAC will implement strategies to assist children with type 1 diabetes. A child's diabetes management plan provides staff members with all required information about that child's diabetes care needs.

Key points to assist service staff to support children with type 1 diabetes:

- Follow the service's Dealing with Medical Conditions and Administration of Medication Policy (and this Diabetes Policy) and procedures for medical emergencies involving children with type 1 diabetes.
- Parents/guardians must notify the service immediately about any changes to the child's individual diabetes management plan.
- The child's diabetes medical specialist team may include an endocrinologist, diabetes nurse educator and other allied health professionals. This team will provide parents/guardians with a diabetes management plan, then supplied to the centre.
- Contact Diabetes Australia – NSW for further support or information.

Most children with type 1 diabetes can enjoy and participate in service programs and activities to their full potential, but are likely to require additional support from service staff to manage their diabetes. While in attendance at the service this should not be an issue for children with type 1 diabetes. They may however require time away to attend medical appointments.

### RESPONSIBILITIES:

#### The Approved Provider is responsible for:

- Ensuring that the Nominated Supervisor, educators, staff, students and volunteers at the service are provided with a copy of this Diabetes Policy, including the section on management strategies

(refer to Attachment 1 – Strategies for the management of diabetes in children at the service), and the Dealing with Medical Conditions and Administration of Medication Policy.

- Ensuring that the programs delivered at the service are inclusive of children diagnosed with diabetes (refer to Inclusion Policy), and that children with diabetes can participate in all activities safely and to their full potential.
- Ensuring the parents/guardians of an enrolled child who is diagnosed with diabetes are provided with a copy of this Diabetes Policy, including procedures and the Dealing with Medical Conditions and Administration of Medication Policy (Regulation 91).
- Ensuring that the Nominated Supervisor, staff and volunteers at the service are aware of the strategies to be implemented for the management of diabetes at the service (refer to Attachment 1 – Strategies for the management of diabetes in children at the service).
- Ensuring that each enrolled child who is diagnosed with diabetes has a current diabetes management plan prepared specifically for that child by their diabetes medical specialist team, at or prior to enrolment.
- Ensuring that the Nominated Supervisor, educators, staff, students, volunteers and others at the service follow the child's diabetes management plan in the event of an incident at the service relating to their diabetes
- Ensuring that a risk minimisation plan is developed for each enrolled child diagnosed with diabetes in consultation with the child's parents/guardians, in accordance with Regulation 90(iii)
- Ensuring that a communication plan is developed for staff and parents/guardians in accordance with Regulation 90(iv), and encouraging ongoing communication between parents/guardians and staff regarding the management of the child's medical condition.

**The Nominated Supervisor is responsible for:**

- Ensuring 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.
- Ensuring that the Diabetes Policy and procedures are implemented.
- Compiling a list of children with diabetes and placing it in a secure but readily accessible location known to all staff. This should include the diabetes management plan for each child.
- Following the strategies developed for the management of diabetes at the service (refer to Attachment 1 – Strategies for the management of diabetes in children at the service).
- Ensuring that all staff, including casual and relief staff, are aware of children diagnosed with diabetes, symptoms of low blood sugar levels, and the location of medication and diabetes management plans.

- Following the child's diabetes management plan, in the event of an incident at the service relating to their diabetes.
- Following the risk minimisation plan for each enrolled child diagnosed with diabetes
- Ensuring that programmed activities and experiences take into consideration the individual needs of all children, including children diagnosed with diabetes.
- Communicating with parents/guardians regarding the management of their child's diabetes.

**Certified Supervisors and other educators/staff are responsible for:**

- Ensuring 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.
- Reading and complying with this Diabetes Policy and the Dealing with Medical Conditions and Administration of Medication Policy.
- Following the strategies developed for the management of diabetes at the service (refer to Attachment 1 – Strategies for the management of diabetes in children at the service).
- Following the risk minimisation plan for each enrolled child diagnosed with diabetes
- Knowing which children are diagnosed with diabetes, and the location of their medication and diabetes management plans.
- Following the child's diabetes management plan in the event of an incident at the service relating to their diabetes
- Communicating with parents/guardians regarding the management of their child's medical condition.
- Volunteers and students, while at the service, are also responsible for following this policy and procedure.

**All parents/guardians are responsible for:**

- Ensuring 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.

**Parents/guardians of children diagnosed with type 1 diabetes are responsible for:**

- Reading and complying with this Diabetes Policy, diabetes management strategies (refer to Attachment 1 – Strategies for the management of diabetes in children at the service), and the Dealing with Medical Conditions and Medication Administration Policy.
- Providing the service with a current diabetes management plan prepared specifically for their child by their diabetes medical specialist team.

- Working with Approved Provider to develop a risk minimisation plan for their child.
- Working with the Approved Provider to develop a communication plan.
- Ensuring that they provide the service with any equipment, medication or treatment, as specified in the child's individual diabetes management plan.

#### COMMONLY USED DIABETES TERMS:

- **Type 1 Diabetes:** An autoimmune condition that occurs when the immune system damages the insulin producing cells in the pancreas. Type 1 diabetes 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 85-90% of all cases of diabetes and usually develops in adults over the age of 45 years, but is increasingly occurring in individuals at a younger age. Type 2 diabetes is unlikely to be seen in children under school age.
 

Hypoglycaemia or hypo (low blood glucose): Hypoglycaemia refers to having a blood glucose level that is lower than normal i.e. below 4 mmol/L, even if there are no symptoms. Neurological symptoms can occur at blood glucose levels below 4 mmol/L and can include sweating, tremors, headache, pallor, and poor co-ordination and mood changes. Hypoglycaemia can also impair concentration, behaviour and attention, and symptoms can include a vague manner and slurred speech.
- Hypoglycaemia is often referred to as a 'hypo'. Common causes include but are not limited to:
  - \* Taking too much insulin
  - \* Delaying a meal
  - \* Consuming an insufficient quantity of food
  - \* Undertaking unplanned or unusual exercise.

It is important to treat hypoglycaemia promptly and appropriately to prevent the blood glucose level from falling even lower, as very low levels can lead to loss of consciousness and convulsions. The child's diabetes management plan will provide specific guidance for services in preventing and treating a hypo.
- **Hyperglycaemia (high blood glucose):** Hyperglycaemia occurs when the blood glucose level rises above 15 mmol/L. Hyperglycaemia symptoms can include increased thirst, tiredness, irritability and urinating more frequently. High blood glucose levels can also affect thinking, concentration, memory, problem- solving and reasoning. Common causes include but are not limited to:
  - \* Taking insufficient insulin
  - \* Consuming too much food
  - \* Common illnesses such as a cold
  - \* Stress.
- **Insulin:** Medication prescribed and administered by injection or continuously by a pump device to lower the blood glucose level. In the body, insulin allows glucose from food (carbohydrates) to be used as energy, and is essential for life.
- **Blood Glucose Meter:** A compact device used to check a small blood drop sample to determine the blood glucose level.
- **Insulin Pump:** A small, computerised device to deliver insulin constantly, connected to an individual via an infusion line inserted under the skin.

- Ketones: Occur when there is insufficient insulin in the body. High levels of ketones can make children very sick. Extra insulin is required (given to children by parents/guardians) when ketone levels are >0.6 mmol/L if insulin is delivered via a pump, or >1.0 mmol/L if on injected insulin.

**CONSIDERATIONS:**

Education and Care Services National Regulations	National Quality Standard	Other Service policies/documentation	Other
Education and Care Services National Law 2010 Sections 167, 169  Education and Care Services National Regulations 2011  Regulations 90–96, 102, 136, 146, 147, 160–162, 168(2)(d), 173, 177, 181, 183, 184,	National Quality Standard 2 “Children’s Health and Safety”	<ul style="list-style-type: none"> <li>- Dealing with Medical Conditions and Medication Administration</li> <li>- Administration of First Aid</li> <li>- Inclusion Policy</li> <li>- Enrolment and Orientation</li> <li>- Excursions Policy</li> <li>- Management of Incident, Injury, Infectious Diseases, Illness &amp; Trauma</li> </ul>	Diabetes manual : Caring for Diabetes in Children Adolescents <a href="http://www.rch.org.au/diabetesmanual">www.rch.org.au/diabetesmanual</a>  Diabetes Australia – NSW <a href="http://www.diabetesaustralia.com.au/">www.diabetesaustralia.com.au/</a>  Disability Discrimination Act 1975  Work Health and Safety Act 2011

**ENDORSEMENT BY THE SERVICE:**

Approval date: \_\_\_\_\_

Signature: \_\_\_\_\_

**Attachment:**

\* Strategies for the management of diabetes in children at the service

STRATEGY	ACTION
Monitoring of blood glucose (BG) levels	<ul style="list-style-type: none"> <li>• Checking of blood glucose (BG) levels is performed using a blood glucose meter (refer to Definitions) and a finger pricking device. The child's diabetes management plan should state the times that BG levels should be checked, the method of relaying information to parents/guardians about BG levels and any intervention required if the BG level is found to be below or above certain thresholds. A communication book can be used to provide information about the child's BG levels between parents/guardians and the service at the end of each session.</li> <li>• Checking of BG occurs at least four times every day to evaluate the insulin dose. Some of these checks may need to be done while a child is at the service – at least once, but often twice. Routine times for testing include before meals, before bed and regularly overnight.</li> <li>• Additional checking times will be specified in the child's diabetes management plan. These could include such times as when a 'hypo' is suspected.</li> <li>• Children are likely to need assistance with performing BG checks.</li> <li>• Parents/guardians should be asked to teach service staff about BG testing.</li> <li>• Parents/guardians are responsible for supplying a blood glucose meter, in- date test strips and a finger pricking device for use by their child while at the service.</li> </ul>
Managing hypoglycaemia (hypos)	<ul style="list-style-type: none"> <li>• Hypos or suspected hypos should be recognised and treated promptly, according to the instructions provided in the child's diabetes management plan.</li> <li>• Parents/guardians are responsible for providing the service with oral hypoglycaemia treatment (hypo food) for their child in an appropriately labelled container.</li> <li>• This hypo container must be securely stored and readily accessible to all staff.</li> </ul>
Administering insulin	<ul style="list-style-type: none"> <li>• Administration of insulin during service hours is unlikely to be required; will be specified in child's diabetes management plan.</li> <li>• As a guide, insulin for service-aged children is commonly administered:               <ul style="list-style-type: none"> <li>○ twice a day: before breakfast and dinner at home</li> <li>○ by a small insulin pump worn by the child.</li> </ul> </li> </ul>
Managing ketones	<ul style="list-style-type: none"> <li>• Children on an insulin pump will require ketone testing when their BG level is &gt;15.0 mmol/L.</li> <li>• Staff must notify parents if the ketone level is &gt;0.6 mmol/L (refer to the child's diabetes management plan).</li> </ul>
Off-site excursions and activities	<ul style="list-style-type: none"> <li>• With good planning, children should be able to participate fully in all service activities, including attending excursions.</li> <li>• The child's diabetes management plan should be reviewed prior to an excursion, with additional advice provided by the child's diabetes medical specialist team and/or parents/guardians, as required.</li> </ul>
Infection control	<ul style="list-style-type: none"> <li>• Infection control procedures must be developed and followed. Infection control measures include being informed about ways to prevent infection and cross-</li> </ul>

	infection when checking BG levels, hand washing, having one device per child and not sharing devices between individuals, using disposable lancets and safely disposing of all medical waste.
Timing meals	<ul style="list-style-type: none"> <li>• Most meal requirements will fit into regular service routines.</li> <li>• Children with diabetes require extra supervision at meal and snack times to ensure that they eat all their carbohydrates. If an activity is running overtime, children with diabetes cannot have delayed meal times. Missed or delayed carbohydrate is likely to induce hypoglycaemia (hypo).</li> </ul>
Physical activity	<ul style="list-style-type: none"> <li>• Exercise should be preceded by a serve of carbohydrates.</li> <li>• Exercise is not recommended for children whose BG levels are high, as it may cause BG levels to become more elevated.</li> <li>• Refer to the child's diabetes management plan for specific requirements in relation to physical activity.</li> </ul>
Participation in special events	<ul style="list-style-type: none"> <li>• Special events, such as parties, can include children with type 1 diabetes in consultation with their parents/guardians.</li> <li>• Services should provide food and drink alternatives when catering for special events, such as low sugar or sugar-free drinks and/or sweets. This should be planned in consultation with parents/guardians.</li> </ul>
Communicating with parents	<ul style="list-style-type: none"> <li>• Services should communicate directly and regularly with parents/guardians to ensure that their child's individual diabetes management plan is current.</li> <li>• Services should establish a mutually agreeable home-to-service means of communication to relay health information and any health changes or concerns.</li> <li>• Setting up a communication book is recommended and, where appropriate, make use of emails and/or text messaging.</li> </ul>