ELTHAM Foundation

Medical Conditions Policy - Schedule 3:
Diabetes Management

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Personnel responsible	Childcare Operations

NQS 2 Children's Health and Safety

PURPOSE

(1) This schedule sits under our overarching *Medical Conditions Policy* and must be read in conjunction with it

(2) It sets out how we implement the *Medical Conditions Policy* if a child at our service has type 1 diabetes, ensuring their safety, inclusion and wellbeing while in our care

(3) It applies to children with a diagnosis of type 1 diabetes and their families, the approved provider, nominated supervisor, relevant staff, volunteers and students

(4) This schedule is for type 1 diabetes only. Refer to the overarching policy *Medical Conditions Policy* for type 2 diabetes

(5) The nominated supervisor will provide this schedule to the parent of a child who has type 1 diabetes, either at enrolment or upon diagnosis if the child is already enrolled

KEY TERMS

(6) 'Blood glucose level (BGL)' is the amount of glucose (sugar) in the blood at the time of testing, measured in millimoles per litre (mmol/L). Normal target range: approximately 4.0 – 7.0 mmol/L before main meals (*refer to the child's medical management plan*)

- 'Blood glucose meter' is a small device that checks the BGL via a drop of blood, or
- 'Continuous glucose monitor (CGM)' is a small sensor and transmitter system that is attached to the child at all times, measuring glucose levels every few minutes and transmitting results and alerts to an insulin pump or a stand-alone receiver
- 'Diabetic ketoacidosis' is a medical emergency caused by a severe lack of insulin leading to high blood glucose and ketones in the blood or urine
- 'Glucagon injection' is an emergency medication used to treat severe hypos (unconsciousness or seizure) by raising the BGL quickly
- 'Hyperglycaemia (Hyper)' is high blood glucose level – above 15.0 mmol/L. Commons signs include: thirst, tiredness, frequent urination, irritability, changes in mood or behaviour. Can cause diabetic ketoacidosis, which can be life-threatening if untreated
- 'Hypoglycaemia (Hypo)' is low blood glucose level – below 4.0 mmol/L. Common signs include: sweating, shaking, dizziness, weakness, irritability, hunger, pale skin, confusion, drowsiness. Can cause seizures and loss of consciousness and be life-threatening if not treated quickly and appropriately

- 'Insulin' is a hormone needed to move glucose (sugar) from the bloodstream into cells for energy. Children with type 1 diabetes need insulin every day, delivered by injection or pump
- 'Ketones' are chemicals produced by the body when it breaks down fat for energy due to insufficient insulin. High ketone levels can signal diabetic ketoacidosis
- 'Type 1 diabetes' is an autoimmune condition where the body's immune system destroys the insulin-producing cells in the pancreas. The body cannot make insulin, causing high blood glucose levels (hyperglycaemia) unless treated with insulin

IMPLEMENTATION

Critical information – hypos, hypers and emergency response

(7) If the child experiences a hypo or hyper while they are in our care, appropriately trained staff will:

- Follow the child's diabetes medical management plan OR follow the first aid for diabetes procedure (if the child does not have a medical management plan)
- Call 000 and implement our procedure for medical emergencies (in *Incident, Injury, Trauma and Illness Policy*) if the child's medical management plan directs or symptoms are severe (e.g., drowsy, unconscious, seizure(s))
- If necessary, administer emergency medication according to authorisations, training and medical management plan
- Treat hypos as a medical emergency. If BGL cannot be checked immediately and hypo symptoms are present, staff will treat it as a hypo

(8) A staff member must stay with the child at all times, calmly monitoring, reassuring and comforting them

(9) In an emergency, staff must follow the directions of 000 services if an ambulance is not available

(10) Staff must advise the child's parent/authorised nominee of any hypos, hypers or emergencies as soon as possible, create an incident record within 24 hours, and make any necessary notifications to the regulatory authority within the required time frame (see *Incident, Injury, Trauma and Illness Policy*)

(11) The nominated supervisor will ensure that separate diabetes emergency response plans are also developed for any off-site activities (e.g., transport, excursions) involving the child

Diabetes management and medical management plans and enrolment requirements

(12) If a child has been diagnosed with diabetes, their parent must inform the nominated supervisor, either at enrolment or as soon as possible if the child is already enrolled

(13) Before the child attends our service, the parent must provide:

- A current medical management plan – e.g.., a diabetes management and action plan – signed by a registered medical practitioner
- Information about dietary requirements
- Written authorisation for the administration of medication and emergency treatment
- Written permission to display the child's management and action plan, and photograph, if possible
- Up-to-date emergency contact details and doctor's contact details
- All necessary diabetes equipment, medication and supplies - all labelled according to our instructions

(14) Families must keep the child's medical management plan up-to-date and notify staff of any changes to the child's condition, routine or treatment. If there are no changes, the plan should be reviewed if directed by the child's medical practitioner

(15) At the time of enrolment or diagnosis, we must develop a risk minimisation plan and a communications plan for the child, in consultation with the parent (see next section)

(16) The approved provider must ensure that the child's action and management plan and risk minimisation plan are stored on the child's enrolment record and we will also keep the child's communications plan with those records. The approved provider must ensure that copies are readily accessible to staff while they are caring for the child, with consideration given to the child's privacy

Diabetes risk minimisation and communications plan

(17) Before the child's first day or as soon as possible upon diagnosis, the nominated supervisor and relevant staff must consult with the child's parent to develop and implement an individualised:

- **Risk minimisation plan** to assess and minimise the risks for all environments and activities the child will be involved in, both on-site and off-site (example risk minimisation strategies attached at **SCHEDULE 3 APPENDIX 1**)
- **Communications plan** to set out how staff (including casual/relief staff, volunteers and students) and parents will communicate information and changes related to the child's diabetes (including to symptoms, treatment, routine care, risk management strategies, and any relevant service policies and procedures)

(18) Plans must be kept up to date and reviewed if there are any relevant changes (e.g., to the child's medical management plan or our policies and procedures), and after any incidents related to the child's diabetes

(19) The nominated supervisor (or a nominee) will be the primary point of contact for families to raise any concerns or issues throughout the child's enrolment at our service

(20) Educators and families should have regular open communication about the child's diabetes, ongoing health and well-being. If an educator has any concerns or questions, they will discuss them with the child's parent

(21) See overarching *Medical Conditions Policy* for further details on medical management plans, risk minimisation and communications plans, including our legal obligations for record keeping, staff and family awareness, and reviews

Inclusion and support

(22) Diabetes may constitute a disability under the *Disability Discrimination Act 1992 (Cth*), which means that the approved provider must make reasonable adjustments to enable them to participate in our service on the same basis as their peers (see *Access and Inclusion Policy* for more details)

(23) Educators will balance risks, plan and make necessary adjustments to ensure the child can learn, play and fully belong

(24) Educators will be sensitive during mealtimes, and activities and discussions that involve food, to lessen any feeling of difference, exclusion or isolation of children who have dietary requirements

(25) If a child needs access to a mobile phone or other electronic device to manage their diabetes, their medical management plan should state this. Exemptions to mobile phone restrictions must be managed and documented according to our *Technology and Device Use Policy*

(26) Staff will respect a family's decision about whether to disclose the child's diabetes to friends and peers at the service. They will support those children who disclose their condition and protect the privacy of those children who do not disclose

Medication bags

(27) The child's personal medication bag must contain:

- All necessary in-date medication, daily equipment, treatment supplies as specified in their diabetes management and action plan
- A copy of their current plans (action and management plans, risk minimisation plan and communications plan)
- A current photo of the child (if possible)

(28) The nominated supervisor and educators must ensure that the personal child's medication bag is on-hand wherever the child is being cared for, including inside, outside or off-site (e.g., on excursions, outings, during travel and transportation)

(29) The nominated supervisor must ensure that:

- Medication and treatment supplies are in-date, and related equipment is clean and working

- All medication, treatment and equipment are labelled and stored correctly, safely and accessibly, in line with our *Administration of Medication Policy*
- If insulin requires cool storage, it is stored in approved cool pack or fridge
- Staff, including temporary/casual staff, volunteers and students know where to locate the child's medication bag and our first aid kits
- Quarterly audits of medication bags are conducted
- Parents are notified as soon as possible if their child's medication or treatment supplies are running low or due to expire, or equipment needs to be replaced

(30) Sharps (e.g., needles, syringes, lancets and insulin pump insertion needles) must be placed in a designated sharps container immediately after use

(31) Educators must not share diabetes equipment between children

Administration of medication

(32) Educators administer insulin or other medication if required according to their training, the child's management and action plan, written parental authorisation and our administration of medication procedures

(33) Children are not permitted to self-administer medication or hypo treatment at our service

(34) Refer to our *Administration of Medication Policy* for more details, including about keeping medication records

Procedures and staff training

(35) Educators and other relevant staff must follow the child's management and action plan, risk minimisation plan and communications plan for the day-to-day management of the child's diabetes and if there is an incident related to the condition

(36) The approved provider and nominated supervisor must ensure that permanent and temporary staff, volunteers and students are inducted, and receive ongoing training, support and supervision to implement all diabetes management procedures in place, including (where relevant to their role):

- Knowing which children have been diagnosed with diabetes, and where to find their medication, equipment, supplies and plans
- How to implement the child's management and action plan, risk minimisation plan and communications plan
- Monitoring BGLs and ketones
- Administering insulin, other medication, and diabetes treatment
- Recognising and responding to hypos and hypers, and what to do in an emergency
- Carrying out routines for eating, drinking, and physical activity preparation

- Dietary management and food safety practices
- Planning and providing active supervision, especially during mealtimes, excursions, special events, and physical activity
- Keeping accurate medication records and health records (e.g., BGL readings)
- Upholding our inclusive practices, risk management, privacy and record keeping

(37) By law, at least one staff member who has current approved first aid training, anaphylaxis management training and emergency asthma management training, must be present and available at all times we are caring for children, including during off-site activities (*National Regulations* reg 136)

(38) Our service goes above the minimum standards by ensuring that all educators have current approved first aid training

(39) Staff who are responsible for directly caring for children with diabetes will undertake regular training in managing the condition from a recognised training institution and/or the individual child's medical team

(40) At least one educator who has child-specific diabetes training should be present and available at all times we are caring for a child with diabetes, both off-site and on-site

(41) We will display diabetes first aid procedure posters in prominent locations at the service

Blood glucose monitoring

(42) Educators who are appropriately trained will ensure that blood glucose checks are undertaken:

- At the times set out in the child's medical management plan (e.g., before meals, large snacks, physical activity, active play time, when feeling unwell)
- If the child is showing signs of a hypo or hyper
- As directed by the child's continuous glucose monitoring system (CGM), if they use one
- Following strict hand hygiene and infection control measures

(43) If a BGL reading falls outside the child's target range, educators must respond immediately and follow the child's diabetes management and action plan

(44) Educators will record the BGL, time, date and any actions taken, and communicate this information to the child's parent as set out in the communications plan

Dietary management

(45) The approved provider and nominated supervisor must ensure that all children, including those with diabetes, are offered food and beverages that are appropriate to their needs at regular times throughout the day (*National Regulations* reg 78)

(46) Our weekly menu is based on guidelines from recognised nutrition authorities and caters to the dietary needs of children in our care. We provide our weekly menu to parents to determine carbohydrate amounts for their child.

(47) The nominated supervisor will ensure that educators and other relevant staff members including kitchen staff are aware of any dietary requirements for children with diabetes (and any co-morbidities such as coeliac disease)

(48) Children with diabetes will not be excluded from activities that involve treat food (unless recommended by their family or diabetes team). Room leaders will advise the child's parent in advance so there is time to make any necessary treatment adjustments or provide alternative options

(49) Where a child needs to match their insulin to the amount of carbohydrate in the food they are about to eat – i.e., 'carb count' – our kitchen staff, with the help of parents, must ensure that all food to be consumed by the child:

- Has its carbohydrate amounts measured and portioned in advanced
- Has been clearly labelled with the number of grams of carbohydrate

(50) Educators may need to oversee the child's food intake at mealtimes, depending on the age or stage of the child and their management plan

(51) If a child's medical management plan specifies that they need to have a snack between main meals, educators and kitchen staff will set reminders to ensure the snack is provided at the right time

(52) Kitchen staff, with help of families, must provide the child with the appropriate type and portion of food for their snack (as per their management plan) and, if required, educators must supervise the child to ensure the whole portion is fully eaten

(53) If a child needs to eat at specific times during the day, the parent and nominated supervisor will work together to ensure that the child's snack and meal timetable meets their insulin regime (as set out in the child's management plan)

(54) Educators must ensure that meals and snacks for children with diabetes are not missed or delayed, as this may induce a hypo

Excursions, physical activity and special events

(55) Unless otherwise advised by the child's diabetes medical team, children with diabetes will be encouraged to participate in our full program of physical activity and active play, non-routine activities and special events

(56) The nominated supervisor and educators will plan physical activities, non-routine and special events in advance in consultation with the child's parent (and diabetic team if required)

(57) Educators will implement any extra measures needed to prepare the child for physical activity or active play to prevent their BGL from falling or rising too high

(58) The nominated supervisor will ensure that a diabetes-specific risk management and emergency response plans are developed for special events and off-site activities (e.g.,

transport, excursions) involving the child, with consideration given to toilet, meal and snack breaks

(59) The child's medication bag and management plans must be readily available during physical activities, outdoor play, special events and excursions

(60) At least one educator who has child-specific diabetes training must be present and available at all times we are caring for a child with diabetes, including during excursions, special events and activities, transport and travel

Incidents and reporting

(61) If a child experiences an incident related to their diabetes, staff must follow our *Incident, Injury, Trauma and Illness Policy*

(62) The approved provider and nominated supervisor will offer support to any children and staff who have been affected due to the incident

(63) Incidents related to the child's diabetes will trigger a review of their management and action plan, risk minimisation plan and communications plan

SOURCES

Education and Care Services National Law and Regulations | National Quality Standard | Staying Healthy 6th edition NHMRC | Diabetes Australia resources | National Diabetes Services Scheme's 'Mastering Diabetes in preschools and schools' | state and territory ECEC regulatory authority resources | St John Ambulance

RELATED DOCUMENTS

Policies	See Medical Conditions Policy | Technology and Device Use Policy | Administration of Authorised Medication Policy
Procedures	See Medical Conditions Policy | Technology and Device Use Policy | Administration of Authorised Medication Policy
Resources	Example risk minimisation strategies – type 1 diabetes (attached) | Information about type 1 diabetes (attached) | Diabetes action plan templates | Diabetes Australia website | National Diabetes Services Scheme website (Diabetes in Schools) | Checklist for parents and carers for back to school

RESOURCE – Example strategies for risk minimisation – type 1 diabetes

Example strategies for individual risk minimisation plan*	
General	• Staff (including temp staff, volunteers and students) at induction and regular, scheduled intervals to be: - briefed on which children have diabetes - trained to implement all related policies and procedures (e.g., emergencies, BGL monitoring, mealtime and snack routines, administering medication, physical activity prep) - shown where they can locate the child's medication bag and copies of the child's plan • With parent's permission and consideration given to privacy, a photo of the child and details of their condition, to be displayed in appropriate locations • Educators to follow medical management plan to meet the child's required food intake (type, quantity and frequency) and ensure the right dose(s) of insulin is given • Educators to be trained to treat hypos as a medical emergency in line with the child's medical management plan • Educators to treat hyperglycaemia according to the child's medical management plan, including calling an ambulance when necessary • Nominated supervisor to ensure fast-acting carbohydrate (e.g., 5 Glucojel jellybeans or other treatment supplied by family) is on hand wherever the child is • BGL meter to be on hand wherever child is • Nominated supervisor to ensure that extra doses of insulin and water are available wherever the child is • Parent advised at enrolment and at regular intervals that the child cannot attend without their medication • Personal medication bags to be audited by nominated supervisor every quarter
Mealtime/food prep	• Weekly menu to follow Australian Dietary Guidelines • If child has restrictions (e.g., also has Coeliac disease), kitchen to have photo of child with listed restrictions on the wall in the kitchen (if permitted). Staff who handle food must also do mandatory food safety training, covering how to prevent cross-contamination of food • Cook and kitchen staff informed of medical condition and plans • Determine whether insulin regime may need to be changed to fit into service's mealtimes and snack times • Staff to be aware of any carb counting requirements for the child, and training to be provided so staff know how to measure intake • Educators to supervise and check that the child eats the required amount of carbohydrates at meal and snack time • Educators to check that the child does not miss a snack/meal • Meals and snacks are not delayed

* (Not an exhaustive list - adapted from National Diabetes Services Scheme resources)

	• When insulin is given for a meal, educators check that the child eats the meal
Indoor environments	• Educators to be aware that hypos and hypers can affect the child's behaviour and will check the child's BGLs if they are acting out of character • Child to be helped to manage their emotions to avoid stress or excitement induced hypos • During illnesses, child is to be monitored closely
Outdoor environments	• Nominated supervisor to ensure fast-acting carbohydrate (e.g., 5 Glucojel jellybeans or other treatment supplied by family) is on hand wherever the child is • BGL meter to be on hand wherever child is • Nominated supervisor to ensure that extra doses of insulin and water are available
Physical activity	• Educators to ensure that child engages in adequate physical activity, but that physical activity is planned (so that child is properly prepared) • Ensure child has water before and after activity • Follow medical management plan to prepare for specific activity – e.g., may need to check blood glucose more regularly, alter their insulin dose, inject in a particular site to avoid rapid absorption, have an extra snack before, during or after • Educators to talk to parent on specific preparation
Special events and activities, including excursions	• The specific risk management plans for the special event/excursion to consider specific risks and minimisation strategies for the child with diabetes • First aid kit to be brought to any special events and excursions, along with child's medical management plan, risk minimisation plan, communications plan, mobile phone, emergency contacts (educators to go through checklist before excursion/special events) • Staff and families to consider if a member of the family needs to attend the excursion or allocate an adult buddy to the young person • Educators to make sure there are appropriate supplies of blood glucose test strips and insulin administration equipment, carbohydrate and hypo food for the duration of the excursion, including back-up supplies in the event of delays • Educators to check that child is carrying or wearing personal medical identification • BG checking equipment and hypo food must be carried or be accessible to educators at all times (particularly while in transit) • Educators to inform any external organisations involved that the child may need to eat at any time during the excursion for medical reasons • Educators to check where local medical and emergency services are if the excursion is in a remote location • At least one educator with approved first aid training, including for diabetes management must be present and available at the special event or the excursion • Educators to check for mobile phone coverage before the event or excursion

RESOURCE – Information about type 1 diabetes

Cause of type 1 diabetes

- Type 1 diabetes is a chronic autoimmune condition that causes the body's immune system to destroy the insulin-producing cells (beta cells) in the pancreas. This means that the pancreas cannot produce insulin, which is a hormone that is needed to move glucose (sugar) from the bloodstream into the body's cells
- Without insulin, blood glucose levels (BGLs) become too high (hyperglycaemia) and this can cause serious short- and long-term health complications
- On the other hand, if BGLs become too low, the child may develop hypoglycaemia, which can cause them to become unconscious or to have a seizure
- Type 1 diabetes is not caused by diet or lifestyle, and it cannot be prevented or cured
- Early signs of type 1 diabetes in undiagnosed children include frequent passing of urine, increased thirst that cannot be quenched, fatigue and weight loss

Diabetes treatment

- Insulin is the only medication used to treat type 1 diabetes. It replaces the insulin the body cannot produce
- Children with type 1 diabetes must take insulin every day to control their blood glucose levels
- There are different types of insulin with different actions:
    - Rapid-acting insulin – work quickly to control blood glucose during meals
    - Short-acting insulin – starts working within 30 minutes and lasts for a few hours
    - Intermediate-acting insulin – starts working after 1-2 hours and lasts up to 18 hours
    - Long-acting insulin – provides a steady level of insulin over 24 hours
- There are different methods for delivering insulin:
    - Insulin injection – a pen or syringe that is used multiple times a day, usually before meals and at bedtime (known as 'Basal Bolus' insulin regime)
    - Insulin pump – a device that is worn and which delivers a continuous supply of rapid-acting insulin through a cannula under the skin, with extra doses (boluses) given for meals
- An insulin bolus calculator on mobile phone apps may be used for children who are on basal bolus insulin regime to accurately determine how much insulin they need before each meal

Blood glucose levels (BGL)

- A BGL measures the concentration of glucose in the blood at the time of the check

- The target range for BGLs is 4.0 – 7.0 mmol/L before main meals (*always refer to child's individual medical management plan*)
- The only way to know whether a child's BGLs are in range, too high or too low is through regular blood glucose checking – usually at least four times a day (before breakfast, lunch, dinner and supper) and overnight 2-3 times a fortnight
- BGLs may also need to be tested at other times of the day, including if a hypo is suspected, if the child is unwell or before physical activity
- BGLs may be checked through:
    - A blood glucose meter - a small device that checks the BGL via a small sample of blood, or
    - Continuous glucose monitor (CGM) – a small sensor and transmitter system that is attached to the child at all times. It detects glucose readings every few minutes and transmits results and alerts to an insulin pump or a stand-alone receiver

Signs and causes of hyperglycaemia

- Hyperglycaemia ('hyper') occurs when the child's blood glucose rises above 15 mmol/L
- Signs and symptoms include:
    - Increased thirst
    - Tiredness
    - Irritability
    - More frequent passing of urine
    - Changes in mood or behaviour, concentration, memory, problem-solving and reasoning
- Ketoacidosis is a very serious condition related to hyperglycaemia. It develops gradually over hours or days. It is a medical emergency and can be life-threatening if not treated properly. Symptoms include:
    - High BGLs and moderate to heavy ketones in urine
    - Rapid breathing
    - Flushed cheeks – hot, dry skin
    - Blurred vision
    - Excessive thirst
    - Abdominal pain
    - Lacking in concentration
    - Sweet acetone (like a paint filler or nail polish remover) smell on the breath
    - Vomiting and/or dehydration

  - Loss of consciousness
- Some common causes of hyperglycaemia include:
  - Not taking enough insulin or missing doses
  - Eating more carbohydrates than planned
  - Viruses or infections, such as a cold
  - Strong emotions such as excitement or stress

Signs and causes of hypoglycaemia

- Hypoglycaemia ('hypo') occurs when the child's blood glucose falls below 4mmol/L
- Signs and symptoms vary for each child and may also change when a child's treatment is changing. Sometimes, signs and symptoms are lacking completely
- Common signs and symptoms include:
  - Sweating
  - Weakness, shaking
  - Headache
  - Pallor
  - Poor coordination
  - Faintness, dizziness
  - Hunger
  - Numbness around the lips and fingers
  - Mood changes – e.g., angry, quiet, crying
  - Impaired concentration, behaviour or attention, vague manner or slurred speech
- Very low BGLs can cause:
  - A loss of consciousness
  - Convulsions/seizures
- Some common causes of hypoglycaemia include:
  - Taking too much insulin
  - Delaying a meal or snack
  - Eating fewer carbohydrates than planned
  - Engaging in unplanned or unusual exercise
  - Illness