

Diabetes in children can be a diagnosis that has a significant impact on families and children. It is imperative that Educators and Staff in Early Childhood Services understand the responsibilities of diabetes management to reduce the risk of emergency situations and long-term complications. Most children will require additional support from education and care service staff members to manage their diabetes whilst in attendance.

Purpose

Our Centre is committed to providing a safe and healthy environment that is inclusive for all children, staff, visitors and family members that are at diagnosed with diabetes. The aim of this policy and procedure is to minimise the risk of a diabetic medical emergency whilst at our centre by supporting young people with diabetes, working in partnership with families and health professionals, and following the child's Medical Management Plan.

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 affects between 85 and 90 per cent of all cases of diabetes and usually develops in adults over the age of 45 years, but it is increasingly occurring at a younger age. Type-2 diabetes is unlikely to be seen in children under the age of 4 years old.

Duty of Care

Our centre has a legal responsibility to take reasonable steps to ensure that the health needs of all children enrolled in the Centre are met.

- a) A safe environment
- b) Adequate Supervision

Our Centre 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

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

A copy of all medical conditions policies will be provided to all educators and volunteers and families of the Centre. 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 Centre 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 the Centre follow a 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:



- Before the child's enrolment commences, the family will meet with the Centre 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 Centre prior to the child starting at the Centre
- All staff members including volunteers 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 Education and Care Services National Regulations at least every 3 years and that this is recorded, with a copy of each staff members' certificate held on the Centre'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 Centre at all times whenever a child /children with diabetes are in attendance at the Centre
- 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 Centre, their individual symptoms of low blood sugar levels, and the location of their Medical Management Plans and Risk Minimisation and Communication Plans.
- Individual child's Medical Management and Emergency Action Plan will be displayed in key locations throughout the Centre
- A staff member accompanying children outside the Centre 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 Centre 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 Centre are aware of the strategies to be implemented for the management of diabetes at the Centre 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 Centre 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, 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
- 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
- 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 Centre
- Follow the strategies developed for the management of diabetes at the Centre
- 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 Centre
- Take all personal Medical Management Plans, monitoring equipment, medication records, Emergency Action Plans and any prescribed medication on excursions and other events outside the Centre
- Recognise the symptoms of a diabetic emergency and treat appropriately by following the Diabetes Medical Management Plan and the Emergency Action Plan.
- A suitably trained and qualified educator will administer prescribed medication if needed according to the Emergency Medication Management Plan and in accordance with the Centre'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, incursions, parties and family days, 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 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 centre 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 Emergency Action Plan following enrolment and prior to the child starting at the Centre 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
 - An up to date photograph of the child
- The appropriate monitoring equipment needed according to the diabetes Medical 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 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 - HYPO (hypoglycemia, usually due to excessive insulin);
- b) Very high blood sugar - HYPER (hyperglycemia, 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 Centre 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 and 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, and crying
- Become unconsciousness or have a seizure

HYPERGLYCEMIA – (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** **Victoria**
1300 136 588
mail@diabetesvic.org.au
www.diabetesvic.org.au
- **Juvenile Diabetes Research Foundation**
www.idrf.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/>

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>

Date Implemented: 16/04/2012

Review Completed: 22/3/2021

Schedule for Review: 22/3/2022

Authorised by COM: Nov 2020

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 Service 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	
Early Years Learning Framework		
Learning Outcome 3 - Children have a strong sense of wellbeing		
3.1	Children become strong in their social and emotional wellbeing	
3.2	Children take increasing responsibility for their own health and physical wellbeing	

