DIABETES MANAGEMENT POLICY

Diabetes in children can be a diagnosis that has a significant impact on families and children. It is imperative that Educators/Educator Assistant at the Family Day Care Service understand the responsibilities of diabetes management to reduce the risk of emergency situations and long-term complications. Most younger children will require additional support from the Family Day Care Educator/Educator Assistant to manage their diabetes whilst in attendance however, older school aged 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

Victorian Child Safe Standards	
Standard 1	Organisations establish a culturally safe environment in which the diverse and unique identities and experiences of Aboriginal children and young people are respected and valued
Standard 2	Child safety and wellbeing is embedded in organisational leadership, governance and culture
Standard 3	Children and young people are empowered about their rights, participate in decisions affecting them and are taken seriously
Standard 4	Families and communities are informed, and involved in promoting child safety and wellbeing
Standard 5	Equity is upheld and diverse needs respected in policy and practice
Standard 6	People working with children and young people are suitable and supported to reflect child safety and wellbeing values in practice
Standard 7	Processes for complaints and concerns are child focused
Standard 8	Staff and volunteers are equipped with the knowledge, skills and awareness to keep children and young people safe through ongoing education and training
Standard 9	Physical and online environments promote safety and wellbeing while minimising the opportunity for children and young people to be harmed
Standard 10	Implementation of the Child Safe Standards is regularly reviewed and improved
Standard 11	Implementation of the Child Safe Standards is regularly reviewed and improved

RELATED POLICIES

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

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.

Dalas Family Day Care is committed to providing a safe and healthy environment that is inclusive for all children, Educators/Educator Assistants, 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 Family Day Care 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 the Approved Provider, Coordinator, Educators, Educator Assistants, children, families, and visitors of the Family Day Care 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 enough 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.

DUTY OF CARE

Dalas amily Day Care Service 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.

Our Family Day Care Service will ensure all educators, educator assistants and coordinators, 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 and safety in sport).

IMPLEMENTATION

We will involve all FDC educators/educator assistants, families and children in regular discussions about medical conditions and general health and wellbeing throughout our curriculum. The Family Day Care Service 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 FDC residence or venue.

A copy of all our *Medical Conditions Policy* and *Diabetes Management Policy* will be provided to all FDC educators/educator assistants, volunteers, and families of the Family Day Care 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 Family Day Care Service until the child's Medical Management Plan is completed and signed by their medical practitioner or diabetes medical team, and the relevant FDC educator/educator assistants 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/educator assistants, coordinators and volunteers at the Family Day Care Service 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.

The Approved Provider/Coordinator will ensure that:

- before the child's enrolment commences, the family will meet with the FDC Service and FDC educator 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
- 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 FDC Service, FDC educator, parents/guardian and the child's medical management team.
- 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
    - permission for the child to self-administer blood glucose testing and insulin injecting
- a risk minimisation plan will be developed in collaboration with parents/guardian and the FDC educator and cover the child's known triggers and where relevant other common triggers which may lead to a diabetic emergency
- a Communication Plan is developed for the FDC educator and parents/guardians encouraging ongoing communication 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 Service prior to the child starting at the FDC Service

- all educators and educator assistants, 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 educator's induction process
- all FDC educators/educator assistants 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 FDC Service's premises
- when a child diagnosed with diabetes is enrolled staff and the FDC educator and educator assistant will be provided with regular professional training on the management of diabetes and, where appropriate, emergency management of diabetes
- the FDC educator/educator assistant 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 FDC educators/educator assistants who have children with diabetes enrolled 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 FDC educators/educator assistants are aware of children diagnosed with diabetes, 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 at the FDC residence and copies kept at the FDC Service
- FDC educators/educator assistants accompanying children outside the FDC Service 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 FDC Service are inclusive of children diagnosed with diabetes and that children with diabetes can participate in activities safely and to their full potential
- all FDC educators/educator assistants are aware of the strategies to be implemented for the management of diabetes 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 FDC Service 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 FDC educators.

Educators/Educator Assistants 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 Plan and Action Plan and any prescribed medications.
- perform finger-prick blood glucose or urinalysis monitoring as required and will act by following the child's diabetes 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 Family Day Care Service
- follow the strategies developed for the management of diabetes at the Service
- 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 FDC educators/educator assistants within the Family Day Care Service
- take all personal Medical Management Plans, monitoring equipment, medication records, Emergency Action Plans and any prescribed medication on excursions and other events outside the Family Day Care residence/venue
- recognise the symptoms of a diabetic emergency and treat appropriately by following the diabetes Medical Management Plan and the Emergency Action Plan
- administer prescribed medication if needed according to the Emergency Action Plan in accordance with the Family Day Care Service's *Administration of Medication Policy*.
- identify and where possible minimise possible triggers as outlined in the child's diabetes 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
- 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 Family Day Care 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 and Emergency Action Plan following enrolment and prior to the child starting at the FDC Service 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- blood glucose meter with test strips, insulin pump consumables and hypo treatment foods/drinks
- an adequate supply of emergency insulin for the child at all times 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

If a child suffers from a diabetic emergency the Family Day Care Service will:

- Follow the child's Diabetic Emergency Plan.
- If the child does not respond to steps within the diabetic 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
- Inform the Approved Provider as soon as practicable
- Notify the regulatory authority within 24 hours

SIGNS & SYMPTOMS

HYPOGLYCEMIA (HYPO)

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

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

If a child suffers from a diabetic emergency the Family Day Care educator will:

- Follow the child's Diabetic medical management/action plan
- If the child does not respond to steps within the diabetic medical management 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
- Inform the Approved Provider as soon as practicable
- The Approved Provider will 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:

- the FDC educator involved in the situation will complete an *Incident, Injury, Trauma and Illness Record* which will be countersigned by the coordinator/nominated supervisor ensure the parent or guardian signs the *Incident, Injury, Trauma and Illness Record*
- a copy of the *Incident, Injury, Trauma and Illness Record* will be placed in the child's file
- the Nominated Supervisor will inform management about the incident
- the Nominated Supervisor or the Approved Provider will inform Regulatory Authority of the incident within 24 hours as per regulations
- opportunities for debriefing after each incident with the FDC educator and coordinator will be provided. The child's individual medical management plan and risk minimisation plan will be 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/

Diabetes Victoria: https://diabetesvic.org.au/

Source

As 1 Diabetes (2017) - http://as1diabetes.com.au/
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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

REVIEW

POLICY REVIEWED	August 2022	NEXT REVIEW DATE	August 2023

MODIFICATIONS	• Policy review includes ACECQA policy guidelines/components (June 2021) • additional section added: reporting procedures sources checked for currency	
POLICY REVIEWED	PREVIOUS MODIFICATIONS	NEXT REVIEW DATE
21/12/2020	Policies have been purchased from Childcare Desktop	2021