



DIABETES POLICY

Mandatory – Quality Area 2

PURPOSE

Our service is committed to providing a safe and healthy environment that is inclusive for all children, staff, visitors and family members that are diagnosed with diabetes. The aim of this policy and procedure is to minimise the risk of a diabetic medical emergency whilst at our service, also ensuring that staff members are able to support the management of the illness.

SCOPE

This policy applies to children, families, staff, management and visitors of the service.

BACKGROUND

Children and young people with diabetes are no more likely to be sick than other young people and can generally be expected to do everything their peers do. However, at times they may need additional support or special consideration to ensure they are able to participate in education and training on the same basis as other students.

Diabetes is considered a disability under the relevant federal and state anti-discrimination laws. Therefore schools have a legal obligation to make reasonable adjustments for students with diabetes to enable them to participate in their education on the same basis as their peers.

An example of a reasonable adjustment could be having an appropriately trained person administer insulin where a student is unable to self-administer safely. In addition, out of school hours services have an ongoing duty of care obligation to their students to take reasonable steps to reduce the risks of reasonably foreseeable injury.

Most students with diabetes can enjoy and participate in school life and curriculum to the full. However, due to their diabetes they may need:

- special consideration when participating in sport, excursions and other activities
- extra toilet provisions
- extra consideration if unwell
- some individual supervision
- to eat at additional times, especially when involved in physical activity

- special provisions for privacy when checking blood glucose levels and injecting insulin, if required.

The management of Diabetes at this service is informed by DET's Diabetes Guidelines – Supporting Students with Type 1 Diabetes in Victorian Schools.

DEFINITIONS

Type 1 Diabetes is an auto-immune condition which occurs when the immune system damages the insulin producing cells in the pancreas. Insulin is the hormone that controls blood glucose levels (BGLs). This condition is predominantly treated with insulin replacement via multiple injections each day or a continuous infusion 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 around 85 per cent of all cases of diabetes, but less than 5% of cases in the school-based population. Type 2 diabetes usually develops in adults over the age of 45 years, but it is increasingly occurring at a younger age. Type 2 diabetes is initially managed with a healthy diet and lifestyle and/or medication that could include tablets and/or insulin.

Note: Type 2 diabetes is usually managed by diet and is not necessarily dependent on insulin injections for treatment. Thus, students with type 2 diabetes do not require an individual Diabetes Management Plan or Student Health Support Plan unless specifically requested by the student's treating medical team.

Hypoglycaemia (Hypo) – Low blood glucose

Hypoglycaemia occurs when the blood glucose level drops below a normal level. Hypoglycaemia can be caused by too much insulin; delaying a meal; not enough food; or unplanned or unusual exercise. A 'hypo' can be dangerous if not treated promptly and can potentially cause irrational or confused behaviour, a seizure and possible loss of consciousness. It is important to treat hypos rapidly as students can feel unwell and their judgment and cognitive abilities may be impaired.

Hyperglycaemia (Hyper) – High blood glucose

Hyperglycaemia is a condition in which the blood glucose increases above the normal level. Hyperglycaemia can be caused by insufficient insulin; too much food; common illness; and/or stress. This state should be avoided where possible and persistent high levels reported back to parents.

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 (hypoglycemia, usually due to excessive insulin);
- b) Very high blood sugar (hyperglycemia, due to insufficient insulin).

The more common emergency is hypoglycemia. This can result from too much insulin or other medication, not having eaten enough of the correct food, unaccustomed exercise or a missed meal.

In a medical emergency involving a child with diabetes, the Service staff should immediately dial 000 for an ambulance and notify the family in accordance with the Regulation and guidelines on emergency procedures, and administer first aid or emergency medical aid according to the child's Diabetes Management or Emergency Plan.

SIGNS & SYMPTOMS OF HYPOGLYCEMIA

If caused by low blood sugar, the person may:

- Feel dizzy, weak, tremble and hungry
- Look pale and have a rapid pulse
- Sweating profusely
- Numb around lips and fingers
- Appear confused or aggressive
- Unconsciousness

SIGNS & SYMPTOMS OF HYPERGLYCEMIA

If caused by high blood sugar, the person may:

- Feel excessively thirsty
- Have a frequent need to urinate
- Have hot dry skin, a rapid pulse, drowsiness
- Have the smell of acetone (like nail polish remover) on the breath
- Unconsciousness

DUTY OF CARE

Our service has a legal responsibility to provide

1. A safe environment
2. Adequate Supervision

Staff members including relief staff need to know enough about diabetes to ensure the safety of those students (especially in regards to hypoglycemia and safety in sport).

IMPLEMENTATION

We will involve all educators, families and children in regular discussions about medical conditions and general health and wellbeing throughout our curriculum. The Service 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 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 Service until the child's medical plan is completed and signed by their Medical Practitioner and the relevant staff members have been trained on how to manage the individual child's diabetes.

It is imperative that all educators and volunteers at the 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.

Approved Provider, Nominated Supervisor will ensure:

- Parents/guardians of an enrolled child who is diagnosed with diabetes are provided with a copy of the Diabetes Policy.
- All staff members including volunteers are provided with a copy of the Diabetes policy.
- 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.
- When a child diagnosed with diabetes is enrolled, all staff attend regular 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 Service at all times whenever children with diabetes are being cared for in the Service.
- There is a staff member who is appropriately trained to perform finger-prick blood glucose or urinalysis monitoring and knows what action to take if these are abnormal.
- The family supplies all necessary glucose monitoring and management equipment.
- A copy of the child's medical management plan is obtained from the child's parent.

- A risk minimisation plan is developed and documented in consultation with the parents of the child. These plans should be in place prior to the child commencing at the service and be kept in the enrolment record for that child.

- All staff members are trained to identify children displaying the symptoms of a diabetic emergency and location of the Diabetic Management Plan as well as the Emergency Management Plan.
- All staff, including casual and relief staff, are aware of children diagnosed with diabetes attending the Service, symptoms of low blood sugar levels, and the location of diabetes management plans and emergency management plans.
- Each child with type-1 diabetes has a current individual Diabetes Management Plan prepared by the individual child's diabetes medical specialist team, at or prior to enrolment.
- Ensure that a child's Diabetes Management Plan is signed by a Registered Medical Practitioner and inserted into the enrolment record for each child. This will describe any prescribed medication for that child as well as the emergency management of the child's medical condition.
- Before the child's enrolment commences, the family will meet with the Service and its educators to begin the communication process for managing the child's medical condition in consultation with the registered medical practitioners instructions.
- 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, this policy and its implementation within the Service prior to the child starting at the service.
- Individual Diabetes Management and Emergency Medical Management Plans will be displayed in key locations throughout the Service.
- A staff member accompanying children outside the Service carries the appropriate monitoring equipment, any prescribed medication, a copy of the Diabetes Management and Emergency Medical Management Plan for children diagnosed with diabetes, attending excursions and other events.
- The programs delivered at the Service are inclusive of children diagnosed with diabetes and that children with diabetes can participate in all activities safely and to their full potential.
- All staff and volunteers at the Service are aware of the strategies to be implemented for the management of diabetes at the Service in conjunction with each child's diabetes management plan.
- Updated information, resources and support is regularly given to families for managing childhood diabetes.
- That no child diagnosed with diabetes attends the Service without the appropriate monitoring equipment and any prescribed medications.
- Availability of meals, snacks and drinks that are appropriate for the child and are in accordance with the child's Diabetes Management plan at all times.

Educators will:

- Read and comply with this Diabetes Policy.
- Know which children are diagnosed with diabetes, and the location of their monitoring equipment, Diabetes Management and Emergency Plans and any prescribed medications.
- An appropriately trained staff member will perform finger-prick blood glucose or urinalysis monitoring and will take action 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.
- 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 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 Management Plan is visible and known to staff in a service.
- Take all personal Diabetes Management Plans, monitoring equipment, medication records, Emergency Management Plans and any prescribed medication on excursions and other events outside the service.
- Recognise the symptoms of a diabetic emergency, and treat appropriately by following the Diabetes Management Plan and the Emergency Management Plan.
- A suitably trained and qualified Educator will administer prescribed medication if needed according to the Emergency Medication Management Plan in accordance with the service's Administration of Medication Policy.
- Identify and where possible minimise possible triggers as outlined in the child's Diabetes Management Plan and Risk Minimisation Plan.
- Ensure that children with diabetes can participate in all activities safely and to their full potential.
- Increase supervision of a child diagnosed with diabetes on special occasions such as excursions, incursions, parties and family days.
- Regularly check and record the expiry date of the prescribed medication relating to the medical condition.
- Provide information to the service community about resources and support for managing childhood diabetes.
- Ensure there are glucose foods or sweetened drinks readily available to treat hypoglycemia at all times (low blood glucose), e.g. glucose tablets, glucose jellybeans, etc.

Families will:

- Provide details of the child's health problem, treatment, medications and allergies.
- Provide their doctor's name, address and phone number, and a phone number for contact in case of an emergency.
- Provide a Diabetes Care Plan and Emergency Medical Plan following enrolment and prior to the child starting at the Service which should include:
 - a) When, how and how often the child is to have finger-prick or urinalysis glucose or ketone monitoring.
 - b) What meals and snacks are required including food content, amount and timing.
 - c) What activities and exercise the child can or cannot do.
 - d) Whether the child is able to go on excursions and what provisions are required.
 - e) What symptoms and signs to look for that might indicate hypoglycemia (low blood glucose) or hyperglycemia (high blood glucose).
 - f) What action to take including emergency contacts and what first aid to implement.
 - g) An up to date photograph of the child.
- Provide a copy of the child's Diabetes Management Plan and an Emergency Medication Management Plan developed and signed by a Registered Medical Practitioner for implementation within the Service
- Make available the appropriate monitoring equipment needed according to the Diabetes Management Plan
- Provide an adequate supply of emergency medication for the child at all times according to the Emergency Management Plan
- Communicate information and answer any questions regarding their child's medical condition.
- Communicate any changes to their child's medical condition and provide a new Diabetes Management Plan in accordance with these changes
- Share all relevant information and concerns to staff, for example, any matter relating to the health of the child

Source

- Australian Children's Education & Care Quality Authority. (2014).
- Guide to the Education and Care Services National Law and the Education and Care Services National Regulations
- ECA Code of Ethics.
- Guide to the National Quality Standard.
- Staying Healthy in Child Care. 5th Edition

- Care of Young Children With Diabetes in the Child Care Setting: A Position Statement of the American Diabetes Association
- <http://main.diabetes.org/dorg/PDFs/Advocacy/Discrimination/ps-care-of-young-child-ren-withdiabetes-in-child-care-setting.pdf>
- As 1 Diabetes - <http://as1diabetes.com.au/>

Volunteers and students, while at the service, are responsible for following this policy and its procedures.

EVALUATION

In order to assess whether the values and purposes of the policy have been achieved, the Approved Provider will:

- selectively audit enrolment checklists (for example, annually) to ensure that documentation is current and complete
- regularly seek feedback from everyone affected by the policy regarding its effectiveness
- monitor the implementation, compliance, complaints and incidents in relation to this policy
- keep the policy up to date with current legislation, research, policy and best practice
- revise the policy and procedures as part of the service's policy review cycle or following an anaphylactic episode at the service, or as otherwise required
- notify parents/guardians at least 14 days before making any changes to this policy or its procedures.

AUTHORISATION

This policy was adopted by the Approved Provider of Delacombe PS Outside of School Hours Care on 20/9/2019

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