Attachment 1

Strategies for the management of diabetes in children at the service

|  |  |
| --- | --- |
| Strategy | Action |
| **Monitoring of blood glucose (BG) levels** | * 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. * 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. * Additional checking times will be specified in the child’s diabetes management plan. These could include such times as when a ‘hypo’ is suspected. * Children are likely to need assistance with performing BG checks. * Parents/guardians should be asked to teach service staff about BG testing. * 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. |
| **Managing hypoglycaemia (hypos)** | * Hypos or suspected hypos should be recognised and treated promptly, according to the instructions provided in the child’s diabetes management plan. * Parents/guardians are responsible for providing the service with oral hypoglycaemia treatment (hypo food) for their child in an appropriately labelled container. * This hypo container must be securely stored and readily accessible to all staff. |
| **Administering insulin** | * Administration of insulin during service hours is unlikely to be required; this will be specified in the child’s diabetes management plan. * As a guide, insulin for service-aged children is commonly administered: * twice a day: before breakfast and dinner at home * by a small insulin pump worn by the child. |
| **Managing ketones** | * Children on an insulin pump will require ketone testing when their BG level is >15.0 mmol/L. * Staff must notify parents if the ketone level is >0.6 mmol/L (refer to the child’s diabetes management plan). |
| **Off-site excursions and activities** | * With good planning, children should be able to participate fully in all service activities, including attending excursions. * 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. |

|  |  |
| --- | --- |
| **Infection control** | * Infection control procedures must be developed and followed. Infection control measures include being informed about ways to prevent infection and cross-infection when checking BG levels, handwashing, having one device per child and not sharing devices between individuals, using disposable lancets and safely disposing of all medical waste. |
| **Timing meals** | * Most meal requirements will fit into regular service routines. * 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). |
| **Physical activity** | * Exercise should be preceded by a serve of carbohydrates. * Exercise is not recommended for children whose BG levels are high, as it may cause BG levels to become more elevated. * Refer to the child’s diabetes management plan for specific requirements in relation to physical activity. |
| **Participation in special events** | * Special events, such as class parties, can include children with type 1 diabetes in consultation with their parents/guardians. * 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. |
| **Communicating with parents** | * Services should communicate directly and regularly with parents/guardians to ensure that their child’s individual diabetes management plan is current. * Services should establish a mutually agreeable home-to-service means of communication to relay health information and any health changes or concerns. * Setting up a communication book is recommended and, where appropriate, make use of emails and/or text messaging. |