



## DIABETES POLICY

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### Mandatory – Quality Area 2

The content of this policy was developed for ELAA by advocacy and diabetes educators at Diabetes Australia – Vic and the Royal Children’s Hospital Melbourne’s manager of diabetes education in Australia, in August 2012. It was fully revised in February 2015.

### PURPOSE

To ensure that enrolled children with type 1 diabetes and their families are supported, while children are being educated and cared for by the service.

This *Diabetes Policy* should be read in conjunction with the *Dealing with Medical Conditions Policy* of Shine Bright EYM.

### POLICY STATEMENT

#### 1. VALUES

Shine Bright EYM believes in ensuring the safety and wellbeing of children who are diagnosed with diabetes, and is committed to:

- providing a safe and healthy environment in which children can participate fully in all aspects of the program
- actively involving the parents/guardians of each child diagnosed with diabetes in assessing risks, and developing risk minimisation and risk management strategies for their child
- ensuring that all staff members and other adults at the service have adequate knowledge of diabetes and procedures to be followed in the event of a diabetes-related emergency
- facilitating communication to ensure the safety and wellbeing of children diagnosed with diabetes.

#### 2. SCOPE

This policy applies to the Approved Provider, Nominated Supervisor, educators, staff, students on placement, volunteers, parents/guardians, children and others attending the programs and activities of Shine Bright EYM.

#### 3. BACKGROUND AND LEGISLATION

##### Background

Services that are subject to the National Quality Framework must have a policy for managing medical conditions in accordance with the *Education and Care Services National Law Act 2010* and the *Education and Care Services National Regulations 2011*. This policy must define practices in relation to:

- the management of medical conditions
- procedures requiring parents/guardians to provide a medical management plan if an enrolled child has a relevant medical condition (including diabetes)
- development of a risk minimisation plan in consultation with a child’s parents/guardians
- development of a communication plan for staff members and parents/guardians.

Staff members and volunteers must be informed about the practices to be followed in the management of specific medical conditions at the service. Parents/guardians of an enrolled child with a specific health care need, allergy or other relevant medical condition must be provided with a copy of the *Dealing with Medical Conditions Policy* (in addition to any other relevant service policies).

Services must ensure that each child with pre-existing type 1 diabetes has a current diabetes management plan prepared specifically for that child by their diabetes medical specialist team, at or prior to enrolment, and must implement strategies to assist children with type 1 diabetes. A child's diabetes management plan provides staff members with all required information about that child's diabetes care needs while attending the service.

The following lists key points to assist service staff to support children with type 1 diabetes.

- Follow the service's *Dealing with Medical Conditions Policy* (and this *Diabetes Policy*) and procedures for medical emergencies involving children with type 1 diabetes.
- Parents/guardians should notify the service immediately about any changes to the child's individual diabetes management plan.
- The child's diabetes medical specialist team may include an endocrinologist, diabetes nurse educator and other allied health professionals. This team will provide parents/guardians with a diabetes management plan to supply to the service. Diabetes Victoria Management Plan examples can be found here <https://www.diabetesvic.org.au/Diabetes-in-Victorian-schools-and-early-childhood-settings>
- Contact Diabetes Australia – Vic for further support or information.

Most children with type 1 diabetes can enjoy and participate in service programs and activities to their full potential, but are likely to require additional support from service staff to manage their diabetes. While attendance at the service should not be an issue for children with type 1 diabetes, they may require time away to attend medical appointments.

#### Legislation and standards

Relevant legislation and standards include but are not limited to:

- *Education and Care Services National Law Act 2010*: Sections 167, 169
- *Education and Care Services National Regulations 2011*: Regulations 90–96, 102, 136, 137, 146, 147, 160–162, 168(2)(d), 173, 177, 181, 183, 184, 246
- *Health Records Act 2001* (Vic)
- *National Quality Standard*, Quality Area 2: Children's Health and Safety
  - Standard 2.1: Each child's health and physical activity is supported and promoted
    - Element 2.1.1: Each child's wellbeing and comfort is provided for, including appropriate opportunities to meet each child's need for sleep, rest and relaxation
  - Standard 2.2: Each child is protected
    - Element 2.2.2: Plans to effectively manage incidents and emergencies are developed in consultation with relevant authorities, practised and implemented
- *Occupational Health and Safety Act 2004* (Vic)
- *Privacy Act 1988* (Cth)
- *Public Health and Wellbeing Act 2008*
- *Public Health and Wellbeing Regulations 2009* (Vic)

The most current amendments to listed legislation can be found at:

- Victorian Legislation – Victorian Law Today: <http://www.legislation.vic.gov.au/>
- Commonwealth Legislation – ComLaw: <http://www.comlaw.gov.au/>

#### 4. DEFINITIONS

The terms defined in this section relate specifically to this policy. For commonly used terms e.g. Approved Provider, Nominated Supervisor, Regulatory Authority etc. refer to the *General Definitions* section of this manual.

**Type 1 diabetes:** An autoimmune condition that occurs when the immune system damages the insulin producing cells in the pancreas. Type 1 diabetes 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 accounts for 85 to 90 per cent of all cases of diabetes and usually develops in adults over the age of 45 years, but is increasingly occurring in individuals at a younger age. Type 2 diabetes is unlikely to be seen in children under the age of 4 years.

**Hypoglycaemia or hypo (low blood glucose):** Hypoglycaemia refers to having a blood glucose level that is lower than normal i.e. below 4 mmol/L, even if there are no symptoms. Neurological symptoms can occur at blood glucose levels below 4 mmol/L and can include sweating, tremors, headache, pallor, poor co-ordination and mood changes. Hypoglycaemia can also impair concentration, behaviour and attention, and symptoms can include a vague manner and slurred speech.

Hypoglycaemia is often referred to as a 'hypo'. Common causes include but are not limited to:

- taking too much insulin
- delaying a meal
- consuming an insufficient quantity of food
- undertaking unplanned or unusual exercise.

It is important to treat hypoglycaemia promptly and appropriately to prevent the blood glucose level from falling even lower, as very low levels can lead to loss of consciousness and convulsions.

The child's diabetes management plan will provide specific guidance for services in preventing and treating a hypo.

**Hyperglycaemia (high blood glucose):** Hyperglycaemia occurs when the blood glucose level rises above 15 mmol/L. Hyperglycaemia symptoms can include increased thirst, tiredness, irritability and urinating more frequently. High blood glucose levels can also affect thinking, concentration, memory, problem-solving and reasoning. Common causes include but are not limited to:

- taking insufficient insulin
- consuming too much food
- common illnesses such as a cold
- stress.

**Insulin:** Medication prescribed and administered by injection or continuously by a pump device to lower the blood glucose level. In the body, insulin allows glucose from food (carbohydrates) to be used as energy, and is essential for life.

**Blood glucose meter:** A compact device used to check a small blood drop sample to determine the blood glucose level.

**Continuous Glucose Monitor:** Continuous Glucose Monitoring (CGM) is a means of measuring glucose levels continuously, in contrast to a blood glucose meter that measures a single point in time. A Continuous Glucose Monitoring System sensor is inserted into the skin separately to the insulin pump, and measures the level of glucose in the interstitial fluid (fluid in the tissue).

The sensor continuously sends real-time glucose readings wirelessly to a receiver (the insulin pump, a smart phone or dedicated device) so the user can view the information. The CGM receiver and/or compatible smart device can usually be set to send custom alerts to the user when certain glucose thresholds are reached or if levels are changing rapidly, reducing or eliminating the need for blood glucose finger prick tests and enabling early intervention to prevent the person becoming 'hypo' or 'hyper'. Children in Australia with type 1 diabetes have free access to CGM technology.

**Flash Glucose Monitor:** Flash Glucose Monitoring (FGM) uses a sensor attached to the skin, much like a continuous glucose monitor, to measure glucose levels without finger pricks. In contrast to CGM, the FGM sensor will not continuously send readings to a device. The reader (certain blood glucose monitors and smart phones) is scanned over the sensor to obtain the data.

**Insulin pump:** A small, computerised device to deliver insulin constantly, connected to an individual via an infusion line inserted under the skin.

**Ketones:** Occur when there is insufficient insulin in the body. High levels of ketones can make children very sick. Extra insulin is required (given to children by parents/guardians) when ketone levels are >0.6 mmol/L if insulin is delivered via a pump, or >1.0 mmol/L if on injected insulin.

## 5. SOURCES AND RELATED POLICIES

### Sources

- Caring for Diabetes in Children and Adolescents, Royal Children's Hospital Melbourne:  
<http://www.rch.org.au/diabetesmanual/>
- Diabetes Australia – Vic:
  - Information about professional learning for teachers (i.e. *Diabetes in Schools* one day seminars for teachers and early childhood staff), sample management plans and online resources. Refer to [https://www.diabetesvic.org.au/Workshops?ocmsLang=en\\_US&bdc=1](https://www.diabetesvic.org.au/Workshops?ocmsLang=en_US&bdc=1)
  - Diabetes management plan samples for children with/without insulin pumps (including The Royal Children's Hospital Melbourne diabetes management plan sample and Monash Children's – Southern Health diabetes management plan sample). Refer to [https://www.diabetesvic.org.au/Advanced-Search-Result-Detail?ocmsLang=en\\_US&content\\_id=a1R9000000HskcoEAB](https://www.diabetesvic.org.au/Advanced-Search-Result-Detail?ocmsLang=en_US&content_id=a1R9000000HskcoEAB)

### Service policies

- *Administration of First Aid Policy*
- *Administration of Medication Policy*
- *Dealing with Medical Conditions Policy*
- *Enrolment and Orientation Policy*
- *Excursions and Service Events Policy*
- *Food Safety Policy*
- *Hygiene Policy*
- *Incident, Injury, Trauma and Illness Policy*
- *Inclusion and Equity Policy*
- *Healthy Eating, Oral Health and Active Play Policy*
- *Occupational Health and Safety Policy*
- *Privacy and Confidentiality Policy*
- *Supervision of Children Policy*

## PROCEDURES

### The Approved Provider is responsible for:

- ensuring that a diabetes policy is developed and implemented at the service
- ensuring that the Nominated Supervisor, educators, staff, students and volunteers at the service are provided with a copy of the *Diabetes Policy*, including the section on management strategies (refer to Attachment 1 – Strategies for the management of diabetes in children at the service), and the *Dealing with Medical Conditions Policy*
- ensuring that the programs delivered at the service are inclusive of children diagnosed with diabetes (refer to *Inclusion and Equity Policy*), and that children with diabetes can participate in all activities safely and to their full potential
- ensuring that the Nominated Supervisor, staff and volunteers at the service are aware of the strategies to be implemented for the management of diabetes at the service (refer to Attachment 1 – Strategies for the management of diabetes in children at the service)
- ensuring that the Nominated Supervisor, educators, staff, students, volunteers and others at the service follow the child's diabetes management plan in the event of an incident at the service relating to their diabetes

- ensuring that staff have access to appropriate training and professional development opportunities and are adequately resourced to work with children with Type 1 Diabetes and their families
- ensuring that the Nominated Supervisor, educators, staff, students, volunteers and others at the service follow the child's diabetes action and management plan in the event of an incident at the service relating to their diabetes
- ensuring that a risk minimisation plan is developed for each enrolled child diagnosed with diabetes in consultation with the child's parents/guardians, in accordance with Regulation 90(iii)
- ensuring that a communication plan is developed for staff and parents/guardians in accordance with Regulation 90(iv), and encouraging ongoing communication between parents/guardians and staff regarding the management of the child's medical condition
- ensuring 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
- following appropriate reporting procedures set out in the *Incident, Injury, Trauma and Illness Policy* in the event that a child is ill, or is involved in a medical emergency or an incident at the service that results in injury or trauma.

**The Nominated Supervisor is responsible for:**

- ensuring that the *Diabetes Policy* is implemented at the service
- compiling a list of children with diabetes and placing it in a secure but readily accessible location known to all staff. This should include the diabetes action and management plan for each child
- following the strategies developed for the management of diabetes at the service (refer to Attachment 1 – Strategies for the management of diabetes in children at the service)
- organising appropriate training and professional development for educators and staff to enable them to work effectively with children with Type 1 Diabetes and their families
- ensuring that all staff, including casual and relief staff, are aware of children diagnosed with diabetes, symptoms of low blood sugar levels, and the location of medication and diabetes action and management plans
- following the child's diabetes action and management plan in the event of an incident at the service relating to their diabetes
- following the risk minimisation plan for each enrolled child diagnosed with diabetes
- ensuring that programmed activities and experiences take into consideration the individual needs of all children, including children diagnosed with diabetes
- communicating daily with parents/guardians regarding the management of their child's diabetes
- ensuring 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.

**Staff are responsible for:**

- reading and complying with this *Diabetes Policy* and the *Dealing with Medical Conditions Policy*
- following the strategies developed for the management of diabetes at the service (refer to Attachment 1 – Strategies for the management of diabetes in children at the service)
- working with individual parents/guardians to determine the most appropriate support for their child
- following the risk minimisation plan for each enrolled child diagnosed with diabetes
- knowing which children are diagnosed with diabetes, and the location of their medication and diabetes management plans
- following the child's diabetes management plan in the event of an incident at the service relating to their diabetes
- communicating with parents/guardians regarding the management of their child's medical condition
- ensuring 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.

### **All parents/guardians are responsible for:**

- reading and complying with this *Diabetes Policy*, diabetes management strategies (refer to Attachment 1 – Strategies for the management of diabetes in children at the service), and the *Dealing with Medical Conditions Policy*.

### **Parents/guardians of children diagnosed with type 1 diabetes are responsible for:**

- providing the service with a current diabetes management plan prepared specifically for their child by their diabetes medical specialist team
- working with their child's teacher to develop a risk minimisation plan for their child
- working with their child's teacher to develop a communication plan
- working with their child's teacher and staff to assist them to provide the most appropriate support for their child
- ensuring that they provide the service with any equipment, medication or treatment, as specified in the child's individual diabetes management plan.

**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 a hypo emergency at the service, to identify any changes required
- notify parents/guardians at least 14 days before making any changes to this policy or its procedures.

## **ATTACHMENTS**

- Attachment 1: [Strategies for the management of diabetes in children at the service](#)
- Attachment 2: [Risk Minimisation Plan](#)
- Attachment 3: [Communication Plan](#)
- Attachment 4: [Diabetes Action Plans](#)

## **AUTHORISATION**

This policy was adopted by the Approved Provider Shine Bright EYM – April 2019

**REVIEW DATE: 2022**