

## DIABETES MANAGEMENT POLICY

We are committed to providing a safe and healthy environment that is inclusive for 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 children, families, coordinators, staff, educators, educator assistants, families and visitors of Clarence Family Day Care.

### **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.

### **IMPLEMENTATION**

A copy of all medical conditions policies 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 are not to be enrolled until the child's Medical Management Plan, including Risk Management Plan and Communication 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. Parents/guardians are to arrange for this training to occur.

A Medical Management Plan, Risk Minimisation and Communication Plan must be developed by parents/guardians with educators and medical practitioner to ensure risks are minimised and strategies developed for minimising any risk to the child.

It is imperative that all educators/educator assistants 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 Nominated Supervisor/Coordinator will ensure that:**

- parents/guardians have access to policies and procedures
- all educators and educator assistants, including volunteers, have access to policies and procedures
- 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
- 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 Service
- 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 *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 CFDC 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 (including Communication Plan and Risk Management Plan) and Diabetes 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 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 educators, 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 educator 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 Nominated Supervisor/Manager as soon as practicable – they will notify the regulatory authority within 24 hours

## **SIGNS & 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, crying
- become unconsciousness or have a seizure

### **Hyperglycaemia (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.

## NATIONAL QUALITY FRAMEWORK

### National ECEC 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	96 – Self-administration of medication
136 – First aid qualifications	

### National Quality Standards

QUALITY AREA 2: CHILDREN'S HEALTH AND SAFETY		
2.1	Health	Each child's health and physical activity is supported and promoted.
2.1.1	Wellbeing and comfort	Each child's wellbeing and comfort is provided for, including appropriate opportunities to meet each child's needs for sleep, rest and relaxation.
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.

## REFERENCE & RELATED INFORMATION

- Raising Children Network
- As 1 Diabetes (2017) - <http://as1diabetes.com.au/>
- National Diabetes Services Scheme (NDSS). Mastering diabetes in preschools and schools. (2020).
- Siminerio, L., Albanese-O'Neill, A., Chiang, J. L., Hathaway, K., Jackson, C. C. (2014). Care of young children with diabetes in the childcare 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>

- Clarence FDC Policies including:
  - Administration of First Aid Policy
  - Administration of Medication Policy
  - Anaphylaxis Management Policy
  - Medical Conditions Policy
  - Asthma Management Policy
  - Epilepsy Management Policy
  - Incident, Illness, Accident and Trauma Policy
  - Privacy & Confidentiality Policy

**For more information, contact the following organisations:**

- Diabetes Australia - <https://www.diabetesaustralia.com.au/contact-us>
- Juvenile Diabetes Research Foundation: [www.jdrf.org.au](http://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 NSW & ACT: <https://diabetesnsw.com.au/>