

## DIABETES POLICY

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### Mandatory – Quality Area 2

Uniting Victoria and Tasmania Limited is the Approved Provider of children's services known in these policies as Uniting Early Learning.

### Overarching Policy Statement:

The *Keeping Children Safe Policy* of the Uniting Church in Australia Synod of Victoria and Tasmania (refer to *Sources*) is the overarching whole of church policy to be implemented by individuals and entities involved with or connected to the Uniting Church. All children who are involved in any of the Church's activities, events or programs have a right to feel and be safe. The Church is committed to provide safe environments where children are cared for, respected, nurtured and sustained.

### Policy statement:

Uniting Early Learning believes in ensuring the safety and well-being 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 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 well-being of children diagnosed with diabetes.

### Purpose:

To ensure that enrolled children with type 1 diabetes and their families are supported while the children are being educated and cared for by the service. The *Diabetes Policy* should be read in conjunction with the *Dealing with Medical Conditions Policy*.

*The content of this policy was developed in association with advocacy and diabetes educators at Diabetes Victoria and the Royal Children's Hospital Melbourne's manager of diabetes education in Australia, in August 2012. It was fully revised in February 2015.*

### Summary of Procedures relating to this Policy:

Staff members and volunteers must be informed about the practices to be followed in the management of specific medical conditions at the service. Parents 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).

The service must ensure that each child with diabetes has a current diabetes action and 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 action and management plan provides staff members with all required information about that child's diabetes care needs.

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The following key points will 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 should notify the service immediately about any changes to the child's individual diabetes action and 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 with a diabetes action and management plan to supply to the service. Examples can be found on the Diabetes Victoria website (refer to *Sources*)
- Contact Diabetes Victoria for further support or information.

Attachment 3 contains more detailed strategies for the management of diabetes in children at this service.

## Scope

This policy applies to the Approved Provider, Nominated Supervisor, Certified Supervisor, educators, staff, students on placement, volunteers, parents, children and others attending the programs and activities of Uniting Early Learning .

The responsibilities of each party listed in the previous paragraph are noted at Attachment 1.

## Background and legislation:

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 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
- development of a communication plan for staff members and parents.

In relation to children with type 1 diabetes, most will be able to 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 more time away to attend medical appointments.

Attachment 2 contains a list of the legislation and sources relevant to this policy, including Acts and Regulations.

## Evaluation:

In order to assess whether the goals 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 this 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 at least 14 days before making any changes to this policy or its procedures.

## 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 action and 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.

**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) when ketone levels are >0.6 mmol/L if insulin is delivered via a pump, or >1.0 mmol/L if on injected insulin.

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## **Authorisation:**

This policy was adopted by 01/01/2016

## **Review date: December 2017**

This policy should be read in conjunction with:

- *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*
- *Nutrition and Active Play Policy*
- *Occupational Health and Safety Policy*
- *Privacy and Confidentiality Policy*
- *Supervision of Children Policy*

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## Attachment 1: Responsibilities relating to the Diabetes Policy

Action	Approved Provider	Nom'ed S'visor	Certified S'visor; Educators	Parents
Ensure that a diabetes policy is developed and implemented at the service	x			
Ensure the Nominated Supervisor, educators, staff, students and volunteers at the service are provided with a copy of the <i>Diabetes Policy</i> , including the section on management strategies (Attachment 3), and the <i>Dealing with Medical Conditions Policy</i> , and understand all related procedures and strategies	x			
Ensure that 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	x			
Ensure that parents of an enrolled child who is diagnosed with diabetes are provided with a copy of the <i>Diabetes Policy</i> and the <i>Dealing with Medical Conditions Policy</i> (Regulation 91)	x			
Ensure 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 3)	x			
Ensure 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	x			
Ensure that each enrolled child who is diagnosed with diabetes has a current diabetes action and management plan prepared specifically for that child by their diabetes medical specialist team, at or prior to enrolment and signed off by all parties	x			
Ensure 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	x			
Ensure that a risk minimisation plan is developed for each enrolled child diagnosed with diabetes in consultation with the child's parents ( Regulation 90(iii))	x			
Ensuring that a communication plan is developed for staff and parents in accordance with Regulation 90(iv), and encourage ongoing communication between parents and staff regarding the management of the child's medical	x			

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Action	Approved Provider	Nom'ed S'visor	Certified S'visor; Educators	Parents
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	x	x	x	
Follow appropriate reporting procedures set out in the <i>Incident, Injury, Trauma and Illness Policy</i> 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.	x	x	x	
Ensure that the <i>Diabetes Policy</i> is implemented at the service		x		
Compile a list of children with diabetes and place it in a secure but readily accessible location known to all staff. This should include the diabetes action and management plan for each child		x		
Follow the strategies developed for the management of diabetes at the service (Attachment 3)		x	x	
Organise appropriate training and professional development for educators and staff to enable them to work effectively with children with Type 1 Diabetes and their families		x		
Ensure 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		x		
Follow the child's diabetes action and management plan in the event of an incident at the service relating to their diabetes		x	x	
Follow the risk minimisation plan for each enrolled child diagnosed with diabetes		x	x	
Ensure that programmed activities and experiences take into consideration the individual needs of all children, including children diagnosed with diabetes		x		
Communicate daily with parents regarding the management of their child's diabetes		x	x	
Read and comply with this <i>Diabetes Policy</i> and the <i>Dealing with Medical Conditions Policy</i>			x	
Work with parents to determine the most appropriate support for their child			x	
Know which children are diagnosed with diabetes, and the location of their medication and diabetes action and			x	

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Action	Approved Provider	Nom'ed S'visor	Certified S'visor; Educators	Parents
management plans				
Provide the service with a current diabetes action and management plan prepared specifically for their child by their diabetes medical specialist team				x
Work with the Approved Provider to develop a risk minimisation plan and a communication plan for their child				x
Work with educators and staff to assist them to provide the most appropriate support for their child				x
Provide the service with any equipment, medication or treatment, as specified in the child's individual diabetes action and management plan and signed off by all relevant parties				x
<b>All parents</b> should read and comply with this <i>Diabetes Policy</i> including the diabetes management strategies (Attachment 3) and the <i>Dealing with Medical Conditions Policy</i>				x

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

## Attachment 2: Legislation and Sources

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 is promoted
    - Element 2.1.1: Each child’s health needs are supported
    - Element 2.1.4: Steps are taken to control the spread of infectious diseases and to manage injuries and illness, in accordance with recognised guidelines
  - Standard 2.3: Each child is protected
    - Element 2.3.3: 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)
- *Privacy and Data Protection Act 2014* (Vic)
- *Public Health and Well-being Act 2008*
- *Public Health and Well-being 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/>

### Sources:

- Caring for Diabetes in Children and Adolescents, Royal Children's Hospital Melbourne: <http://www.rch.org.au/diabetesmanual/>
- Diabetes Victoria: [www.diabetesvic.org.au](http://www.diabetesvic.org.au)
  - Examples of current action and management plans can be found on the *Schools and Early Childhood Settings* page of the website.
  - Online resources can be found on the *Resources* page.
  - Professional development opportunities (i.e. *Diabetes in Schools* one day seminars for teachers and early childhood staff) are also listed on the *Schools and Early Childhood Settings* page of the website.
- *Keeping Children Safe Policy* of the Uniting Church in Australia Synod of Victoria and Tasmania, Approved June 2015: <http://victasintranet/hr/Documents/Keeping%20Children%20Safe%20Policy.pdf>

## Attachment 3: Strategies for the management of diabetes in children at the service

Strategy	Action
<b>Monitoring of blood glucose (BG) levels</b>	<ul style="list-style-type: none"> <li>• Checking of blood glucose (BG) levels is performed using a blood glucose meter (refer to <i>Definitions</i>) and a finger pricking device. The child's diabetes action and management plan should state the times that BG levels should be checked, the method of relaying information to parents 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 and the service at the end of each session.</li> <li>• 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 checking include before meals, before bed and regularly overnight.</li> <li>• Additional checking times will be specified in the child's diabetes action and management plan. These could include such times as when a 'hypo' is suspected.</li> <li>• Children are likely to need assistance with performing BG checks.</li> <li>• Parents should be asked to teach service staff about BG checking procedures.</li> <li>• Parents 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.</li> </ul>
<b>Managing hypoglycaemia (hypos)</b>	<ul style="list-style-type: none"> <li>• Hypos or suspected hypos should be recognised and treated promptly, according to the instructions provided in the child's diabetes action and management plan.</li> <li>• Parents are responsible for providing the service with oral hypoglycaemia treatment (hypo food) for their child in an appropriately labelled container.</li> <li>• This hypo container must be securely stored and readily accessible to all staff.</li> </ul>
<b>Administering insulin</b>	<ul style="list-style-type: none"> <li>• Administration of insulin during service hours may be required; this will be specified in the child's diabetes action and management plan.</li> <li>• 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 if insulin is required please seek specific advice from the child's diabetes treatment team.</li> </ul>
<b>Managing ketones</b>	<ul style="list-style-type: none"> <li>• Ketone checking will be required when their blood glucose level is &gt;15.0 mmol/L.</li> <li>• Refer to the child's diabetes action and management plan.</li> </ul>
<b>Off-site excursions and activities</b>	<ul style="list-style-type: none"> <li>• With good planning, children should be able to participate fully in all service activities, including attending excursions.</li> <li>• The child's diabetes action and management plan should be reviewed</li> </ul>

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	<p>prior to an excursion, with additional advice provided by the child's diabetes medical specialist team and/or parents, as required.</p>
<b>Infection control</b>	<ul style="list-style-type: none"> <li>• 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, hand washing, having one device per child and not sharing devices between individuals, using disposable lancets and safely disposing of all medical waste.</li> </ul>
<b>Timing meals</b>	<ul style="list-style-type: none"> <li>• Most meal requirements will fit into regular service routines.</li> <li>• 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 <u>cannot have delayed meal times. Missed or delayed carbohydrate is likely to induce hypoglycaemia (hypo).</u></li> </ul>
<b>Physical activity</b>	<ul style="list-style-type: none"> <li>• Exercise in excess of the normal day-to-day activities of play should be preceded by a serve of carbohydrates.</li> <li>• Exercise is not recommended for children whose BG levels are high, as it may cause BG levels to become more elevated.</li> <li>• Refer to the child's diabetes action and management plan for specific requirements in relation to physical activity.</li> </ul>
<b>Participation in special events</b>	<ul style="list-style-type: none"> <li>• Special events, such as class parties, can include children with type 1 diabetes in consultation with their parents.</li> <li>• 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.</li> </ul>
<b>Communicating with parents</b>	<ul style="list-style-type: none"> <li>• Services should communicate directly and regularly with parents to ensure that their child's individual diabetes action and management plan is current.</li> <li>• Services should establish a mutually agreeable home-to-service means of communication to relay health information and any health changes or concerns.</li> <li>• Setting up a communication book is recommended and, where appropriate, make use of emails and/or text messaging.</li> </ul>