

Black Rock Pre School



**Black Rock Pre School Centre Inc.
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Registered Number A0002536R

DIABETES POLICY

Mandatory – Quality Area 2

PURPOSE

This policy will provide guidelines for Black Rock Pre School to ensure that enrolled children with diabetes and their families are supported, while children are being educated and cared for by the service.

POLICY STATEMENT

1. VALUES

Black Rock Pre School is committed to recognizing the importance of providing a safe environment for children with specific medical and health care requirements. This will be achieved through:

- Providing a safe and healthy environment for all children, educators, staff and others attending the service
- Actively involving the parents/guardians of each child diagnosed with diabetes in assessing risks, and developing risk minimization and risk management strategies for their child
- Ensuring that all educators 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.
- Ensuring that educators have the skills and expertise necessary to support the inclusion of children with additional health needs.

2. SCOPE

This policy applies to the Approved Provider, Nominated Supervisor, Responsible person, educators, staff, students on placement, volunteers, parents/guardians, children and others

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attending the programs and activities of Black Rock Pre School, including offsite excursions and activities.

This policy should be read in conjunction with:

- *Dealing with medical conditions policy*

3. 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/guardians to provide a medical management plan if an enrolled child has a relevant medical condition (including diabetes)
- development of a risk minimization 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*.

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.

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 will provide parents/guardians with a diabetes management plan to supply to the service.
- Contact Diabetes Australia – Vic for further support or information.

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

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- *Health Records Act 2001 (Vic), as amended 2011*
- *Information Privacy Act 2000 (Vic)*
- *National Quality Standard, Quality Area 2: Children's Health and Safety*
- *Occupational Health and Safety Act 2004 (Vic), as amended 2007*
- *Privacy Act 1988 (Cth)*
- *Public Health and Wellbeing Act 2008*
- *Public Health and Wellbeing Regulations 2009 (Vic)*

4. DEFINITIONS

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.

Type 2 diabetes: Occurs when either insulin is not working effectively or the pancreas does not produce sufficient insulin. 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 symptoms can include sweating, tremors, headache, pallor, poor co-ordination and mood changes. Hypoglycaemia can also impair concentration, behaviour and attention. 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.

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

Hyperglycaemia (high blood glucose) 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.

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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

- Diabetes Australia – Victoria
- Caring for Diabetes in Children and Adolescents, Royal Children's Hospital Melbourne: www.rch.org.au/diabetesmanual/index.cfm?doc_id=2352

6. 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
- ensuring 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
- 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.

The Nominated Supervisor is responsible for:

- ensuring plans are completed in consultation with the child's parents/guardians and available at the service for each child with diabetes including:
 - I. A medical management action plan signed by a medical practitioner.
 - II. A medical conditions risk management plan.
 - III. A medical conditions communications plan.

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- 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 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 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)
- 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 management plans
- ensuring that programmed activities and experiences take into consideration the individual needs of all children, including children diagnosed with diabetes
- communicating 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.

Other educators are responsible for:

- reading and complying with this *Diabetes Policy* and the *Dealing with Medical Conditions Policy*
- discussing with parents/guardians the requirements for completing the enrolment form and:
 - I. A medical management action plan signed by a medical practitioner.
 - II. A medical conditions risk management plan.
 - III. A medical conditions communication plan.
- following the medical conditions risk minimization 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

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- 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.

Parents/guardians of children diagnosed with diabetes are responsible for:

- providing the service with a current diabetes management plan prepared specifically for their child and signed by their diabetes medical specialist team
- assisting the staff to develop a:
 - I. Medical conditions risk minimization plan
 - II. Medical conditions communication plan
 - III. Ensuring that they provide the service with any equipment, medication or treatment, as specified in the child's individual diabetes management plan.

REVIEW DATE:

This policy was adopted by the BRPS Approved Providers and Committee of Management and assessed and updated in July 2020

NEXT REVIEW

As Required

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ATTACHMENT 1

Strategies for the management of diabetes in children at the service

Strategy

Monitoring of blood glucose (BG) levels

Action

- Checking of blood glucose (BG) levels is performed using a blood glucose meter, continuous glucose monitoring or a flash glucose monitor (refer to *Definitions*). 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/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.
- Children are likely to need assistance with performing BG checks.
- Parents/guardians should be asked to teach service staff about BG checking procedures.
- Parents/guardians are responsible for supplying a blood glucose meter or in-date test strips if required for their child while at the service.
- Hypos or suspected hypos should be recognised and treated promptly, according to the instructions provided in the child's diabetes action and 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.
- Administration of insulin during service hours may be required; this will be specified in the child's diabetes action and management

Managing hypoglycaemia (hypos)

Administering insulin

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	<p>plan.</p> <ul style="list-style-type: none">• 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.• Ketone checking may be required when their blood glucose level is >15.0 mmol/L.• Refer to the child's diabetes action and management plan.
Managing ketones	<ul style="list-style-type: none">• With good planning, children should be able to participate fully in all service activities, including attending excursions.• The child's diabetes action and 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.
Off-site excursions and activities	<ul style="list-style-type: none">• 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.
Infection control	<ul style="list-style-type: none">• 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 <u>cannot have delayed meal times. Missed or delayed carbohydrate is likely to induce hypoglycaemia (hypo).</u>• Exercise in excess of the normal day to day activities of play should be preceded by a serve of
Timing meals	
Physical activity	

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Participation in special events

Communicating with parents

- 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 action and management plan for specific requirements in relation to physical activity.
- 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.
- Services should communicate directly and regularly with parents/guardians to ensure that their child's individual diabetes action and 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.