

## POLICY & PROCEDURAL STATEMENTS

**Topic:** Early Learning Diabetes Management

**Policy:** Diabetes in children can be a diagnosis that has a significant impact on families. It is imperative that all staff at ANH@E Early Learning Centre understand the responsibilities of diabetes management. 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 Early Learning staff to manage their diabetes whilst in attendance. 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.

**Purpose:** ANH@E Early Learning Centre is committed to providing a safe and healthy environment that is inclusive for all children, families, staff, volunteers, and visitors that are at diagnosed with diabetes. The aim of this policy and procedure is to minimise the risk of a diabetic medical emergency whilst at the Centre by ensuring Early Learning staff can support the management of the condition.

**Scope:** This policy applies to children, families, Early Learning staff, volunteers, and visitors of the Centre.

### Relevant Legislation and Standards

The *Children's Services Regulations 2020* (Vic) Regulation 59, and *Education and Care Services National Regulations 2011* (Cth) Regulations 90–91, requires proprietors of licenced children's services to have a policy in place that sets out practices in relation to diabetes management. This policy is required whether or not there is a child diagnosed at risk of diabetes enrolled at the service. It will apply to children enrolled at the service, their parents/guardians, staff, licensee, and other relevant members of the service community, such as volunteers and visiting specialists.

**Duty of Care:** ANH@E Early Learning Centre has a legal responsibility to provide a safe environment and adequate supervision. All Early Learning staff, including relief staff, need to know enough about diabetes to ensure the safety of children (especially regarding hypoglycaemia and safety during activities and games). Refer to Code of Practice on p.2 of this policy.

### Definitions:

**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 sufficient insulin (or a combination of both). Type-2 diabetes affects between 85 and 90 per cent of all cases of diabetes and usually develops in adults over the age of 45 years, but it is increasingly occurring at a younger age. Type-2 diabetes is unlikely to be seen in children under the age of 4 years old.

**Hypoglycaemia or 'hypo' (low blood glucose)** 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 coordination, 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 medical management plan will provide specific guidance for services in preventing and treating a hypo.

**Hyperglycaemia (high blood glucose)** 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** is 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.

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

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

**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.

**Risk minimisation and communication plan** is a plan specific to the service for a child with a medical condition, allergy, or specific health care need. The risk minimisation and communication plan must be developed with staff at the service and the parent/guardian of the child at risk of diabetes. The plan must be reviewed at least annually, but always upon the enrolment or diagnosis of each child who is at risk of diabetes. The plan will outline how the service will minimise risks, communicate with parents/guardians and staff, who is responsible for implementing the strategies, and how parents and staff will continue to be informed about the child at risk of diabetes and emergency procedures to be followed.

### **Code of Practice:**

ANH@E Early Learning Centre believes that the safety and wellbeing of children who are diagnosed with Type-1 Diabetes is a whole-of-community responsibility. The Early Learning Centre ('the service') is committed to:

- Ensuring that each child diagnosed with 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.

- Involving all Early Learning staff, families, and children in regular discussions about medical conditions and general health and wellbeing throughout our curriculum.
- Adhering to privacy and confidentiality procedures when dealing with individual health needs. A copy of the Medical Conditions and Administering of Medication policy, along with this policy will be provided to all families, Early Learning staff, students, and volunteers in the Service.
- Open communication between families and Early Learning staff so that management of diabetes is effective. A risk minimisation and communication plan will be completed for each child diagnosed with diabetes in consultation with the parents/guardians. The risk minimisation and communication plan will include how to manage diabetes whilst the child is in the care of the service, develop strategies to minimise the risk, and ensure ongoing communication between the Centre and the family.
- Not enrolling children diagnosed with diabetes into the Centre until the child's diabetes management plan is completed and signed by their Medical Practitioner and the relevant staff members have been trained on how to manage the individual child's diabetes.
- All Early Learning staff and volunteers follow a child's Medical Management Plan for the treatment and management of diabetes whilst the child is in the Centre's care.

**ANH@E Early Learning Centre (the Approved Provider) will ensure:**

- A copy of this policy is provided and reviewed during each new staff member's induction process and at staff annual reviews.
- All staff members have completed first aid training approved by the Education and Care Services National Regulations at least every three (3) years and is recorded, with each staff members' certificate held on the Service premises.
- When a child diagnosed with diabetes is enrolled, all staff attend regular training on the management of diabetes and, where appropriate, emergency management of diabetes.
- At least one staff member who has completed accredited training in emergency diabetes first aid is always present at the Centre whenever children with diabetes are being cared for at the Centre.
- There is a staff member who is appropriately trained to perform finger-prick blood glucose or urinalysis monitoring and knows what action to take if these are abnormal.
- They contact Diabetes Australia for further information to assist Early Learning staff to have comprehensive understanding about treating diabetes.

**The Nominated Supervisor and Certified Supervisors will ensure:**

- They read and comply with this Diabetes policy and the Medical Conditions and Administering Medication policy.
- That parents/guardian of an enrolled child who is diagnosed with diabetes are provided with a copy of the Diabetes policy and the Medical Conditions and Administering Medication policy
- That each enrolled child who is diagnosed with diabetes has a current diabetes medical management plan prepared specifically for that child by their diabetes medical specialist team, at or prior to enrolment
- 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
- That a Risk Minimisation and Communication plan is completed with the child's parents/guardians for each child diagnosed. The plan must outline the procedures to minimise the

risks involved. The plan will cover the child's known triggers and where relevant other triggers which may lead to a diabetic emergency.

- That educators, staff, students, volunteers, and others at the Centre follow the child's diabetes management plan in the event of an incident and know the location of the diabetes medical management plan and risk minimisation and communication plan
- The family supplies all necessary glucose monitoring and management equipment.
- 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.
- 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.
- That a list of children with diabetes is compiled and placed in a secure but readily accessible location known to all staff. This should include the diabetes management plan for each child.
- That strategies are followed in the Medical Management Plan to manage the child's diabetes whilst they are at the Centre.
- The Risk Minimisation and Communication Plan for each enrolled child diagnosed with diabetes is followed.
- The location of the Diabetes Medical Management Plans and medication for each child diagnosed with diabetes is known and easily obtained.
- They follow the child's diabetes Medical Management Plan in the event of an incident at the Centre relating to their diabetes.
- A finger-prick blood glucose or urinalysis monitoring is performed, and action taken by following the child's diabetes management plan if these are abnormal. These tests must be performed by an appropriately trained staff member.
- They communicate with parents/guardians regarding the management of their child's medical condition.
- When accompanying children outside the service (e.g., during evacuation procedures) the appropriate monitoring equipment, prescribed medication and copy of the diabetes medical management plan and risk minimisation and communication plan for children diagnosed with diabetes is carried with them.
- There are glucose foods or sweetened drinks readily available to treat hypoglycemia (low blood glucose) at all times (e.g., glucose jelly beans).

**Parents/guardians are responsible for:**

- Reading the Centre's Diabetes Management and Medical Conditions and Adminstrating Medication policies.
- Informing staff, either on enrolment or on initial diagnosis, that their child has diabetes.
- Providing a copy of their child's Diabetes Medical Management Plan to the Centre, ensuring it has been prepared in consultation with, and signed by, a medical practitioner.
- Ensuring all details on their child's enrolment form and medication record are completed prior to commencement at the Centre.
- Working with Early Learning staff to develop a Risk Minimisation and Communication Plan for their child.
- Always providing an adequate supply of appropriate diabetes medication and monitoring equipment for their child.
- Notifying staff, in writing, of any changes to the information on the Diabetes Medical Management Plan, enrolment form or medication record.
- Communicating regularly with Early Learning staff in relation to the ongoing health and wellbeing of their child, and the management of their child's diabetes.
- Encouraging their child to learn about their diabetes and to communicate with service staff if

they are unwell.

### **Procedure for Diabetic Emergency**

A diabetic emergency may result from too much or too little insulin in the blood. There are two types of diabetic emergency:

1. Very **low** blood sugar (hypoglycaemia, usually due to excessive insulin).
2. 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 of the correct food, unaccustomed exercise, or a missed meal.

In a medical emergency involving a child with diabetes, Early Learning staff should immediately:

1. Administer first aid or emergency medical aid following and adhering to the child's Diabetes Medical Management Plan.
2. If the child does not respond to steps within the Diabetes Medical Management Plan call an ambulance immediately by dialling 000 (Triple Zero).
3. Continue first aid measures.
4. Contact the parent/guardian.
5. Contact the emergency contact if the parents or guardian can't be contacted when practicable.
6. Notify the Regulatory authority (Department of Education) within 24 hours of the incident.

### **Signs and Symptoms Hypoglycaemia**

If caused by **low** blood sugar, the person may:

- Feel dizzy, weak, and hungry and displaying trembling.
- Look pale and have a rapid pulse.
- Sweat profusely.
- Numb around lips and fingers.
- Appear confused or aggressive.
- Unconsciousness.

### **Signs and Symptoms Hyperglycaemia**

If caused by **high** blood sugar, the person may:

- Feel excessively thirsty.
- Have a frequent need to urinate.
- Have hot dry skin, a rapid pulse, drowsiness.
- Have the smell of acetone (like nail polish remover) on the breath.
- Unconsciousness.

### **Risk Minimisation and Communication Plan**

A risk minimisation and communication plan must be completed for each child diagnosed with diabetes in consultation with the parent/guardian. The following strategies should be implemented and documented on the plan to help protect and manage the child diagnosed with diabetes.

The template for the plan is located at:

The Avenue Neighbourhood House at Eley Inc\TANH Admin - REMOTE TANH FILES\Child Care\Risk Minimisation Communication Plan

## Strategies for the management of diabetes in children at the service

Strategy	Action
Monitoring of blood glucose (BG) levels	<ul style="list-style-type: none"> <li>• Checking of blood glucose (BG) levels is performed using a blood glucose meter (refer to Definitions) and a finger pricking device.</li> <li>• The child's diabetes medical 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.</li> <li>• A communication book can be used to provide information about the child's BG levels between parents/guardians and the Centre 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 Centre – 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 medical 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/guardians should be asked to teach service staff about BG testing.</li> <li>• 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.</li> </ul>
Managing hypoglycaemia (hypos)	<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 medical management plan.</li> <li>• Parents/guardians are responsible for providing the Centre 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>
Administering insulin	<ul style="list-style-type: none"> <li>• Administration of insulin during service hours is unlikely to be required; this will be specified in the child's diabetes medical management plan.</li> <li>• As a guide, insulin for service-aged children is commonly administered: twice a day: <ul style="list-style-type: none"> <li>• Before breakfast.</li> <li>• Dinner at home by a small insulin pump worn by the child.</li> </ul> </li> </ul>
Managing ketones	<ul style="list-style-type: none"> <li>• Children on an insulin pump will require ketone testing when their BG level is &gt;15.0 mmol/L.</li> <li>• Staff must notify parents if the ketone level is &gt;0.6 mmol/L (refer to the child's Diabetes Medical Management Plan).</li> </ul>

### **Related Policies**

This Policy must be read in conjunction with:

Early Learning - Administration of First Aid

Early Learning - Child Health

Early Learning - Enrolment

Early Learning - Medical Conditions and Administering Medication

**This policy was created September 2021 and will be reviewed again in November 2023**