

DIABETES POLICY

QUALITY AREA 2 – VERSION 1.2



PURPOSE

This policy outlines the procedures for Denzil Don Kindergarten to ensure that enrolled children living with type 1 diabetes and their families receive appropriate support during their enrolment at the service.

This policy must be read in conjunction with the *Dealing with Medical Conditions Policy*.

POLICY STATEMENT

The safety, health, wellbeing, rights and best interests of every child guide all decisions, actions and practices of Denzil Don Kindergarten staff.

VALUES

Denzil Don Kindergarten supports the safety and wellbeing of children living with type 1 diabetes by:

- Providing a safe and healthy environment where children can participate fully in all aspects of the program
- Actively involving families in developing a risk minimisation plan for their child to reduce health risks
- Ensuring all staff and other adults at the service have appropriate knowledge of diabetes and understand procedures to follow in the event of a diabetes-related emergency
- Supporting ongoing communication between the service and families to promote the safety and wellbeing of children living with type 1 diabetes.

SCOPE

This policy applies to the Approved Provider, all service staff (educational and non-educational), students, volunteers, parents/carers, children, and others attending the programs and activities of Denzil Don Kindergarten.

Parent/Carer Responsibilities Under This Policy:
Provide the service with a current Diabetes Action and Management Plan prepared by your child's diabetes medical specialist team
Work your child's educators (and the service) to develop a risk minimisation plan for them
Work your child's educators (and the service) to develop a communication plan for them
Provide all required equipment, medication, and treatment as outlined in your child's Diabetes Action and Management Plan
Communicate concerns regarding your child's diabetes management, health, or participation at the service
Read, understand and follow the service Code of Conduct at all times
Adhere to this policy and all other service policies at all times

Responsibilities: R indicates legislation requirement	Approved provider & persons with management or control	Nominated Supervisor and Person In Day-to-Day Charge	All service staff (educational & non-educational)	Contractors, Volunteers & Students
Develop and implement this policy, ensuring all staff, families, students, and volunteers comply with it and follow the procedures it sets out. All service policies can be found on the kindergarten website denzildonkinder.org.au/policies/ and, in the Policy Folder in the office	R	√	√	√

Ensure everyone at the service is aware of this policy including management strategies, and the Dealing with Medical Conditions Policy (Regulation 91)	R	√	√	√
Ensure each enrolled child diagnosed with type 1 diabetes has a current Diabetes Action and Management Plan prepared by their diabetes medical specialist team (<i>Regulation 90</i>)	R	√		
Ensure families provide the service with a current Diabetes Action and Management Plan for their child	R	√		
Ensure a communication plan is developed at enrolment (<i>Regulation 90(iv)</i>) and encourage ongoing communication between families and staff regarding the management of the child's condition	R	√	√	√
Ensure a risk minimisation plan is developed for each child with type 1 diabetes in consultation with families (<i>Regulation 90(iii)</i>)	R	√		
Work with families to develop a risk minimisation plan and communication plan for the child	√	√	√	
Compile and maintain a secure but accessible list of children with type 1 diabetes, including photographs and their management plans	R	√	√	√
Ensure all staff and volunteers can identify children with diabetes, understand their management plans, and know the location of medication	R	√	√	√
Ensure staff and volunteers understand and discuss each child's Diabetes Action and Management Plan with families (<i>see Attachment 1</i>)	R	√	√	√
Require all staff, educators, students, volunteers, and others to follow the child's Diabetes Action and Management Plan, including in emergencies		√	√	√
Follow and implement all strategies outlined in each child's Diabetes Action and Management Plan (<i>see Attachment 1</i>), including following an incident relating to a child's diabetes	R	√	√	√
Administer medication in accordance with the Administration of Medication Policy (<i>Regulation 93</i>)	R	R	√	
Follow reporting procedures in the Incident, <i>Injury, Trauma and Illness Policy</i> in the event of illness, injury, or medical emergency (<i>Regulation 86</i>)	R	√	√	√
First Aid - Ensuring that at least one ECT/educator with current approved first aid qualifications (refer to Definitions) is in attendance and immediately available at all times that children are being educated and cared for by the service (<i>Regulation 136(1) (a)</i>) *All educational staff at Denzil Don Kindergarten are required to hold current First Aid qualifications*	R	√		
Provide staff with access to professional development to support children with type 1 diabetes	√	√	√	√
Ensure programs are inclusive of children with type 1 diabetes and support full participation (<i>Inclusion and Equity Policy</i>)	R	√	√	√
Ensure programmed activities consider the individual needs of children with type 1 diabetes and they are not discriminated against and participate fully in all activities	R	√	√	√
Ensure families provide all required equipment, medication, and treatment as outlined in the child's management plan	R	R		

BACKGROUND & LEGISLATION

BACKGROUND

Denzil Don Kindergarten is required to 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 outline practices for:

- Managing medical conditions, including the administration of prescribed medication
- Requiring families to provide a medical management plan for any enrolled child with a relevant medical condition, including type 1 diabetes
- Developing a risk minimisation plan in consultation with the child's family

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Denzil Don Kindergarten – admin@denzildonkindergarten.org.au

- Developing a communication plan in consultation with staff and the child's family

Diabetes is recognised as a disability under the Disability Standards for Education 2005 (Cth) and the Equal Opportunity Act 2010 (Vic).

Staff and volunteers must be informed about the procedures to follow when managing specific medical conditions at the service. Families of any enrolled child with a healthcare need, allergy, or other relevant medical condition must receive a copy of the *Dealing with Medical Conditions Policy*, in addition to other relevant service policies.

The *Education and Care Services National Regulations 2011* require that at least one educator with current approved first aid qualifications is in attendance and immediately available at all times while children are being educated and cared for. As a duty of care, Denzil Don Kindergarten requires that all educational staff hold first aid qualifications.

The service will always ensure that every child diagnosed with type 1 diabetes has a current Diabetes Action and Management Plan prepared by their diabetes medical specialist team at or before enrolment. Appropriate strategies will be implemented to support the child. The plan will provide essential information about the child's diabetes management while attending the service.

Denzil Don Kindergarten will consider the following when supporting children with type 1 diabetes:

- Following the service's *Dealing with Medical Conditions Policy* and this policy, including procedures for managing medical emergencies
- Ensuring families promptly notify the service of any changes to the child's Diabetes Action and Management Plan
- Recognising that a child's diabetes medical specialist team may include an endocrinologist, diabetes nurse educator, and other allied health professionals, who provide the management plan
- Contact Diabetes Victoria for support, information, and professional learning opportunities, if needed.

Most children with type 1 diabetes can fully participate in service programs, however, they may require additional support from staff to manage their condition.

LEGISLATION & STANDARDS

Relevant legislation and standards include but are not limited to:

- Education and Care Services National Law Act 2010
- Education and Care Services National Regulations 2011
- Health Records Act 2001 (Vic)
- National Quality Standard, Quality Area 2: Children's Health and Safety
- Occupational Health and Safety Act 2004 (Vic)
- Privacy and Data Protection Act 2014 (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: www.legislation.vic.gov.au

Commonwealth Legislation – Federal Register of Legislation: www.legislation.gov.au

DEFINITIONS

The terms defined in this section relate specifically to this policy. For regularly used terms, see the Definitions File located online: <https://denzildonkinder.org.au/policies/> OR in the Policies Folder in the kindergarten office.

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: in children is a chronic disease that affects the way a child's body processes sugar (glucose) for fuel. If a child at your service is diagnosed with type 2 diabetes, please refer to the *Dealing with Medical Conditions Policy*.

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 co-ordination and mood changes. Hypoglycaemia can also impair concentration, behaviour and attention, and symptoms can include a vague manner and slurred speech. Causes of hypoglycaemia (hypo) include, taking too much insulin, delaying a meal, consuming an insufficient quantity of carbohydrate at a meal, exercise and/or illness.

Hyperglycaemia (high blood glucose): occurs when blood glucose levels rise above 15 mmol/L. Hyperglycaemia symptoms can include increased thirst, tiredness, irritability and extra toilet visits, affect thinking, concentration, memory, problem-solving and reasoning. Common causes include but are not limited to taking insufficient insulin/or missing a dose, eating more carbohydrate than planned, common illnesses or infections such as a cold and excitement of stress.

Insulin: medication prescribed and administered by injection or continuously by a pump device to lower the blood glucose level.

Continuous Glucose Monitor (CGM): a glucose level monitor that continuously is inserted into the skin separate to the insulin pump and measures the level of glucose in the interstitial fluid (fluid in the tissue). The sensor continuously sends glucose readings to a receiver such as a pump, phone or dedicated device. The receiver can be set to send alerts when glucose levels reach certain thresholds or if levels change rapidly.

Flash Glucose Monitor (FGM): uses a sensor attached to the skin, much like a CGM, to measure glucose levels. FGM's do not continuously send readings to a device – rather, the data is obtained by scanning the sensor.

Insulin pump: a small battery-operated electronic device that holds a reservoir of insulin. It is worn 24 hours a day and is programmed to deliver insulin to the body.

Ketoacidosis: is related to hyperglycaemia, it is a serious condition associated with illness or very high blood glucose levels in type 1 diabetes. It develops gradually over hours or days. It is a sign of insufficient insulin. High levels of ketones can make children very sick. Extra insulin is required (given to children by families) when ketone levels are >0.6 mmol/L if insulin is delivered via a pump, or >1.0 mmol/L if on injected insulin. Symptoms may include high blood glucose levels and moderate to heavy ketones in the urine with rapid breathing, flushed cheeks, abdominal pain, sweet acetone (similar to paint thinner or nail polish remover) smell on the breath, vomiting and/or dehydration.

SOURCES & RELATED POLICIES

SOURCES

- [Caring for Diabetes in Children and Adolescents, Royal Children's Hospital Melbourne](#)
- Diabetes Victoria: diabetesvic.org.au/resources
- Diabetes in Schools - [Resources and Information](#)

RELATED POLICIES

- Administration of First Aid
- Administration of Medication
- Child Safe Environment and Wellbeing
- Dealing with Medical Conditions
- Enrolment and Orientation
- Excursions and Service Events
- Food Safety
- Hygiene
- Incident, Injury, Trauma and Illness
- Inclusion and Equity
- Nutrition, Oral Health and Active Play
- Occupational Health and Safety
- Privacy and Confidentiality
- Supervision of Children

EVALUATION

To assess whether the values and purposes of the policy have been achieved, we will:

- seek feedback from all parties 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 as required

- notify all stakeholders affected by this policy at least 14 days before any significant change is made to the policy or its procedures, unless a lesser period is necessary due to risk ([Regulation 172 \(2\)](#)).

PROCEDURES

- NIL

ATTACHMENTS

- NIL

AUTHORISATIONS

This policy was adopted by the approved provider of Denzil Don Kindergarten on 07/06/2026.

REVIEW DATE: **07 June 2028**



ATTACHMENT 1: STRATEGIES FOR MANAGEMENT OF DIABETES AT THE SERVICE

Strategy	Action
Monitoring of glucose levels	<ul style="list-style-type: none"> - Children's glucose levels can be monitored using a fingerpick blood glucose monitor, CGM or a FGM (<i>see Definitions</i>) - Refer to the child's Action and Management Plan for: <ul style="list-style-type: none"> • When glucose levels must be checked • How glucose levels are communicated to families • Required actions if levels fall outside the target range - Families must educate service staff on their child's glucose monitoring method - Families are responsible for supplying: <ul style="list-style-type: none"> • A finger-prick blood glucose monitor (if required) • In-date test strips
Managing hypoglycaemia (hypos)	<ul style="list-style-type: none"> - Hypoglycaemia (hypos) must be recognised and treated promptly, as outlined in the child's Action and Management Plan - Families are responsible for providing appropriate oral hypoglycaemia treatment (hypo food) for their child. <ul style="list-style-type: none"> • Food must be clearly labelled • Stored securely • Easily accessible to all staff
Administering insulin	<ul style="list-style-type: none"> Insulin administration may be required during service hours if specified in child's Plan <ul style="list-style-type: none"> • Staff must receive training from the child's diabetes treating team before administering insulin
Managing ketones	<ul style="list-style-type: none"> Finger-prick blood ketone testing may be required when glucose levels ≥ 15.0 mmol/L. <ul style="list-style-type: none"> • Refer to the child's Action and Management Plan
Off-site excursions and activities	<ul style="list-style-type: none"> With appropriate planning and risk assessment, children should be able to participate fully in all service activities, including excursions. <ul style="list-style-type: none"> • The child's Plan must be reviewed before excursions • Additional guidance should be obtained from families where required
Infection control	<ul style="list-style-type: none"> Infection control procedures must be established and followed at all times. Key measures include: <ul style="list-style-type: none"> • Understanding and applying strategies to prevent infection and cross-infection • Ensuring children wash and dry their hands before finger-prick testing When performing finger-prick blood glucose checks, staff must: <ol style="list-style-type: none"> 1. Wear disposable gloves 2. Use the child's individual lancet device 3. Store the lancet safely to prevent use by others 4. Dispose of all medical waste appropriately 5. If insulin is administered, remove pen needles safely (without manual handling), as instructed by the child's diabetes treating team
Food and physical activity	<ul style="list-style-type: none"> - Most dietary requirements can be incorporated into regular service routines. - Children with type 1 diabetes require additional supervision during meals and snacks to ensure they consume all required carbohydrates. - Meal times must not be delayed. <ul style="list-style-type: none"> • Delayed or missed carbohydrates can lead to hypoglycaemia - Some children may require additional carbohydrates before physical activity. <ul style="list-style-type: none"> • Refer to the child's Plan for guidance - Families should be consulted regarding appropriate foods for special events
Communicating with parents	<ul style="list-style-type: none"> - The service will maintain regular communication with families to ensure the child's Action and Management Plan remains current. - Communication may occur verbally or via telephone