

DIABETES

QUALITY AREA 2 | ELAA version 1.0



PURPOSE

To ensure that enrolled children living with type 1 diabetes, and their families, are appropriately supported while being educated and cared for at Denzil Don Kindergarten.

This policy should be read in conjunction with the kindergarten's *Dealing with Medical Conditions Policy*. Denzil Don Kindergarten acknowledges the support of Diabetes Victoria in writing this policy.



POLICY STATEMENT

VALUES

Denzil Don Kindergarten is committed to:

- providing a safe and healthy environment in which children can fully participate in all aspects of the program
- including parents/guardians in the development of a risk minimisation plan for their child
- ensuring that all staff and other adults at the service have adequate knowledge of diabetes and processes to be followed in the event of a diabetes-related emergency
- facilitating ongoing communication between the service and family to ensure the safety and wellbeing of children living with type 1 diabetes.

SCOPE

This policy applies to the approved provider, persons with management or control, nominated supervisor, persons in day-to-day charge, early childhood teachers, educators, staff, students, volunteers, parents/guardians, children, and others attending the programs and activities of Denzil Don Kindergarten, including during offsite excursions and activities.

RESPONSIBILITIES	Approved provider and persons with management or control	Nominated supervisor and persons in day-to-day charge	Early childhood teachers, educators and all other staff	Parents/guardians	Contractors, volunteers and students
R indicates legislation requirement, and should not be deleted					
Ensuring a <i>Diabetes Policy</i> is developed and followed by all staff, parents/guardians, students and volunteers at Denzil Don Kindergarten Regulation 90	R	√	√	√	√
Ensuring that at least one ECT/educator with current approved first aid qualifications (refer to Definitions) is in attendance and	R	√			

immediately available at all times that children are being educated and cared for by the service (<i>Regulation 136(1) (a)</i>).					
Ensuring staff, parents/guardians, students and volunteers at the service are provided with a copy of the <i>Diabetes and Dealing with Medical Conditions Policy (Regulation 91)</i>	R	√	√	√	√
Ensuring all staff and volunteers are aware of and can identify children living with diabetes, their medical management plan and location of their medication (<i>Regulation 90</i>)	R	√	√		√
Ensuring programs delivered at the service are inclusive of children living with type 1 diabetes (<i>refer to Inclusion and Equity Policy</i>), and that they support full participation in all activities safely and to the child's full potential	R	√	√		√
Ensuring the nominated supervisor, staff and volunteers at the service are aware and have discussed the child's diabetes action and management plan with their parents/guardians.	R	√	√		√
Implementing the diabetes management strategies detailed on the child's action and management plan while at the service (<i>refer to Attachment 1</i>)		√	√		√
Administering medications if required, with guidance by the <i>Administration of Medication Policy (Regulation 93)</i>	R	R	√		
Ensuring staff have access to professional development opportunities and are adequately resourced to work with children living with type 1 diabetes and their families	√	√	√	√	√
Offering staff professional development opportunities to assist their ability to work effectively with children living with type 1 diabetes, and their families	√	√	√	√	√
Displaying a list of children living with type 1 diabetes in a secure and readily accessible location known to all staff. The list must include the child's photo and their diabetes action and management plan	R	√	√	√	√
Ensuring all enrolled child diagnosed with diabetes have a current diabetes action and management plan prepared specifically for them by their diabetes medical specialist team	R	√		√	
Ensuring all staff, students, volunteers and others at the service follow a child's diabetes action and management plan in the event of a diabetic incident at the service	R	√	√		√
Ensuring a risk minimisation plan is developed for each enrolled child living with type 1 diabetes in consultation with the child's parents/guardians, by <i>Regulation 90(iii)</i>	R	√		√	
Providing the service with a current, signed diabetes action and management plan prepared specifically for their child by their diabetes medical specialist team				√	
Working with the child's teacher to develop a risk minimisation plan for their child				√	
Ensuring a communication plan is developed for staff and parents/guardians at enrolment (<i>Regulation 90(iv)</i>), and promoting communication between parents/guardians and staff regarding the management of the child's medical condition	R	√	√	√	√

Liaising with the child’s teacher to develop a communication plan				√	
Communicating with parents/guardians regarding the management of their child’s diabetes		√	√	√	√
Ensuring that parents/guardians provide the service with any equipment, medication or treatment, as specified in the child’s diabetes action and management plan.	R	√		√	
Ensuring programmed activities and experiences take into consideration the individual needs of all children, including children living with type 1 diabetes		√	√		√
Ensuring children living with type 1 diabetes are not discriminated against in any way and can participate fully in all programs and activities at the service	R	√	√		√
Following appropriate reporting procedures set out in the <i>Incident, Injury, Trauma and Illness Policy</i> if a child is ill or is involved in a medical emergency or an incident at the service that results in injury or trauma (<i>Regulation 86</i>).	R	√	√		√

BACKGROUND AND LEGISLATION



BACKGROUND

Services that are subject to the *National Quality Framework* must have a policy for managing medical conditions by the *Education and Care Services National Law Act 2010 and the Education and Care Services National Regulations 2011*. This policy must define processes:

- To manage medical conditions including administration of prescribed medications
- For parents/guardians to provide a medical management plan if their child has a relevant medical condition (including diabetes)
- Develop a risk minimisation plan in consultation with a child’s parents/guardians
- Develop a communication plan in consultation with staff and the child’s parents/guardians.

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

Staff and volunteers must be informed regarding the processes 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* (in addition to any other relevant service policies). The *Education and Care Services National Regulations 2011* states that an approved provider must ensure that at least one educator with current approved first aid qualifications is in attendance and immediately available at all times that children are being educated and cared for by the service.

Services must ensure that each child with pre-existing type 1 diabetes has a current diabetes action and management plan, at or before enrolment, and must implement strategies to support all children with type 1 diabetes.

The following are key points to assist service staff to support children with type 1 diabetes:

- Follow the service’s *Dealing with Medical Conditions and Diabetes Policy* and processes 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 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/guardians with

a diabetes action and management plan to supply the service. Examples can be found here: www.diabetesvic.org.au/resources

- Diabetes Victoria can offer support and information including professional development.

Most children with type 1 diabetes can participate in service programs and activities to their full potential, but are likely to require additional support from service staff to manage their diabetes.

LEGISLATION AND 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 such as Approved Provider, Nominated supervisor, Duty of care, etc. refer to the Definitions file on the kindergarten website.

Type 1 diabetes: an autoimmune condition whereby the immune system damages the insulin-producing cells in the pancreas. Type 1 diabetes is treated with insulin replacement via injections or continuous infusion. Type 1 diabetes is not linked to modifiable lifestyle factors and there is currently no cure or prevention. It can be life-threatening. - [Type 1 diabetes - Diabetes Australia](#)

Type 2 diabetes: (in children) a chronic disease that affects the way a child's body processes sugar (glucose) for fuel. For more information visit: [Type 2 Diabetes - Diabetes Australia](#)

Hypoglycaemia or hypo (low blood glucose): refers to blood glucose levels 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, including 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. Causes may include: taking too much insulin, delaying a meal, consuming an insufficient quantity of carbohydrates at a meal, undertaking unplanned or unusual exercise and/or illness. It is important to treat hypoglycaemia promptly and appropriately to prevent glucose levels from falling lower, as very low levels can lead to loss of consciousness and possibly convulsions. Never leave a child alone during a hypo episode. Refer to the child's diabetes action and management plan for guidance in hypo prevention and treatment - [Hypoglycaemia - Diabetes Australia](#)

Hyperglycaemia (high blood glucose): occurs when the blood glucose level rises 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 taking insufficient insulin/or missed insulin dose, eating more carbohydrates than planned, common illnesses or infections such as a cold and/or the excitement of stress. Refer to a child's diabetes action and management plan for guidance in preventing and treating hyperglycaemia - [Hyperglycaemia - Diabetes Australia](#)

Insulin: medication prescribed and administered by injection or continuously by a pump device to lower the blood glucose level. - [Insulin - Diabetes Australia](#)

Blood glucose meter: a device used to determine blood glucose levels in a small blood sample. - [Blood glucose monitors - Diabetes Australia](#)

Continuous Glucose Monitor (CGM): measures glucose levels continuously, in contrast to a blood glucose meter that measures a single point in time. A sensor is inserted into the skin to measure the level of glucose in the interstitial fluid (fluid in the tissue). It sends real-time glucose readings wirelessly to a receiver (the insulin pump, a smartphone or dedicated device) so the user can monitor their levels. The CGM receiver and/or compatible smart device can be set to send 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. - [Continuous glucose monitoring - Diabetes Australia](#)

Flash Glucose Monitor (FGM): a sensor attached to the skin to measure glucose levels. In contrast to CGM, the FGM sensor does not continuously send readings to a device. The reader (certain blood glucose monitors and smartphones) is scanned over the sensor to obtain the data. [Flash glucose monitoring - Diabetes Australia](#)

Insulin pump: a small electronic device that holds a store of insulin. It is roughly the size of a mobile phone and worn 24 hours a day. The pump is programmed to deliver insulin into the body through thin plastic tubing known as the infusion set or giving set. The pump is worn outside the body, in a pouch or belt. The infusion set has a fine needle or flexible cannula that is inserted just below the skin where it remains. - [Insulin pumps - Diabetes Australia](#)

Ketoacidosis: (related to hyperglycaemia) a serious condition associated with illness or very high blood glucose levels in type 1 diabetes. It is a sign of insufficient insulin, developing gradually over hours or days. 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. Symptoms of ketoacidosis may include high blood glucose levels and moderate to heavy ketones in the urine with rapid breathing, flushed cheeks, abdominal pain, sweet acetone smell on the breath, vomiting and/or dehydration. It may be life-threatening if not treated correctly. If symptoms are present, contact a doctor or call an ambulance immediately. - [Ketoacidosis - Diabetes Australia](#)

SOURCES AND RELATED POLICIES



SOURCES

- Caring for Diabetes in Children and Adolescents, Royal Children's Hospital Melbourne: <http://www.rch.org.au/diabetesmanual/>
- Diabetes Victoria, multiple resources available to download here: www.diabetesvic.org.au/resources
- Information about professional learning for teachers (i.e. *Diabetes in Schools* one day seminars for teachers and early childhood staff), sample management plans and online resources.
- Diabetes Victoria, Professional development program for schools and early childhood settings: https://www.diabetesvic.org.au/how-we-help-detail?tags=Left-Mega-Nav%2FSchools&content_id=a1R9000000HsgqyEAB&bdc=1
- Diabetes in Schools - Resources and Information: <https://www.diabetesinschools.com.au/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, 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 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 following a hypo emergency at the service, to identify any changes required
- notifying all stakeholders affected by this policy at least 14 days before making any significant changes to this policy or its procedures, unless a lesser period is necessary due to risk ([Regulation 172 \(2\)](#)).



ATTACHMENTS

- Attachment 1: Strategies for the management of diabetes in children at the service



AUTHORISATION

This policy was adopted by the approved provider of Denzil Don Kindergarten on 17/09/2022.

REVIEW DATE: 20 / SEPTEMBER / 2024

ATTACHMENT 1. STRATEGIES FOR THE MANAGEMENT OF DIABETES IN CHILDREN AT THE SERVICE

Strategy	Action
Monitoring of glucose levels	<ul style="list-style-type: none"> Glucose levels are checked using either a fingerpick blood glucose monitor, continuous glucose monitoring or a flash glucose monitoring (refer to <i>Definitions</i>). The child's diabetes action and management plan should state the times glucose levels need to be checked, the method of relaying information to parents/guardians about glucose levels and any intervention required if the glucose level is found to be below or above the child's target range. Children will need assistance when checking their glucose levels. Parents/guardians must educate staff on glucose checking procedures for their child. Parents/guardians are responsible for supplying a blood glucose monitor and test strips if required by their child.
Managing hypoglycaemia (hypos)	<ul style="list-style-type: none"> Hypos should be recognised and treated promptly, according to the instructions provided in a child's diabetes action and management plan. Parents/guardians are responsible for providing the service with their child's oral hypoglycaemia treatment (hypo food). It must be provided in an appropriately labelled container, securely stored and readily accessible to staff.
Administering insulin	<ul style="list-style-type: none"> Administration of insulin during service hours may be required if specified in the child's diabetes action and management plan. As a guide, insulin for service-aged children may be administered via: <ul style="list-style-type: none"> Twice daily injections: before breakfast and dinner at home Multiple daily injections: either before meals or other specified times as indicated on the child's diabetes management plan Via a small insulin pump worn by the child If insulin is required to be administered by staff, training should be provided by the child's diabetes treating team.
Managing ketones	<ul style="list-style-type: none"> Fingerpick blood ketone checking may be required when their blood glucose level is greater than or equals 15.0 mmol/L. Refer to the child's diabetes action and management plan.
Off-site excursions and activities	<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 before an excursion, with additional advice provided by the child's parents/guardians, as required.
Infection control	<p>Infection control procedures must be developed and followed. Infection control measures include understanding steps to prevent infection and cross-infection when checking finger-pick blood glucose levels.</p> <p>Ensure staff checking fingerpick blood glucose level:</p> <ul style="list-style-type: none"> wear disposable gloves request the child to wash and dry their hands prior to performing the test use the child's lancet device ensure it is stored safely so it cannot be used by other children. Lancet devices and lancets should never be shared. Staff should not remove the lancet from the device safely dispose of all medical waste. if insulin injections are administered at the service, staff should be instructed on the safe removal of the pen needle to avoid needlestick injury.

	<ul style="list-style-type: none"> • a sharps kit should be supplied by parents/guardians for disposal of used pen needles where insulin injections are to be administered at the service.
Timing meals	<ul style="list-style-type: none"> • Children living with type 1 diabetes may require extra supervision at meal and snack times to ensure they eat all their carbohydrates. Children living with diabetes <u>cannot have delayed mealtimes</u>. <u>Missed or delayed carbohydrate is likely to induce hypoglycaemia (hypo)</u>.
Physical activity	<ul style="list-style-type: none"> • Some children living with diabetes may require carbohydrate food before planned physical activity. • Refer to the child’s diabetes action and management plan for specific requirements in relation to physical activity.
Participation in special events	<ul style="list-style-type: none"> • The service should seek parents/guardians' advice regarding foods for events.
Communicating with parents	<ul style="list-style-type: none"> • Services should regularly communicate with parents/guardians to ensure that the child’s diabetes action and management plan is current. • Services should establish an agreed method of communication to relay health information and any health changes or concerns.