

## **Diabetes**

### **Purpose**

ECMS will, as far as practicable and in partnership with families, provide a safe and healthy environment in which children with diabetes can participate equally and to the full extent of their capabilities in all aspects of the children's program and experiences.

ECMS will ensure that educators, staff and families have adequate knowledge of diabetes and emergency procedures.

### **Principles**

Diabetes is a chronic disease with serious complications.

While there is currently no cure, diabetes can be well managed. Diabetes occurs when the level of blood glucose becomes higher than normal. In people with diabetes, insulin, the hormone used by the body to convert glucose from food into energy, is no longer produced or not produced in sufficient amounts by the body. Glucose eaten by people with diabetes in food such as breads, cereals, fruit, milk, sweets and starchy vegetables can't be converted into energy, so the glucose stays in the blood.

Type 1 diabetes is the form of diabetes that occurs in childhood, it is fatal without life-long insulin injections. Insulin lowers blood glucose levels and allows a return to good health.

Children with Type 1 diabetes will commonly require blood glucose tests several times a day and insulin, via a syringe, insulin pen or an insulin pump, during the day. The timing of insulin injections and food intake is important in maintaining a balance so the level of glucose is not too high or too low.

The activities of children with diabetes, and the effect of the activities on the child's wellbeing, require close monitoring throughout the day, as different activity levels use different levels of glucose for energy and extra food may need to be eaten with, for example, physical activity.

### **Roles and Responsibilities**

- The Nominated Supervisor, the child's parents/guardians and the child's doctor will develop a medical management plan for the child while at the centre.
- The Nominated Supervisor and the child's parents/guardians will develop a child's risk minimisation plan and a services risk minimisation and communication plan for the child's attendance at the centre.
- The Nominated Supervisor, the child's main educator and the child's parents/guardians will develop a communications plan for staff members and families.
- The Nominated Supervisor will inform all educators and staff, including relief staff, of the child's condition and the medical management plan.
- The Nominated Supervisor will attach a copy of the medical management plan and risk minimisation plan to the child's enrolment record and ensure they are readily accessible by all staff.

- The Nominated Supervisor will ensure the child's needs are factored into the risk assessment and treatment for any excursion or centre event.
- The Nominated Supervisor, educators and the child's parents/guardians will educate other children and the centre community about diabetes.
- The Nominated Supervisor will ensure that at all times that a child with diabetes is in attendance at least one staff member on duty or the Family Day Care educator has the skills, knowledge and expertise to meet the child's ongoing health needs and is able to respond in an emergency.
- The cook and/or other staff responsible for planning, preparing and serving food will ensure that a child with diabetes is provided with suitable food, including carbohydrates with all meals and snacks, and at suitable intervals.

At all times that a child with diabetes is in attendance at least one staff member on duty/or the Family Day Care Educator will have the skills, knowledge and expertise to meet the child's ongoing health needs and ability to respond in an emergency. This includes knowing about:

- The child's medical management plan.
- How to keep the child's blood glucose level at an optimum level.
- Signs and symptoms of hypoglycaemia (low blood glucose) and hyperglycaemia (high blood glucose).
- How to respond if the child shows any sign or symptom of hypoglycaemia or hyperglycaemia.
- What to do if the child is unwell (vomiting, high temperature), as illness affects blood glucose levels.
- How to measure blood glucose levels and interpret the results.
- How to administer the correct dose of insulin.
- Monitoring the child's physical activity and food intake to prevent hypoglycaemia.

Educators will:

- Provide a safe environment by ensuring the child has access to the type and quantity food that best manages the child's condition.
- Adequately supervise the child at meal and snack time to ensure s/he eats the optimum type and amount of food.
- Establish and maintain positive, collaborative relationship with the child's families to facilitate effective communication and decision making.
- Understand the effect of blood glucose levels on the child's concentration, and temperament and moderate their interactions and expectations.
- Inform families of any planned special occasions or birthday party and discuss options for the child's involvement and ways that the child can be fully included.

## Procedures

Refer to 2.12 Dealing with Medical Conditions

Attachment 2.12.1: Risk Minimisation Plan

Attachment 2.12.2: Communication Plan

Policy Created Date	February 2014, Reviewed July 2016
Policy Review Date	July 2018
Sources and Further Reading	Education and Care Services National Regulations 2011 Diabetes Resource for Early Childhood <a href="http://www.diabetesvic.org.au/type-1-diabetes/children-a-adolescents/diabetes-and-early-childhood">http://www.diabetesvic.org.au/type-1-diabetes/children-a-adolescents/diabetes-and-early-childhood</a>
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