

Diabetes Procedure

Purpose

This procedure relates to the Medical Policy and should be read in conjunction with this.

Background

Diabetes is a chronic disease with serious complications.

Diabetes occurs when the level of blood glucose (sugar) 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. While there is currently no cure, diabetes can be well managed.

There are two major types of diabetes:

Type 1 diabetes is an autoimmune condition. Usually, the onset is abrupt and symptoms are obvious. Type 1 diabetes is more commonly diagnosed in children and young adults but can occur at any age. Type 1 diabetes is always treated with insulin which lowers blood glucose levels.

Type 2 diabetes is the form of diabetes that is related to ageing, family history and lifestyle factors. It occurs when the insulin is not working effectively (insulin resistance) or the pancreas does not produce sufficient insulin (or a combination of both). Most people with diabetes have type 2. It usually develops in adults over the age of 45 years but it is increasingly occurring at a younger age. Type 2 diabetes is treated with healthy eating, exercise and weight control. Tablets and insulin may also be required.

Children with Type 1 diabetes will commonly require blood glucose tests several times a day. The typical range for blood glucose levels is between 4.0 – 7.8 mmol/L. Insulin, via a syringe, insulin pen or an insulin pump may be required to be administered to lower blood glucose levels. 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.

Document Name: Diabetes Procedure	Next Review Date: October 2021	Dates Reviewed: July 2016, Jan 2019 February 2020, November 2020
Document Owner: Director ECE	File Location: Inside Play Resources Policies and Procedures	Release Date: July 2016 Page 1 of 5

Scope

This policy applies to all ECMS staff (including relief) and includes students on placement, volunteers, parents/guardians/family members and also applies to incursions and excursions

Qualification and Service Requirements

ECMS requires:

- All Educators will have current first aid training
- The service will have a risk minimisation plan, communication plan and checklist in place to ensure all Educators are aware of correct procedures when caring for children diagnosed with diabetes
- Information is provided to the service and the community regarding diabetes
- Prior to the child attending the service, the educators will complete the relevant training required to appropriately care for a child diagnosed with diabetes. It is expected that a minimum of **two staff** have the knowledge and skills within the service. This may include:
 - Basic level of training from Diabetes Victoria online course (approx. 20 minutes) at www.diabetesatschool.com.au
 - Responsible staff training for those who have a direct role in caring for a child with diabetes through Diabetes Victoria on 03 9667 1728
 - Skills training – Insulin and Glucagon administration training with the Child's Diabetes team
- The Nominated Supervisor will ensure that at all times that a child with diabetes is in attendance at least one staff member on duty has the skills, knowledge and expertise to meet the child's ongoing health needs and can 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.
- All plans will be reviewed and updated annually or when there is a change to the medical condition.

Procedure – on enrolment or at diagnosis

Educators responsible for the child diagnosed with diabetes will ensure that:

- As part of the enrolment procedures, prior to a child attending the centre (or immediately upon a new diagnosis), the diagnosis of diabetes will be documented on the child's record. It is the parent's responsibility to notify ECMS of children's medical condition as soon as possible
- Parents/guardians of a child diagnosed with diabetes have been provided with a copy of the ECMS Medical Conditions Policy and the relevant procedure
- The enrolment checklist for children diagnosed with diabetes is completed
- Following identification of children with diabetes, parents must provide the child's Diabetes Action Plan (see examples below) which includes:
 - Clear identification of the child (photo)

Document Name: Diabetes Procedure	Next Review Date: October 2021	Dates Reviewed: July 2016, Jan 2019 February 2020, November 2020
Document Owner: Director ECE	File Location: Inside Play Resources Policies and Procedures	Release Date: July 2016 Page 2 of 5

- Documentation of the first aid response including any prescribed medication
- Identification and contact details of the parents and medical doctor/Diabetes treating team who has signed the form.
- Parents/guardians provide a Diabetes Action Plan signed by the child's Doctor/Diabetes Treating Team and the relevant medication required for the child.
- The appropriate in-date medication must be left at the ECMS service at all times when the child is in attendance (provided by parents). Where this is not provided the child **will not** be able to attend the service.
- Parent/guardians should supply the centre with a clearly labelled Hypoglycaemia treatment box (Hypo Kit) and replace contents as required. Contents of this box will be required to treat the child when they have a blood glucose level below 4 mmol/L. It is recommended that the parent packages and labels the required hypo treatment of quick-acting carbohydrate and sustaining carbohydrate to be used as per the Diabetes Action Plan
- An individual risk minimisation plan and service risk management plan that clearly identifies risks relating to the child's specific health care need or medical condition is developed in consultation with the parent prior to the child attending
- A communication plan is developed using information from the child's risk minimisation plan, noting that any changes to the diagnosis/management plan are to be communicated (in writing) to the staff immediately
- The child's Diabetes Action Plan is added to the child's enrolment record
- The child's Diabetes Action Plan is communicated and visible to all Educators and displayed clearly in the child's room.
- The child's action plan is followed in the event of hypoglycaemia (low blood glucose) and hyperglycaemia (high blood glucose).
- The Nominated Supervisor/Educator will ensure the child's needs are factored into the risk assessment and treatment for any excursion or centre event.

If a child with diabetes that requires invasive clinical procedures or support, it is vital that prior arrangements and training are negotiated with the parent/guardian, authorised nominee or appropriate health care workers. Prior to commencement or immediately upon diagnosis, training is required to prepare for the event that the child will require a procedure while in attendance at the service.

Parents/Guardians and the service should liaise with either the child's medical practitioner or Diabetes Treating team to establish such an arrangement. Arrangements must be formalised following enrolment and prior to the child commencing the service or immediately upon a new diagnosis.

Document Name: Diabetes Procedure	Next Review Date: October 2021	Dates Reviewed: July 2016, Jan 2019 February 2020, November 2020
Document Owner: Director ECE	File Location: Inside Play Resources Policies and Procedures	Release Date: July 2016 Page 3 of 5

Examples of Diabetes Action plans:

The image displays three versions of the 'DIABETES ACTION PLAN 2020' for early childhood settings, each tailored to a different insulin management method:

- Twice daily injections:** This form includes sections for 'LOW Hypoglycaemia (Hypot)' and 'HIGH Hyperglycaemia (Hypert)', with specific instructions for blood glucose levels and actions to take. It also features a 'MILD' and 'SEVERE' hypoglycaemia section with clear steps for response.
- Multiple daily injections:** Similar to the first, but with additional instructions for 'MILD' and 'SEVERE' hypoglycaemia, and a section for 'ACUTE COMPLICATIONS' like DKA.
- Insulin pump:** This form includes sections for 'LOW Hypoglycaemia (Hypot)' and 'HIGH Hyperglycaemia (Hypert)', with specific instructions for blood glucose levels and actions to take. It also features a 'MILD' and 'SEVERE' hypoglycaemia section with clear steps for response.

Each form includes a header with the title 'DIABETES ACTION PLAN 2020' and a subtitle 'EARLY CHILDHOOD SETTING'. It also includes a section for 'Child's Name' and 'Date of Birth'.

Please note: There is no legal requirement for a particular type of form for a Diabetes Action Plan (only that one **must** be available at all times for a child diagnosed with diabetes) and signed by a Medical Professional/Diabetes Treating Team.

Management of the Diabetic Child

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

- 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
- How to respond to an emergency medical situation.

Monitoring and Storage of Insulin and Hypo kits

- The Insulin and Hypo kit is stored in a location that is known to all Educators, including relief Educators; is easily accessible to adults; inaccessible to children, and stored away from direct sources of heat
- The Insulin and Hypo kit for each child diagnosed with diabetes is carried by a trained adult on any excursion or regular outing that the child attends
- The Insulin expiry date is regularly checked and is replaced (by parents) when required. The Hypo kit is regularly checked and restocked by parents when required.

Document Name: Diabetes Procedure	Next Review Date: October 2021	Dates Reviewed: July 2016, Jan 2019 February 2020, November 2020
Document Owner: Director ECE	File Location: Inside Play Resources Policies and Procedures	Release Date: July 2016 Page 4 of 5

Educators will:

- Provide a safe environment by ensuring the child has access to the type and quantity of 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 a 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/events and discuss options for the child's involvement and ways that the child can be fully included.

Documentation

In the event of a child experiencing an emergency situation at the service, educators will follow the first aid instructions and relevant Emergency Action Plans. As soon as possible educators will contact parents to inform them of the incident and will complete an Incident, Injury, Trauma and Illness Record and the relevant medication record

Sources

Related Legislation	<ul style="list-style-type: none">• Child Wellbeing and Safety Act 2005• Education and Care Services National Law Act 2010: Section 1165, 167, 169 172 and 174• Education and Care Services National Regulations (Current as at 1 July 2018): Regulations 4, 77 – 80, 85-98, 102, 136, 137, 146, 147 160- 162, 167 – 173, 176 - 178, 181, 183, 184• Health Records Act 2001• Health Infectious Diseases Regulations 2001• National Quality Standards, Quality Area 2: Children's Health and Safety• Occupational Health and Safety Act 2004• Public Health and Wellbeing Act 2008• Public Health and Wellbeing Regulations 2009 (Vic)• Privacy and Data Collection Act 2014 (Vic)• Privacy Act 1988 (Cth)
Sources and Further Reading	<ul style="list-style-type: none">• ACECQA provides lists of approved first aid training, approved emergency asthma management training and approved anaphylaxis management training on their website: https://www.cecqa.gov.au/qualifications/requirements/first-aid-qualifications-training• http://www.earlychildhoodaustralia.org.au/our-publications/every-child-magazine/every-child-index/every-child-vol-16-4-2010/diabetes-early-childhood-years/• https://www.diabetesvic.org.au/diabetes-faq• Diabetes Online Training, Diabetes Victoria<ul style="list-style-type: none">o www.diabetesatschool.com.au

Document Name: Diabetes Procedure	Next Review Date: October 2021	Dates Reviewed: July 2016, Jan 2019 February 2020, November 2020
Document Owner: Director ECE	File Location: Inside Play Resources Policies and Procedures	Release Date: July 2016 Page 5 of 5