

Diabetes Policy

- This Policy is currently from January 2022 and will be reviewed as required.
- To ensure that education and care services support enrolled children with Type 1 Diabetes and their families, while the children are being educated and cared for.

Key Definitions

Term	Description
Type 1 diabetes	<p>An auto immune 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.</p> <p>Without insulin treatment, type 1 diabetes is life threatening.</p>
Type 2 diabetes	<p>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.</p>
Hypoglycaemia or hypo (low blood glucose)	<p>Hypoglycaemia is a blood glucose level that is lower than normal, i.e. below 4mmol/l, even if there are no symptoms. Neurological symptoms can occur at levels below 4mmol/l and can include sweating, tremor, 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.</p> <p>Hypoglycaemia is often referred to as a 'hypo'. It can be caused by:</p> <ul style="list-style-type: none">too much insulindelaying a mealnot enough foodunplanned or unusual exercise. <p>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.</p> <p>The child's diabetes management plan will provide specific guidance for kindergartens in preventing and treating a 'hypo'.</p>
Hyperglycaemia (high blood glucose levels)	<p>Hyperglycaemia occurs when blood glucose levels rise above 15mmol/L</p> <p>Hyperglycaemia symptoms can include increased thirst, tiredness, irritability, urinating more frequently. High blood glucose levels can also affect thinking, concentration, memory, problem solving and reasoning.</p>

	It can be caused by: insufficient insulin too much food common illness such as a cold stress.
Insulin	Medication prescribed and administered by injection or continuously by a pump device. Lowers blood glucose levels. Allows glucose from food (carbohydrate) to be used as energy. Essential for life.
Blood Glucose Meter	A small device used to check a small blood drop sample for blood glucose level.
Insulin pump	A small computerised device, connected to the child via an infusion line inserted under the skin, to deliver insulin constantly.
Ketones	Occur when there is insufficient insulin in body. At high levels can make children very sick. Extra insulin required (given by parent) when ketone levels > 0.6 mmol/L on pump, or > 1.0 mmol/L if on injected insulin.

Our policy

Mentone Park Childcare and Pre School have set out practices in relation to:

- the management of medical conditions, including diabetes (regulation 90(1)(a))
- parents/guardians to provide a medical management plan if an enrolled child has a relevant medical condition (regulation 90(1)(c)(i))
- development of a risk minimisation plan in consultation with the child's parents (regulation 90(1)(c)(iii))
- development of a communications plan for staff members and parents (regulation 90(1)(c)(iv)).

Staff members and volunteers must be informed about the practices to be followed (regulation 90(1)(c)(iv)(A)), and parents of an enrolled child with a specific health care need, allergy or other relevant medical condition must be provided with a copy of the service policy (regulation 91).

Mentone Park Child Care and Pre School need to ensure that each child with type 1 diabetes has a current individual diabetes management plan prepared by the individual child's diabetes medical specialist team, at or prior to enrolment, and implement strategies to assist children with type 1 diabetes.

The child's diabetes management plan provides education and care service staff members with all required information about the child's diabetes care needs.

Key points for education and care service staff members to support children with type 1 diabetes are:

- Follow the education and care service medical conditions policy and procedures for medical emergencies for children with type 1 diabetes.
- Parents/guardians should notify the education and care service immediately about any changes to the child's individual diabetes management plan.
- The child's Diabetes Medical Specialist Team may consist of an endocrinologist, diabetes

- nurse educator, and other allied health professionals.
- This team will provide the parents with a diabetes management plan for the education and care service.
- Contact Diabetes Australia Victoria for further support or information.

Most children with type 1 diabetes can enjoy and participate in education and care service activities to the full. Most children will require additional support from education and care service staff members to manage their diabetes and while attendance at education and care services should not be an issue, they may require some time away to attend medical appointments.

Strategies

Strategy	Action
Monitoring of blood glucose (BG) levels:	<p>Checking of blood glucose levels is performed using a blood glucose meter and finger pricking device. The child's diabetes management plan should state the times and the method of relaying information to the parents about the blood glucose levels, and interventions required if BGL below or above certain thresholds. A communication book can be used to provide information about the child's BG levels between parents and the education and care service at the end of each session.</p> <p>Checking of BG occurs at least four times every day to evaluate the insulin dose. Some of these checks may need to be done at the education and care service at least once, but often twice. Pre meals, pre bed and regularly overnight are the routine times</p> <p>Additional checking times will be specified in the child's diabetes management plan. These could include such times as a suspected hypo. Children are likely to need assistance with performing BG checks. Parents should be asked to teach education and care service staff members about BG testing</p> <p>Parents are responsible for supplying an BG meter, in-date test strips and a finger pricking device for use by their child while at the education and care service.</p>
Managing Hypos	<p>Hypos or suspected hypos should be recognised and treated PROMPTLY according to the instructions provided in the child's diabetes management plan.</p> <p>Parents are responsible for providing Mentone Park child Care and preschool with oral hypoglycaemia treatment (hypo food) for their child in an appropriately labelled container.</p> <p>The hypo container must be securely stored and readily accessible to all staff members.</p>
Administering insulin	<p>Administration of insulin during education and care service operating hours is unlikely to be required; this will be specified in the child's diabetes management plan.</p> <p>As a guide, insulin for preschool aged children is commonly administered:</p> <p>twice a day, before breakfast and dinner at home</p> <p>by a small insulin pump worn by the child.</p>

Managing ketones	<p>Children on an insulin pump will require ketone testing when BGL >15.0 mmol/L.</p> <p>Staff members are to notify parents if the ketone level is >0.6 mmol/L (refer to the child's management plan).</p>
Off-site activities such as excursions	<p>With good planning children should be able to participate fully in all our long day activities including excursions.</p> <p>The child's diabetes management plan should be reviewed prior to an excursion with additional advice provided by the Diabetes Medical Specialist Team and/or parents as required.</p>
Infection control	<p>Infection control procedures must be followed. These include having instruction about ways to prevent infection and cross infection when checking blood glucose levels, hand washing, one child one device, disposable lancets and the safe disposal of all medical waste</p>
Timing meals	<p>Most meal requirements will fit into regular long day care routines.</p> <p>Children will require extra supervision at meal and snack times to ensure they eat all their carbohydrate. It needs to be recognised that if an activity is running overtime, students with diabetes cannot delay meal times. Missed or delayed carbohydrate is likely to induce hypoglycaemia</p>
Physical activity	<p>Exercise should be preceded by a serve of carbohydrates.</p> <p>Exercise is not recommended for students whose BG levels are high as it may cause them to become even more elevated.</p> <p>Refer to the child's diabetes management plan for specific requirements.</p>
Special event participation	<p>Special event participation including class parties can include children with type 1 diabetes in consultation with their parents/guardians.</p> <p>Education and care services need to provide alternatives when catering for special events, such as offering low sugar or sugar-free drinks and/or sweets at class parties in consultation with parents/guardians.</p>
Communicating with parents	<p>Mentone Park child Care and Pre School will communicate directly with the parents/guardians to ensure the child's individual diabetes management plan is current.</p> <p>We will establish a mutually agreed means of communication between home and the service to relay health information and any health changes or concerns.</p> <p>A communication book will be used where appropriate also the use of e-mails and/or text messaging may take place.</p>

This Diabetes Policy should be read in conjunction with the policy for managing medical conditions

developed by our service in accordance with the requirements of the *Education and Care Services National Law Act 2010* and the *Education and Care Services National Regulations 2011*.

Acknowledgments

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