

D-17 Diabetes Management

National Quality Standards (NQS)

2.1	Each child’s health and physical activity is supported and promoted.
2.1.2	Effective illness and injury management and hygiene practices are promoted and implemented.
2.2	Each child is protected.
2.2.1	At all times, reasonable precautions and adequate supervision ensure children are protected from harm and hazard
7.1.2	Systems are in place to manage risk and enable the effective management and operation of a quality service.

Education and Care Services National Regulations

Reg. 90	Medical conditions policy
Reg. 91	Medical conditions policy to be provided to parents
Reg. 92	Medication record
Reg. 93	Administration of medication
Reg. 95	Procedure for administration of medication
Reg. 162	Health information to be kept in enrolment record
Reg. 168	Education and care service must have policies and procedures

My Time, Our Place

1.1	Children feel safe, secure and supported
3	Children have a strong sense of wellbeing

Child Safe Standard

1	Child safety is embedded in organisational leadership, governance and culture.
4	Equity is upheld and diverse needs are taken into account.
7	Staff are equipped with the knowledge, skills and awareness to keep children safe through continual education and training.
10	Policies and procedures document how the organisation is child safe.

Policy Statement

We will work alongside families to provide quality care to children at our service with diabetes. Where appropriate, we will liaise with relevant schools and health professionals. We will support children with diabetes to participate fully in the day-to-day program at the service in order to promote their sense of wellbeing, connectedness and belonging to the service. Our staff will be fully

aware of the nature and management of any child's specific requirements concerning their diabetes and will respect the child and the family's confidentiality. Staff will be educated on diabetes (Type 1 and 2).

Procedure

Diabetes is a condition which may require close monitoring. There are two types of diabetes, type 1 insulin dependent and type 2 non-insulin dependent. Diabetes can be fatal if not managed appropriately.

Children with diabetes should not feel excluded due to their condition. Children with diabetes can still participate in usual activities and experiences. Staff need to be aware of the child's blood glucose levels as well as the child's mealtimes and what food is appropriate for that child to eat.

Any person with type 1 Diabetes needs their blood glucose levels (BGL) checked regularly. These times may include:

- Before mealtimes
- Before insulin is given
- Before sport
- After sport
- On arrival (particularly at after care)

Correct safety precautions need to be taken when taking a BGL, a ketone or given insulin. This is to ensure the safety of the child, staff and other children at the service.

Gathering of Information

It is the responsibility of the parent/s to notify the service of their child's condition and procedures of the child's regime to control diabetes.

The parent/s should provide a Medical Management Plan for their child in case of emergency which is signed by both the parent and Diabetes specialist/health practitioner.

Parents will be expected to supply all necessary glucose monitoring and management equipment.

Symptoms of hypoglycaemia (low blood sugar)

Children may display different signs of low blood sugar and it is important to discuss these with the parent/s.

Symptoms may include:

- Sweating
- Changes in mood/behaviour
- Lack of coordination
- Paleness
- Weeping

- Drowsiness
- Trembling
- Irritability
- Nausea
- Stomach Craps
- Hunger
- Inability to think straight

Low blood sugar usually occurs after the child has been involved in active play, has not eaten recently and/or is unwell. The child's BGL should always be above 4mmol/L. Hypoglycaemia only occurs when a person's BGL is below 4mmol/L.

Emergency Action

If the child is conscious – seek advice from emergency crisis plan. Encourage the child to take food or drink. If possible, check the child's BGL. If the BGL is below 4mmol/L give the child a "fast acting" drink (such as juice), this will bring their level up quickly, followed by a "slow acting" food (such as tiny teddies), this will sustain the child's level for a longer period of time. Keep the child seated for 15 minutes afterwards then recheck their BGL.

IF IN DOUBT TREAT!

If the child is unconscious or has a fit, Emergency Services should be contacted immediately on 000. The child's parent/s should be notified as soon as practicable.

Procedure to test BGL

- The BGL machine needs to be stored in an accessible area out of reach of the children.
- Always wash your hands before putting on gloves
- Have the child wash their hands before doing the BGL. Make sure the child dries their hands properly as water on their fingers will dilute the blood. It is important that the child washes their hands before doing their BGL to ensure a correct reading.
- Choose a private area in the Centre where the child is comfortable and is at least risk of being interrupted.
- When doing the BGL make sure you always go on the side of the child's finger. NEVER do the BGL on the Centre of the child's finger.
- Dispose of testing strip and tissue appropriately
- Only staff members with a current First Aid Certificate can do BGL's

Procedure for giving insulin

- Sharps containers MUST be stored 1 metre from the ground
- Sharps containers must not be accessible to children
- Sharps containers must only ever be $\frac{3}{4}$ full
- Always have two staff members present when giving insulin

- Make sure that you "prime the line" before giving insulin. This means clicking the insulin pen to two units and then squirting the insulin out into the sink. This ensures that there are no air bubbles in the needle.
- Always double check the number of units of insulin the child is to have. Have both staff members check the number and that the insulin pen/syringe is at the right level.
- When giving insulin make sure that the needle is inserted into the abdomen at a 90-degree angle staying up to 2cm away from the child's belly button
- Make sure that after the insulin has been injected that the needle is held there for a count of 10 before being removed
- Make sure that the needle is taken off safely and placed in the sharps container
- Never put your hand into the sharps container
- The staff member administering the insulin must hold a current First Aid Certificate
- It is important to be aware that Insulin will bring a person's BGL down. Always check the child's BGL before administering insulin. If the child is below 4mmol/L, make sure you give them something to bring their levels up before administering insulin.

Related Policies

- Dealing with Medical Conditions Policy
- Enrolment and Orientation Policy
- First Aid Policy
- Food and Nutrition Policy
- Hygiene Policy
- Maintenance of Records Policy
- Management of incident, Injury and Trauma Policy
- Medication Administration Policy
- Privacy and Confidentiality Policy
- Relief Staff Policy
- Staff Orientation and Induction Policy
- Supervision Policy

Sources

- Childcare Centre Desktop – Diabetes Management Policy
- Child Safe Standard
- Education and Care Services National Regulations 2011
- Framework for School Age Care in Australia – My Time, Our Place
- National Quality Standard – Australian Children's Education and Care Quality Authority

Date Endorsed: December 2023

Date of Review: December 2025

Version Control			
Version	Changes Made	Initiated By	Director Sign-off
v.2.202312	<ul style="list-style-type: none"> - Child Safe Standards added - Format changed - Updated sources 	Director	
v.2.202305	- No changes made		
v.2.202206	<ul style="list-style-type: none"> - Updated links to NQS - Updated Sources 	Staff	
v.2.202105	- No changes made		
v.2.202005	- No changes made		
v.2.201905	<ul style="list-style-type: none"> - Updated links to NQS and National Regulations, My Time, Our Place - Added sentence on expectation of parents to supply relevant equipment - Minor wording changes 	Staff Staff	