DIABETES MANAGEMENT POLICY

Diabetes in children can be a diagnosis that has a significant impact on families and children. It is imperative that educators and staff within the Service understand the responsibilities of diabetes management to reduce the risk of emergency situations and long-term complications. Most children will require additional support from the Service and educators to manage their diabetes whilst in attendance.

NATIONAL QUALITY STANDARD (NQS)

QUALITY AREA 2: CHILDREN'S HEALTH AND SAFETY		
2.1	Health	Each child's health and physical activity is supported and promoted.
2.1.2	Health practices and procedures	Effective illness and injury management and hygiene practices are promoted and implemented.
2.2	Safety	Each child is protected.
2.2.1	Supervision	At all times, reasonable precautions and adequate supervision ensure children are protected from harm and hazard.

EDUCATION AND CARE SERVICES NATIONAL LAW AND NATIONAL REGULATIONS	
S. 165	Offence to inadequately supervise children
S. 167	Offence relating to protection of children from harm and hazards
S. 172	Failure to display prescribed information
12	Meaning of a serious incident
85	Incident, injury, trauma and illness policies and procedures
86	Notification to parents of incident, injury, trauma and illness
87	Incident, injury, trauma and illness record
89	First aid kits
90	Medical conditions policy
90(1)(iv)	Medical Conditions Communication Plan
91	Medical conditions policy to be provided to parents
92	Medication record
93	Administration of medication

95	Procedure for administration of medication
101	Conduct of risk assessment for excursion
136	First aid qualifications
162	Health information to be kept in enrolment record
168	Education and care service must have policies and procedures
170	Policies and procedures to be followed
171	Policies and procedures to be kept available
175	Prescribed information to be notified to Regulatory Authority

RELATED POLICIES

Acceptance and Refusal of Authorisations Policy Administration of First aid Policy Administration of Medication Policy Excursion/ Incursion Policy Enrolment Policy Family Communication Policy	Incident, Injury, Trauma and Illness Policy Medical Conditions Policy Nutrition Food Safety Policy Privacy and Confidentiality Policy Record Keeping and Retention Policy Supervision Policy

PURPOSE

The *Education and Care Services National Regulations* requires approved providers to ensure their services have policies and procedures in place for medical conditions including diabetes. Our Service is committed to providing a safe and healthy environment that is inclusive for all children, staff, volunteers, visitors, and family members. The aim of this policy is to minimise the risk of a diabetic medical emergency occurring for any child whilst at our Service by supporting young people with diabetes, working in partnership with families and health professionals, and following the child's medical management plan.

SCOPE

This policy applies to children, families, staff, management, the approved provider, nominated supervisor, students, volunteers and visitors of the Service.

DUTY OF CARE

Our Service has a legal responsibility to take reasonable steps to ensure that the health needs of all

children enrolled in the service are met. This includes our responsibility to provide

a. a safe environment and
b. adequate supervision at all times.

Our Service will ensure that staff members, including relief staff, have adequate training and knowledge about diabetes and know what to do in an emergency to ensure the health and safety of children (especially regarding hypoglycaemia). Management will ensure all staff are aware of children's medical management plan and risk management plans. This policy supplements our *Medical Conditions Policy.*

DESCRIPTION

- Type-1 Diabetes is an autoimmune 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. Without insulin treatment, type-1 diabetes is life threatening.

- Type-2 Diabetes 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 accounts for between 85 and 90 per cent of all cases of diabetes and usually develops in adults over the age of 45 years but is increasingly occurring at a younger age. Type-2 diabetes is unlikely to be seen in children under the age of 4 years old.

IMPLEMENTATION

We will involve all educators, families and children in regular discussions about medical conditions and general health and wellbeing throughout our curriculum. The Service will adhere to privacy and confidentiality procedures when dealing with individual health needs, including having families provide written authorisation to display the child's medical management plan in prominent positions within the Service.

A copy of our *Medical Conditions Policy* and *Diabetes Management Policy* will be provided to all educators, volunteers and families of the Service. It is important that communication is open between families and educators so that management of diabetes is effective.

Children diagnosed with diabetes will not be enrolled into the Service until the child's medical management plan is completed and signed by their medical practitioner or diabetes team and the

relevant staff members have been trained on how to manage the individual child's diabetes. A risk minimisation and communication plan must be developed with parents/guardians to ensure risks are minimised and strategies developed for minimising any risk to the child.

It is imperative that all educators and volunteers at the Service follow a child's medical management plan in the event of an incident related to a child's specific health care need, allergy, or medical condition.

THE APPROVED PROVIDER/MANAGEMENT AND NOMINATED SUPERVISOR WILL ENSURE:

- obligations under the *Education and Care Services National Law and National Regulations* are met
- all staff, educators, students, visitors and volunteers have knowledge of and adhere to this policy and our Service's *Medical Conditions Policy*
- that as part of the enrolment process, **all** parents/guardians are asked whether their child has a medical condition and clearly document this information on the child's enrolment record
- that if the answer is *yes*, the parents/guardians are required to provide a medical management plan completed by the child's diabetes medical specialist team **prior** to their child's commencement at the Service
- parents/guardians of an enrolled child who is diagnosed with diabetes are provided with a copy of the *Diabetes Management Policy, Medical Conditions Policy and Administration of Medication Policy* via email and a copy of this email will be saved in the child's enrolment record [best practice- not mandatory]
- at least one educator, staff member or nominated supervisor is in attendance and immediately available at all times children are being cared for by the service who:
    - holds a current ACECQA approved first aid qualification
    - undertaken current ACECQA approved emergency asthma management and
    - current ACECQA approved emergency anaphylaxis management training
- all staff and educators have completed ACECQA approved first aid training at least every 3 years and cardiopulmonary resuscitation (CPR) at least every 12 months
- a risk minimisation plan is developed in collaboration with parents/guardian and cover the child's known triggers and where relevant other common triggers which may lead to a diabetic emergency
- the risk minimisation plan is specific to our Service environment and the individual child
- risk assessments are developed prior to any excursion or incursion consistent with Reg. 101
- keep a copy of the child's medical management plan and risk minimisation plan in the enrolment record
- ensure the medical management plan includes all how to manage the child's diabetes on a day-to-

day basis as well as the emergency management of the child's medical condition. The plan should include:

  - blood glucose testing- BG meter
  - insulin administration
  - food, carbohydrate counting
  - how to store insulin correctly
  - how the insulin is delivered to the child- as an injection or via an insulin pump/ Continuous Glucose Monitoring CGM
  - oral medicine the child may be prescribed
  - managing diabetes during physical activities and excursions
  - a recent photograph of the child

- parental authorisation is provided to display a child's medical management plan in key locations at the Service, where educators and staff are able to view these easily whilst ensuring the privacy, safety and wellbeing of the child (for example, in the child's room, the staff room, kitchen, and / or near the medication cabinet)
- a communication plan is developed in collaboration with staff and parents/guardians encouraging ongoing communication regarding the management of the child's medical condition, the status of the child's medical condition, and this policy and its implementation within the Service prior to the child starting at the Service
- a copy of this policy is provided and reviewed during each new staff member's induction process
- when a child diagnosed with diabetes is enrolled, all staff attend regular professional training on the management of diabetes and, where appropriate, emergency management of diabetes [not mandated but regarded as best practice]
- there is a staff member who is appropriately trained to perform finger-prick blood glucose or urinalysis monitoring and is aware of the action to be taken if these are abnormal whenever the child attends the Service
- consideration is given as to how and where insulin is stored and the safety of sharps disposal
- the family supplies all necessary glucose monitoring and management equipment, and any prescribed medications prior to the child's enrolment
- all staff members are trained to identify children displaying the symptoms of a diabetic emergency and are aware of the location of the child's medical management plan, required insulin/food and risk minimisation plan
- staff member accompanying children outside the Service to attend excursions, or any other event, carries the appropriate monitoring equipment, any prescribed medication and a copy of the medical

management plan for children diagnosed with diabetes

- the programs delivered at the Service are inclusive of children diagnosed with diabetes and that children with diabetes can participate in activities safely and to their full potential
- updated information, resources and support is regularly given to families for managing childhood diabetes
- meals, snacks and drinks that are appropriate for the child and are in accordance with the child's medical management plan are available at the Service at all times
- eating times are flexible and children are provided with enough time to eat
- Diabetes Australia are contacted for further information to assist educators to gain and maintain a comprehensive understanding about managing and treating diabetes
- applications for additional funding opportunities are made if required to support the child and educators.
- that they notify the regulatory authority of any serious incident of a child while being educated and cared for at the service within 24 hours.

EDUCATORS WILL:

- read and comply with the *Diabetes Management Policy*, *Medical Conditions Policy* and *Administration of Medication Policy*
- know which child/ren are diagnosed with diabetes, and the location of their monitoring equipment, medical management plan and risk management plans and any prescribed medications
- perform finger-prick blood glucose or urinalysis monitoring as required and will act by following the child's medical management plan if these are abnormal [or educator/staff member trained to perform finger-prick blood glucose or urinalysis monitoring]
- communicate with parents/guardians regarding the management of their child's medical condition as per their communication plan
- ensure that children diagnosed with diabetes are not discriminated against in any way and are able to participate fully in all programs and activities at the Service
- follow the strategies developed for the management of diabetes at the Service
- ensure a copy of the child's diabetes medical management plan is visible and known to staff within the Service
- take all personal medical management/action plans, monitoring equipment, medication records, and any prescribed medication on excursions and other events outside the Service
- recognise the symptoms of a diabetic emergency and treat appropriately by following the medical management plan

- ensure a suitably trained and qualified educator will administer prescribed medication if needed according to the medical management/action plan and in accordance with the Service's *Administration of Medication Policy*
- record any medication in the *Administration of Medication Record*
- identify and where possible minimise possible triggers as outlined in the child's medical management plan and risk minimisation plan
- increase supervision of a child diagnosed with diabetes on special occasions such as excursions, incursions, parties and family days, as well as during periods of high-energy activities
- ensure appropriate supplies of insulin administration equipment, carbohydrate and hypo food are taken on excursions, including back-up supplies in the event of delays
- maintain a record of the expiry date of the prescribed medication relating to the medical condition to ensure it is replaced prior to expiry
- ensure the location is known of glucose foods or sweetened drinks to treat hypoglycaemia (low blood glucose), e.g., glucose tablets, glucose jellybeans, etc.

FAMILIES WILL:

- provide details of the child's health condition, treatment, medications, and known triggers during the enrolment process
- provide a medical management plan following enrolment and prior to the child starting at the Service. The plan must be completed by their child's diabetes team (paediatrician or endocrinologist, general practitioner and diabetes educator).
- develop a risk minimisation plan in collaboration with the nominated supervisor and other service staff
- develop a communication plan in collaboration with the nominated supervisor and lead educators
- ensure the appropriate monitoring equipment needed according to the diabetes medical management plan is provided to the Service
- ensure an adequate supply of emergency insulin for the child is provided at all times according to the medical management plan
- notify the Service of any changes to their child's medical condition in writing via email or through the *Notification of Changed Medical Status* form including the provision of a new diabetes medical management plan to reflect these changes as needed
- communicate all relevant information and concerns to staff, for example, any matter relating to the health of the child that may impact on the management of their diabetes

- review the risk minimisation plan annually with the nominated supervisor and other service staff (recommended best practice)

DIABETIC EMERGENCY

A diabetic emergency may result from too much or too little insulin in the blood. There are two types of diabetic emergency

a) very **low** blood sugar- **HYPO**- (hypoglycaemia, usually due to excessive insulin), and

b) very **high** blood sugar- **HYPER**- (hyperglycaemia, due to insufficient insulin).

The more common emergency is hypoglycaemia. This can result from:

- too much insulin or other medication
- not having eaten enough carbohydrate or other correct food
- a meal or snack has been delayed or missed
- unaccustomed or unplanned physical exercise or
- the young person has been more stressed or excited than usual

SIGNS and SYMPTOMS

HYPOGLYCAEMIA- (HYPO)

If a child is wearing a CGM device, it will sound an alert when they are below their target range.

Symptoms can very between each young person.

If caused by low blood sugar, the child may:

- feel dizzy, weak, tremble and feel hungry
- look pale and have a rapid pulse (palpitations)
- sweat profusely
- feel numb around lips and fingers
- change in behaviour- angry, quiet, confused, crying
- become unconsciousness or have a seizure

HYPERGLYCAEMIA –(HYPER)

If caused by high blood sugar, the child may:

- feel excessively thirsty
- have a frequent need to urinate
- feeling tired or lethargic
- feel sick

- be irritable
- complain of blurred vision
- lack concentration
- have hot dry skin, a rapid pulse, drowsiness
- have the smell of acetone (like nail polish remover) on the breath
- become unconsciousness

If a child suffers from a diabetic emergency staff will:

- Always provide adult supervision
- Follow the child's medical management plan
- If the child does not respond to steps within the medical management plan, immediately dial 000 for an ambulance
- Continue first aid measures and follow instructions provided by emergency services
- Contact the parent/guardian when practicable
- Contact the emergency contact if the parents or guardian can't be contacted when practicable
- Notify the regulatory authority within 24 hours

REPORTING PROCEDURES

Any incident involving serious illness of a child which requires urgent medical attention or hospitalisation is regarded as a serious incident. The following is required:

- staff members involved in the situation are to complete an *Incident, Injury, Trauma and Illness Record* which will be countersigned by the nominated supervisor of the Service at the time of the incident
- ensure the parent or guardian signs the *Incident, Injury, Trauma and Illness Record*
- if necessary, a copy of the completed form will be sent to the insurance company
- a copy of the *Incident, Injury, Trauma and Illness Record* will be placed in the child's file
- the nominated supervisor will inform the Service management about the incident
- the nominated supervisor or the approved provider will inform regulatory authority of the incident within 24 hours as per regulations
- staff will be debriefed after each incident and the child's individual medical management plan and risk minimisation plan evaluated, including a discussion of the effectiveness of the procedure used
- a review of practices is conducted following an incident involving anaphylaxis at the Service, including an assessment of areas for improvement.

FOR MORE INFORMATION, CONTACT THE FOLLOWING ORGANISATIONS:

Diabetes Australia https://www.diabetesaustralia.com.au/contact-us

Juvenile Diabetes Research Foundation: www.jdrf.org.au

National Diabetes Services Scheme- An Australian Government Initiative https://www.ndss.com.au/living-with-diabetes/about-you/young-people/living-with-diabetes/school/

STATE AND TERRITORY SPECIFIC INFORMATION

Diabetes Victoria: https://www.diabetesvic.org.au

CONTINUOUS IMPROVEMENT/REFLECTION

Our *Diabetes Management Policy* will be reviewed on an annual basis in consultation with children, families, staff, educators and management.

CHILDCARE CENTRE DESKTOP- RELATED RESOURCES

Administration of Medication Form Authorisation to Display Medical Management Plan Managing a Medical Condition Procedure Medical Communication Plan	Medication Update Letter to parents Medical Conditions Register Medical Management Plan Medical Risk Minimisation Plan Notification of Changed Medical Status

SOURCES

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Early Childhood Australia Code of Ethics. (2016).
Education and Care Services National Law Act 2010. (Amended 2023).
Education and Care Services National Regulations. (Amended 2023).
National Diabetes Services Scheme (NDSS). *Mastering diabetes in preschools and schools.* (2020).
National Health and Medical Research Council. (2024). *Staying Healthy: preventing infectious diseases in early childhood education and care services* (6th Ed.). NHMRC. Canberra.
Western Australian Legislation Education and Care Services National Regulations (WA) Act 2012
Western Australian Legislation Education and Care Services National Law (WA) Act 2012

REVIEW

POLICY REVIEWED BY	[NAME] Amy Flockhart	[POSITION] office admin	[DATE] 19/06/2026
POLICY REVIEWED	JULY 2025	NEXT REVIEW DATE	JULY 2026
VERSION NUMBER	V12.7.25		
MODIFICATIONS	• annual policy review • added RA suggestion to email copies of Medical Conditions Policy and Diabetes Management Policy to parents/guardian and keep copy email on record • sources checked for currency and updated as required		

POLICY REVIEWED	PREVIOUS MODIFICATIONS	NEXT REVIEW DATE
JULY 2024	• annual policy review • deleted term 'diabetes' from medical management plan • re-arranged content in AP/NS and Families will sections for better flow • minor changes in *Families will* section to ensure consistency in policies • some content deleted as repetitive • Childcare Desktop Resources section added • Sources checked for currency • WA National Regulations and Law added (WA services only)	JULY 2025