

Diabetes Policy

Policy Statement & Commitments

Children with Diabetes are no more likely to be sick than other young people and can generally be expected to do everything their peers do. They may, however, need special consideration when planning sport, excursions and other activities; extra toilet provisions; extra consideration if unwell; some individual supervision; to eat at additional times, especially when involved in physical activity; and/or special provisions if testing for blood glucose levels and injecting insulin.

Administering medication to a child is considered a high risk practice, and legislative requirements contained within the *Education and Care Services National Law Act 2010* (including the Education and Care Services National Regulations) are to be strictly adhered to by BEPS OSHC Service including Educators, students and volunteers.

BEPS OSHC Service is committed to:

- providing the necessary strategies to ensure the health and safety of all persons with Type 1 and Type 2 Diabetes involved with BEPS OSHC Service, including responding to hypoglycaemia and hyperglycaemia

This policy applies when a child diagnosed with Diabetes by a qualified medical practitioner is enrolled at BEPS OSHC Service. It applies to the child enrolled, their parents/guardians, Educators, and the OSHC Management Sub-committee. It also applies to other relevant members of the community, such as students, volunteers and visiting specialists.

Definitions

Type 1 Diabetes –an auto-immune condition that occurs when the immune system damages the insulin producing cells in the pancreas. Type 1 Diabetes occurs due to a severe deficiency of insulin. Insulin is the hormone that controls blood glucose levels (BGLs). Type 1 Diabetes is an auto-immune disease in which the body's own immune system attacks the insulin-making cells in the pancreas and destroys them over time. There is no risk of contracting Diabetes from affected individuals. Signs and symptoms of Diabetes occur over a period of days and weeks. They include lethargy, weight loss, increased urination and excessive thirst. Without insulin the disease progresses to a life threatening condition marked by dehydration, high blood glucose levels and a build-up of acids (ketones) in the blood (ketoacidosis). Treatment for Type 1 Diabetes involves insulin injections, blood glucose monitoring and food management.

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 usually does not emerge until adulthood and is associated with the following risk factors: being overweight, inactivity and a genetic predisposition. However, Type 2 Diabetes affects some children, in particular children with identified risk factors that are compounded by disadvantaged socioeconomic conditions and/or other medical conditions. Type 2 Diabetes is different from Type 1 Diabetes. People with Type 2 Diabetes are able to make insulin but when it is released into the blood stream, it is unable to work efficiently (insulin resistance). This leads to high BGLs (hyperglycaemia).

Diabetes Action Plan – A medical management plan prepared and signed by a doctor providing the child’s name and medical condition and treatment, a photograph of the child and clear instructions on treating an episode. An example of this is provided on the Diabetes Victoria website: www.Diabetesvic.org.au/images/2015_Action_plan_BD.pdf

Nominated Educator – An Educator nominated to be the liaison between parents/guardians of a child with Diabetes and the OSHC Management Sub-committee. This person also checks the hypo kit is current and leads Educator practice sessions for responding to hypos.

Health Support Plan – A plan specific to BEPS OSHC Service that specifies each child’s health support needs, the ways that each child with Diabetes could become hypoglycaemic while in the care of the Service, practical strategies to maintain blood glucose levels, and who is responsible for implementing the strategies. The Health Support Plan should be developed by families of children with Diabetes and the Service and should be reviewed at least annually, but always upon the enrolment or diagnosis of each child who is diabetic.

Trained Educator – For the purposes of this policy, this refers to those Educators who have received relevant professionally-run training in the treatments or techniques required to support the health needs of a child with Diabetes. They also hold first aid training, anaphylaxis management training, and emergency asthma management training qualifications approved by ACECQA, as prescribed in the Education and Care Services National Law Act in accordance with regulation 137 (1) (e).

Hyperglycaemia – A high blood glucose level is where there is too much glucose in the blood stream for normal functioning. The number is usually above 15.0mmol/L. High blood glucose levels can be caused by not enough insulin, too much food, common illness (e.g. a cold) and stress.

Hypoglycaemia – A low blood glucose level is where there is not enough glucose in the blood stream for normal functioning. The number is usually below 4.0mmol/L. Low blood glucose levels can be caused by too much insulin, exercise, or not eating enough exchanges (carbohydrates).

Hypo Kit – The preferred ‘kit’ for individual children, provided by the child’s family, for use in the event of hypoglycaemia, or ‘hypo’.

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Procedures for policy implementation

Active implementation of this policy is a shared community responsibility.

The OSHC Coordinator will:

- discuss with Educators their knowledge of issues following their participation in any Diabetes information sessions and/or training
- selectively audit enrolment checklists (e.g. annually) to ensure that documentation is current and complete
- discuss this policy and its implementation with parents/guardians of children with Diabetes to gauge their satisfaction with both the policy and its implementation in relation to their child
- respond to complaints.

The Nominated Educator (as nominated by the OSHC Coordinator) will:

- determine the levels of Educator competence and confidence in the management of Diabetes, including responding to hypoglycaemia
- routinely review the children’s medication and hypo-kits to ensure that it is complete and that nothing has expired.
- Liaise with the OSHC Management Sub-committee (through the OSHC Coordinator) and parents of children with Diabetes.

Families will:

- read and be familiar with the Diabetes Policy
- identify and liaise with the nominated Educator
- bring relevant issues to the attention of both Educators and the OSHC Coordinator
- maintain a food plan and hypo kit for the Service, which includes extra carbohydrates.

Procedures for managing Diabetes

Currently there are no children enrolled at BEPS OSHC Service who have been diagnosed with Diabetes. In preparation for potential families presenting to BEPS OSHC Service for enrolment of a child who has been diagnosed, the following procedures will be followed:

- The OSHC Coordinator will discuss with Educators their knowledge and experience of Diabetes in young children, and arrange for information sessions to be held at the Service.
- The OSHC Coordinator will discuss this policy and its implementation with parents/guardians of children in preparation for enrolment to gauge their satisfaction with both the policy and its implementation in relation to their child.

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- The OSHC Coordinator will review the adequacy of the response of BEPS OSHC Service if a child displays hypoglycaemia or hyperglycaemia, and will consider the need for additional training and other corrective action.

Upon enrolment or diagnosis of Diabetes

Families will be required to:

- inform Educators, either on enrolment or on diagnosis, of their child’s Diabetes
- provide Educators with a Diabetes action plan and written consent to administer treatment strategies identified in the action plan
- provide Educators with a complete ‘hypo kit’
- regularly check the content and expiry date of the hypo kit and any medication
- assist Educators by offering information and answering any questions regarding their child’s Diabetes, including history
- notify the OSHC Coordinator and Educators of any changes to their child’s status and provide a new Diabetes action plan in accordance with these changes
- communicate all relevant information and concerns to Educators, for example, any matter relating to the health of the child
- advise BEPS OSHC Service of their child’s food plan for Diabetes
- be responsible for supplying BEPS OSHC Service with the food and drink needed by their child.

Care for diabetic health needs

- Whenever a child with Diabetes is enrolled at BEPS OSHC Service, or newly diagnosed as having a Diabetes, a **Health Support Plan** will be developed to document special needs and considerations including:
 - creating a safe environment for the child
 - providing assistance with recognition of signs and symptoms and appropriate treatment of hypoglycaemia (low blood glucose level) and hyperglycaemia (high blood glucose level)
 - ensuring adequate supervision of and ability to perform blood glucose testing if required
 - taking of medication and/or insulin injections
 - advocating and positively supporting healthy dietary behaviour
 - encouraging physical activity and special precautions for exercise.

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- A communications plan will be developed to inform all relevant Educators, including students and volunteers, of:
 - the child’s name and component of care they attend (BSC/ASC)
 - the child’s risk minimisation plan
 - where the child’s Emergency Action Plan/Health Support Plan will be located
 - where the child’s insulin/snack box etc. will be stored
 - which Educators will be responsible for administering treatment.
- Young children with Diabetes at the Service may need an Educator to test their blood sugar.
- Educators will be aware of the signs and symptoms of low blood sugar including the child presenting pale, hungry, sweating, weak, confused and/or aggressive. Signs and symptoms of high blood sugar include feeling thirsty, a need to urinate, hot dry skin, the smell of acetone on the breath.
- Exercise can result in hypoglycaemia, so extra carbohydrate may be required before, during or after physical activity depending on the duration and intensity of the activity. Parents will supply the extra carbohydrate and Educators will ensure that this is readily accessible from the place where the physical activity is occurring.
- Management of Diabetes in children at BEPS OSHC Service will be supported by the child having in place an Emergency Action Plan, which includes:
 - **Administration of Insulin, if needed** – Information on how to give insulin to the child, how much insulin to give, and how to store the insulin. Insulin may be delivered as a shot, an insulin pen, or via an insulin pump.
 - **Oral medicine** – Children may be prescribed with oral medication.
 - **Meals and snacks** – Including permission to eat a snack anytime the child needs it. Families are asked to provide BEPS OSHC Service with snacks to give their child when he or she has signs of low blood sugar. This also includes a list of foods the child can eat, how much, and when, and a list of foods that the child can have during special occasions, such as birthday parties, excursions and special events.
 - **Blood sugar testing** – Information on how often and when a child’s blood sugar may need to be tested by Educators. For example, the child may need their blood sugar tested before lunch and when they have symptoms of low blood sugar.
 - **Symptoms of low or high blood sugar** – One child’s symptoms of low or high blood sugar may be different to another’s. The child’s Diabetes Action Plan should detail the child’s symptoms of low or high blood sugar and how to treat it. For high blood sugar, low blood sugar, and/or hypoglycaemia, Educators will follow the child’s Diabetes Emergency Action Plan

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Monitoring signs and symptoms

Signs are observable indicators; symptoms are what the person can feel and report. Monitoring a young person with Diabetes for signs and symptoms of high or low blood glucose levels is very important if they are unable to test the blood glucose level using a blood glucose meter.

- Educators will be trained in what signs to look for and when to take action.
- The family and the Educators will have a system in place so that the symptoms are reported and any action taken is communicated.
- Families will use the record of signs, symptoms and action to make changes to the management of their child’s Diabetes.

Blood Glucose Testing

Blood glucose testing is used to monitor whether the insulin doses being taken are the right amounts. It also enables safe management of sick days and exercise. Some young people will know how to prick their finger and measure the blood glucose using their own blood glucose meter.

- Educators will not be expected to do blood glucose tests, but will be trained on how to supervise it to support this aspect of the child’s self-management if applicable.
- Families are required to attend BEPS OSHC Service to administer this procedure if the child’s management plan requires it to be completed while the child is attending BEPS OSHC Service.

Special precautions for physical activity

The OSHC Coordinator, and/or Educators at BEPS OSHC Service will need to discuss a plan with families regarding the implications for management of the Diabetes during physical activity. There are many ways in which this could be done.

- The agreed strategies should be written in the individual Diabetes care plan and health support plan and monitored through the communication book.
- The support plan should determine how Educators will ensure that food and drinks for the treatment of low blood glucose levels (hypoglycaemia or ‘hypo’) are available at the place of physical activity and sport.
- Educators will need to have access to (or be carrying) the hypo kit.
- Young people with Diabetes need additional supervision during exercise. The younger child may also need to have meals supervised, especially before exercise.
- Any sport in which a low blood glucose level would cause a risk to the child should be carefully planned and always occur under strict supervision.

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- Some features of a low blood glucose level may be masked by the cooler body temperatures experienced during water-based activity.
- Water-based activities need very careful planning and supervision because low blood glucose level may increase the risk of drowning. For excursions in and/or around water an Educator will be located on the edge of the water-based activity as a safety watch for the child.

Storage of Children’s Hypo Kits

- Blood glucose monitoring equipment should be safely stored so that it is accessible as required by the Educator, but is not accessible to children. Typically this equipment is stored with the child’s hypo kit.
- Hypo kits will be stored in the OSHC Office.

Procedures for Dealing with Hypoglycaemia (Low Blood Glucose Levels)

Hypoglycaemia may occur at any time, but there is a greater chance of this happening with exercise or before the next meal is due (usually morning tea or lunch). Hypoglycaemia may be dangerous. The signs can progress from mild to severe very quickly – prompt first aid treatment is crucial.

Mild	Moderate	Severe
<ul style="list-style-type: none"> – sweating, paleness, trembling, hunger, weakness – changes in mood and behaviour (e.g. crying, argumentative outbursts, aggressiveness) – inability to think clearly, lack of coordination 	<ul style="list-style-type: none"> – inability to help oneself – glazed expression – being disorientated, unaware or seemingly intoxicated – inability to drink and swallow without much encouragement – headache, abdominal pain or nausea 	<ul style="list-style-type: none"> – inability to stand – inability to respond to instructions – extreme disorientation – inability to drink and swallow (leading to danger of inhaling food into the lungs) – unconsciousness or seizures (jerking or twitching of face, body or limbs)

First Aid for Hypoglycaemia

Mild to moderate hypos can be treated by giving foods or drinks by mouth. Families will provide the BEPS OSHC Service with their child's preferred hypo kit. The essentials in the treatment of **mild to moderate** hypos are as follows.

Step 1	Give glucose immediately to raise the blood glucose level (e.g. half a can of normal [with sugar] soft or fruit drink, or five to six jelly beans).
Step 2	Wait 5 minutes.
Step 3	If no improvement, repeat Step 1.
Step 4	If the condition improves, follow up with a snack of one piece of fruit or one slice of bread or dried biscuits, only when recovered (usually 5 minutes).
Step 5	If there is still no improvement, call an ambulance. State clearly that the person has Diabetes, and whether he or she is conscious. Inform emergency contacts.
Step 6	If unconscious, maintain airway, breathing and circulation (the 'ABC' of first aid) while awaiting the ambulance.

Severe hypos require either an injection of glucose into the vein (this can be given only by a doctor or a trained paramedic) or the intramuscular injection from the Glucagen Hypo Kit[®] given by a doctor, a paramedic, or a parent or guardian.

Step 1	Lie the child on one side and protect from injury.
Step 2	Provide first aid, checking that there is no danger around, and maintain airway, breathing and circulation (the 'ABC' of first aid). Check that the mouth is clear to allow unobstructed breathing. Skin colour should remain pale to normal if the person is breathing properly.
Step 3	Call an ambulance and inform the operator that there is a diabetic emergency.
Step 4	Inform emergency contacts as per policy.

Never put food or drink in the mouth of a person who is unconscious, convulsing or unable to swallow, in case it is inhaled.

Dealing with Hyperglycaemia (High Blood Glucose Levels)

Hyperglycaemia (high blood glucose levels) can be caused by not having enough insulin, too much food, common illness (e.g. a cold) and stress. When blood glucose levels are high for a long period of time, the body starts to break down fat and muscle for energy. When this happens, the body makes ketones. A urine test can detect ketones.

Signs for this condition may develop over several days and can include the following.

Mild	Moderate	Severe
<p>Educators often become aware of this when the child constantly asks for permission to go to the toilet and to obtain a drink.</p> <p>As signs develop over time, mild hyperglycaemia isn't always visible to Educators. Communication with families about children's wellbeing assists in identifying changes to children's health.</p>	<ul style="list-style-type: none"> • frequent urination • excessive thirst • change in behaviour (usually irritability) • lethargy • weight loss • lack of concentration 	<ul style="list-style-type: none"> • rapid laboured breathing • vomiting • sweet acetone smell to breath • abdominal pains • flushed cheeks • severe dehydration

First Aid for Hyperglycaemia

An ambulance should be called immediately if any of the above symptoms of severe hyperglycaemia are observed, as hospitalisation is needed urgently.

In sever hyperglycaemia, the following steps should be taken.

Step 1	Lie the child on one side and protect from injury.
Step 2	Provide first aid, checking that there is no danger around, and maintain the airway, breathing and circulation (the 'ABC' of first aid). Check that the mouth is clear to allow

	unobstructed breathing. Skin colour should remain pale to normal if the person is breathing properly.
Step 3	Call an ambulance and inform the operator that there is a diabetic emergency.
Step 4	Inform emergency contacts as per policy.

This policy should be read in conjunction with:

- General Service Information Policy
- Acceptance & Refusal of Authorizations
- Dealing with Medical Conditions & Medications
- Incidents, Injury, trauma & the Administration of First Aid
- Partnerships with Families
- [Record Keeping & Confidentiality Policy](#)

Sources & Legislative References

Diabetes Australia (Victoria), *Parenting Journeys with Type 1 Diabetes*, www.Diabetesvic.org.au/images/stories/PDF_files/recipes_for_living_with_D-Kids.pdf?phpMyAdmin=fsgZ8MzPBx-Okd83pnoO,vcNPM5

Royal Children’s Hospital, *Caring for Diabetes in Children & Adolescents*, http://video.rch.org.au/Diabetes/Diabetes_Book_Third_Edition.pdf

<i>Education & Care Services National Law Act 2010 (Vic) – Sections 167(1)(2)(3) & 175(1)</i>
<i>Education & Care Services National Regulations (2011) – Regulations 90, 91, 92, 93, 94, 95, 168(2)(d), 177, 181, 183 & 184</i>
<i>National Quality Standard for Early Childhood Education and Care & School Age Care (2010) – Standard 4.1; Elements 2.1.1, 2.1.4, 2.3.2 & 7.3.5</i>
<i>Information Privacy Act 2000 (Vic) – Information Privacy Principles</i>
<i>Privacy Act 1988 (Cwlth) – National Privacy Principles</i>
<i>Health Act 1958 – Public Health & Wellbeing Guidelines</i>
<i>Health Records Act 2001 (Vic) – Health Privacy Principles</i>
<i>Occupational Health & Safety Act 2004 (Vic) – Providing a safe work environment</i>

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Enrolment Checklist for Children with Diabetes

- A health support plan, which includes a food plan, identifies strategies to address the particular needs of each child with Diabetes, and this plan is implemented.

- Parents of a child with Diabetes have been provided a copy of BEPS OSHC Service's Diabetes Policy.

- All parents/guardians are made aware of the Diabetes policy.

- Diabetes health support action plan for the child is signed by the child's doctor and is visible to all Educators.

- A 'hypo kit' is available for use at any time the child is in the care of BEPS OSHC Service.

- Diabetes management medication is stored in a location easily accessible to adults (not locked away), inaccessible to children and away from direct sources of heat.

- All Educators, including relief Educators, students and volunteers, are aware of each hypo-kit location, and any other medication or monitoring apparatus.

- Educators nominated as responsible for each child at risk of Diabetes undertake appropriate training, which includes strategies for management, recognition of hypoglycaemia and emergency treatment.

- BEPS OSHC Service's Emergency Action Plan for the management of Diabetes is in place and all Educators understand the plan.

- The current contact details of each parent/guardian of a child with Diabetes are available, including emergency contacts.

- Information regarding any other medications or medical conditions (for example asthma) is available to Educators.

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Service Snapshot – Children with Diabetes

Child's Name	BSC/ASC/VAC Days of attendance	2 injections / multiple, or insulin pump	Action Plan location	Hypo kit location	Blood glucose testing



Diabetic Health Support – Food Plan

Child's Name: _____

	Family to complete	Why?
Type of food		Food containing slowly absorbed carbohydrates must be eaten at each meal.
Timing of meals		Most food plans are based on three major meals (breakfast, lunch and evening meal) and three snacks (morning, afternoon tea and at bedtime). If the interval between meals and snacks is too long, a low blood glucose level can occur and an additional snack may have to be eaten.
Quantities of food		The amount of food for each meal is also important and meals should never be skipped. Families are taught to count carbohydrate quantities using the exchange system (15g carbohydrate equals 1 exchange). Carbohydrate foods have been given an exchange value and the young person with Diabetes will be eating a specific number of exchanges at main meals and snacks.
Supervision & routine requirements		Very young children may require extra supervision at meal and snack times. Most children will have a food plan that fits in with regular routines, avoiding the need to eat regularly throughout the day or at odd times. Young people with Diabetes usually cannot delay meal times

Sign & Date: _____

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Individual Communication Plan for Children with Diabetes

Child's Name: _____

When will the child be attending BEPS OSHC Service?	
Have all staff, including students and volunteers been informed of the details in the child's risk minimisation plan, and health support plan?	
Where will the following items be located? <ul style="list-style-type: none"> – Risk Minimisation Plan – Health Support Plan – Emergency Action Plan – Hypo kit/insulin 	
Where will the child's insulin and/or snack box be stored, and who will have access?	
Who will be responsible for supporting this child's health needs, which may include administering treatment including first aid?	

Name/Sign & Date: _____

Individual Risk Management Plan for Children with Diabetes

Child's Name	BSC/ASC/VAC	Type	Action Plan location	Hypo kit/insulin/snack box location

Specific risk management strategies	Date completed
Parent/guardian has been provided with a copy of the BEPS OSHC Service Diabetes Policy, and policy on dealing with medical conditions and medication.	
Parent/guardian has provided a hypo kit for the child, and any other medication required.	
BEPS OSHC Service displays the child's Diabetes Action Plan with current photo, in a key location and keeps a completed ambulance card by the telephone/s.	
Parent/guardians are aware of the policy that the child is NOT permitted to attend BEPS OSHC Service without a hypo kit and health support plan.	
Test that all staff, including relief staff, know where hypo kits and any required medication are kept for the child.	
Regular expiry-date checks of the hypo kit held by BEPS OSHC Service are undertaken by a nominated staff member and the family of each child.	
A new written request is sent to families if BEPS OSHC Service intends on changing the way it supports the child's diabetic health needs.	

What measures are in place by BEPS OSHC Service in relation to known signs and symptoms of low blood sugar?

Think about times when the child could potentially be at risk of low blood sugar and develop appropriate strategies, including who is responsible for implementing them.

Risk Minimisation Plan

Risk	Strategy	Who is responsible

Diabetes – Emergency Drill Record

Regular emergency drills are undertaken to ensure that the relevant people know what action to take if a child has hypoglycaemia (low blood glucose level) or hyperglycaemia (high blood glucose level)

Date & Time of Drill:	Scenario/Location:
Actions:	
Date & Time of Drill:	Scenario/Location:
Actions:	
Date & Time of Drill:	Scenario/Location:
Actions:	
Date & Time of Drill:	Scenario/Location:
Actions:	
Date & Time of Drill:	Scenario/Location:
Actions:	

Diabetes – Emergency Management and Action Plan Review

Criteria for evaluation	Notes
Diabetes Action Plan has been reviewed by Parent / guardian/ Doctor and BEPS OSHC Service.	
Review the Diabetes Management Plan with families of children with Diabetes at BEPS OSHC Service, and always upon enrolment of each 'at risk' child and after any incident.	
Know what each child's Diabetes Action Plan says and how to implement it.	
<p>In case of emergency, Educators should:</p> <ul style="list-style-type: none"> – know who will administer the appropriate treatment of hypoglycaemia (low blood glucose level) and hyperglycaemia (high blood glucose level) and stay with the child – know who will telephone the ambulance and the parents – know who will ensure the supervision of the other children – know who will let the ambulance officers into BEPS OSHC Service and take them to the child – know who will go in the ambulance with the child. 	
The Educator with responsibility for children with Diabetes at BEPS OSHC Service has undertaken appropriate training and is both competent and competent.	