



# DIABETES MANAGEMENT POLICY

## POLICY STATEMENT:

Diabetes is a chronic medical condition that can significantly impact children and their families. Our Out of School Hours (OOSH) Care Service is committed to ensuring the safety and wellbeing of children with Diabetes by supporting effective diabetes management strategies, fostering a collaborative partnership with families and health professionals, and implementing procedures that minimise risks associated with Diabetes.

## PURPOSE:

- To provide a safe and inclusive environment for children with Diabetes to participate fully in all activities.
- To ensure all staff, educators, and volunteers understand and implement the Diabetes Management Policy and procedures, as well as each child's medical management plan.
- To support families in managing their child's Diabetes while at the Service.

## SCOPE:

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

## NATIONAL QUALITY STANDARD (NQS):

Quality Area	Standard	Element	Description
2.1	Health	2.1.1	Each child's wellbeing and comfort is provided for, including appropriate opportunities to meet each child's individual health needs.
2.1	Health	2.1.2	Effective illness and injury management and hygiene practices are promoted and implemented.
2.2	Safety	2.2.1	Reasonable precautions and adequate supervision ensure children are protected from harm and hazards.
2.2	Safety	2.2.2	Plans to effectively manage incidents and emergencies are developed in consultation with relevant authorities, practised, and implemented.

## EDUCATION AND CARE SERVICES NATIONAL LAW AND REGULATIONS:

Section/Regulation	Description
<b>S. 165</b>	Offence to inadequately supervise children
<b>S. 167</b>	Offence relating to protection of children from harm and hazards
<b>S. 172</b>	Failure to display prescribed information
<b>Reg. 12</b>	Meaning of a serious incident
<b>Reg. 86</b>	Notification to parents of incident, injury, trauma, and illness
<b>Reg. 87</b>	Incident, injury, trauma, and illness record
<b>Reg. 89</b>	First aid kits
<b>Reg. 90</b>	Medical conditions policy
<b>Reg. 90(1)(iv)</b>	Medical Conditions Communication Plan
<b>Reg. 91</b>	Medical conditions policy to be provided to parents
<b>Reg. 92</b>	Medication record
<b>Reg. 93</b>	Administration of medication
<b>Reg. 94</b>	Exception to authorisation requirement— anaphylaxis or asthma emergency
<b>Reg. 95</b>	Procedure for administration of medication
<b>Reg. 96</b>	Self-administration of medication
<b>Reg. 101</b>	Conduct of risk assessment for excursion
<b>Reg. 136</b>	First aid qualifications
<b>Reg. 162</b>	Health information to be kept in enrolment record
<b>Reg. 168</b>	Education and care service must have policies and procedures
<b>Reg. 170</b>	Policies and procedures to be followed
<b>Reg. 175</b>	Prescribed information to be notified to Regulatory Authority

## CHILD SAFE STANDARDS:

### Standard and Description

Standard 1: Child safety is embedded in leadership, governance, and culture.

Standard 3: Families and communities are informed and involved.

Standard 4: Equity is upheld, and diverse needs are taken into account.

Standard 5: People working with children are suitable and supported.

Standard 7: Staff are equipped with knowledge, skills, and awareness through continual education and training.

Standard 10: Policies and procedures document how the organization is child safe.

## DUTY OF CARE

Our OOSH 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 OOSH Service will ensure all 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 and safety in sports). Management will ensure all staff are aware of children's medical management plan and risk management plans.

## PUTTING THIS INTO PRACTICE:

- All staff will receive training on the Diabetes Management Policy and diabetes emergency procedures.
- Regular discussions about medical conditions and health practices will be integrated into the curriculum.
- Families must provide a current medical management plan completed by a medical professional.
- Risk minimisation and communication plans will be developed in collaboration with families.
- Staff will ensure the privacy and confidentiality of children's medical information.

## DEFINITIONS:

- **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.
- **Medical Management Plan:** A plan prepared by the child's medical practitioner detailing daily management and emergency procedures.
- **Hypoglycaemia:** Low blood sugar, causing symptoms such as shakiness, sweating, confusion, and unconsciousness.
- **Hyperglycaemia:** High blood sugar, causing symptoms like excessive thirst, frequent urination, fatigue, and potential ketoacidosis.

## **Procedures for Maintaining and Monitoring Blood Sugar Level**

### **In the case of a Glucose monitor:**

A Diabetes Trained, Responsible person or Educator, in consultation with a witness, will perform Regular checks on the blood sugar level via the child's monitor/ phone application, etc. If the sugar level drops below the recommended level, a finger prick test will be performed to confirm the result and proceed as communicated in the management plan.

### **When performing a finger prick test or Urinalysis:**

A Diabetes Trained Responsible person or Educator, in consultation with a witness, will perform finger-prick blood glucose or urinalysis monitoring as required and will act by following the child's diabetes medical management plan if these are abnormal. Records will be kept via a tracking book and communicated with the Parent/Guardian in line with the agreed Medical management plan.

In the case of Urinalysis, two educators will be present as required to maintain child protection procedures; however, they will provide privacy and discretion in line with their Duty of Care. The educators will wait outside the toilet cubical and enter only when the child signs. The process for this will be communicated in the Management Plan before care, and the parents/guardians and child's input will be considered. In this case, all staff will follow the agreed-upon procedure.

### **Children's Eating and monitoring**

Educators will monitor the child after the injection to ensure the child has eaten the required amount of food/beverage necessary for the injection. Continuous monitoring will occur to ensure the child doesn't eat food that has not been accounted for in their plan.

## **RESPONSIBILITIES:**

### **Approved Provider/Nominated Supervisor will:**

- 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
- As part of the enrollment process, all parents/guardians are asked whether their child has a medical condition, and this information is clearly documented on the child's enrollment record.
- 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
  - 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

- a risk minimisation plan is developed in collaboration with parents/guardians and cover the child's known triggers and, where relevant, other common triggers that may lead to a diabetic emergency.
- the risk minimisation plan is specific to our OOSH Service environment and the individual child
- 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 OOSH 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 OOSH 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, staff attend regular professional training on the management of Diabetes and, where appropriate, emergency management of Diabetes.
- 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 before the child's enrolment
- Discussions occur regarding authorisation for children to carry diabetes equipment and self-administration of blood glucose testing and insulin injections. Any authorisations for self-administration must be documented in the child's medical management plan and approved by the OOSH Service, parents/guardians, and the child's medical management team.
- 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 diabetic medical management plan, required insulin/food as well and risk minimisation plan
- risk assessments are developed before any excursion or incursion consistent with Reg. 101
- a 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 diabetes medical management plan for children diagnosed with Diabetes

- the programs delivered at the OOSH Service are inclusive of children diagnosed with Diabetes, and children with Diabetes can participate in activities safely and to their full potential.
- Updated information, resources and support is regularly given to families when requested.
- meals, snacks and drinks that are appropriate for the child and are in accordance with the child's diabetes medical management plan are available at the Service at all times
- eating times are flexible, and children are provided with enough time to eat
- If required, applications for additional funding opportunities are made to support the child and educators.
- 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 is diagnosed with Diabetes, the location of their monitoring equipment, diabetes medical management and risk management plans and any prescribed medications.
- In the case of a Glucose monitor, Communication will be maintained with a Diabetes Trained, Responsible person/Educator. Checks will be performed regularly based on recommendations and communicated in the medical management plan.
- A Diabetes Trained/Responsible person/Educator, in consultation with a witness, will perform finger-prick blood glucose or urinalysis monitoring as required and will act by following the child's diabetes medical management plan if these are abnormal
- 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 OOSH Service
- follow the strategies developed for the management of Diabetes at the OOSH 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 them appropriately by following the Diabetes medical management/action 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, carbohydrates and hypo food are taken on excursions, including backup 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 for 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 enrollment and before the child starts at the Service. The plan must be completed by their child's diabetes team (paediatrician or endocrinologist, general medical practitioner and diabetes educator).
- provide written authorisation for their child over preschool age to self-administer medication (if applicable)
- develop a risk minimisation plan in collaboration with the nominated supervisor/responsible person and other service staff
- develop a communication plan in collaboration with the nominated supervisor/responsible person and lead educators
- ensure the appropriate monitoring equipment needed according to the diabetes medical management plan is provided to the OOSH Service
- ensure an adequate supply of emergency insulin for the child is provided at all times according to the medical management plan
- notify the OOSH Service in writing via email or through the Notification of Changed Medical Status form of any changes to their child's medical condition, 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/responsible person and other service staff (recommended best practice)

**EMERGENCY PROCEDURES:**

- Follow the child's diabetes medical management plan.
- In case of severe symptoms, call 000 immediately.
- Notify parents/guardians as soon as practicable.
- Document the incident in the Incident, Injury, Trauma, and Illness Record.

**REPORTING PROCEDURES:**

- Complete the Incident, Injury, Trauma, and Illness Record for diabetes-related incidents.
- Notify the regulatory authority within 24 hours of any serious incident.
- Conduct a staff debrief and review risk management plans after incidents.

**FOR MORE INFORMATION, CONTACT THE FOLLOWING ORGANISATIONS:**

**Diabetes Australia**

<https://www.diabetesaustralia.com.au/contact-us>

**Juvenile Diabetes Research Foundation:**

[www.jdrf.org.au](http://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/>

**RELATED POLICIES:**

- Administration of First Aid Policy
- Administration of Medication Policy
- Enrolment Policy
- Family Communication Policy
- Incident, Injury, Trauma, and Illness Policy
- Medical Conditions Policy
- Privacy and Confidentiality Policy
- Supervision Policy

**ENDORSEMENT BY THE SERVICE:**

Approval date: November 2024

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