



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.

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 Paediatric Diabetes Endocrinologist or Paediatric Diabetes Educator
- 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 in which the immune system destroys the insulin-producing cells in the pancreas. This condition is treated with insulin replacement via injections, an insulin pump, or an **Automated Insulin Delivery (AID)** system (a smart pump linked to a glucose monitor) known as an insulin AID. 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 Paediatric Diabetes team detailing daily management and emergency procedures.
- **Hypoglycaemia:** Low blood-glucose, causing symptoms such as shakiness, sweating, confusion, and if left untreated, may lead to unconsciousness.
- **Hyperglycaemia:** High blood glucose, causing symptoms like excessive thirst, frequent urination, fatigue, and potential Diabetic ketoacidosis, which is life-threatening.
- **Continuous Glucose Monitor (CGM) is a device that continuously measures glucose levels and sends them to either a phone or AID.** It will send alarms if above or below the target

Procedures for Maintaining and Monitoring Blood Glucose 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 glucose level via the child's monitor/ phone application, etc. If the glucose level drops below the recommended level, a finger-prick test will be performed to confirm the result and proceed as communicated in the medical management plan.

When performing a finger-prick test:

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

Urinalysis is no longer considered an acceptable method for measuring glucose levels.

Insulin Administration Procedures

When administering insulin to a child diagnosed with Diabetes:

- Insulin must only be administered by a Diabetes Trained Responsible Person or Educator and recorded in the child's *medical management plan*.
- Administration must follow the child's Diabetes Medical Management Plan, which outlines:
 - the type of insulin (short-acting, rapid, or long-acting),
 - the dose or dosing range,
 - the method of delivery (injection pen, syringe, or insulin pump),
 - and the timing in relation to meals and blood glucose levels.
- Two educators must be present during any insulin injection — one to administer and one to witness and record the dose — in line with the service's *Administration of Medication Policy* and *Child Safe Standards*.
- Educators must ensure:
 - Hands are washed, gloves are worn, and injection sites are rotated as per the medical management plan.
 - The child's dignity and privacy are respected during administration.
 - Where possible, if the insulin can be given 15 minutes before the child eats. (This allows the insulin time to get into the bloodstream.) Unless they are low, then they eat straight away.
- All insulin doses are to be documented in the Administration of Medication Record, including date, time, dosage, method, and the name/signature of both educators present.
- Used sharps must be immediately disposed of in a clearly labelled, puncture-proof sharps container kept in a locked area inaccessible to children. Needles should not be recapped by staff. Wherever appropriate and safe, educators may ask the child to remove the used needle and place it directly into the sharps container under close supervision.
- Families must provide all insulin and equipment, and notify the service immediately of any dose or plan changes in writing from the child's diabetes medical team.

Where a child self-administers insulin (as authorised in their medical management plan), the educator will supervise the process and record the administration as above, ensuring the child's privacy and safety."

Children's Eating and Monitoring

Educators will monitor the child after the dose of insulin has been given to ensure the child has eaten the required amount of food/beverage necessary for the insulin dose. Frequent monitoring/observation 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 are provided with a copy of the Service's *Dealing with Medical Conditions and Medication Administration Policy* and *Diabetes Management Policy* upon their child's enrolment.
- 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 and anaphylaxis management training

- Staff training is kept up to date in each staff member's record.
- Following employment commencement at the OOSH Service, all staff will read and be aware of all medical condition policies and procedures, maintaining awareness of diabetes management strategies.
- 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 diabetes emergency.
- The risk minimisation plan is specific to our OOSH 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 care on 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 or CGM
 - insulin administration
 - food, carbohydrate counting
 - how to store insulin correctly
 - how the insulin is delivered to the child- as an injection or via an AID/pump
 - 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
- When a child diagnosed with Diabetes is enrolled, staff attend ongoing 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 testing and is aware of the action to be taken if these are above or below target and knows how to or is able to administer the required amount of insulin 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 via injections or AID/pump. 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.
- Educators trained in diabetes management are able to identify children displaying the symptoms of a diabetes emergency and know the location of the child's diabetes medical management plan, required insulin/food, and risk minimisation plan
- 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
- The Paediatric Diabetes team at the John Hunter Children's Hospital are contacted for further information to assist educators to gain and maintain a comprehensive understanding of managing and treating diabetes
- If required, applications for additional funding opportunities are made to support the child and educators.
- 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 as required and will act by following the child's diabetes medical management plan if these are out of range
- 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 diabetes 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, juice, 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 (endocrinologist or 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 of updated medical documentation via email of any changes to their child's medical condition, including the provision of a new diabetes medical management plan. Such as insulin doses, carb ratios, or device settings changes
- Understand that the Service cannot implement any diabetes-related changes based on verbal updates alone; written confirmation from the child's diabetes management team is required. Where updated medical documentation, such as the diabetes medical management plan, is not provided, the Service may be unable to continue care safely, and care may cease following written notice at the discretion of Service Management
- Communicate all relevant information and concerns to staff, for example, any matter relating to the health of the child that may impact the management of their Diabetes
- Review the risk minimisation plan annually with the nominated supervisor/responsible person and other service staff
- Provide all food required for their child, including items for hypo treatment, clearly labelled and with carbohydrate amounts identified where possible
- Supply a current Insulin Units Card (or dosing chart) showing insulin doses, carb ratios, and correction factors as confirmed by the child's diabetes team

DIABETES 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.

DIABETES EMERGENCY

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

- Low glucose levels known as hypoglycaemia, < 3.5mmol or symptomatic and
- Elevated glucose level, known as hyperglycaemia, due to insufficient insulin.

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

- administration of too much insulin
- not having eaten enough carbohydrate
- 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) - low

If a child is wearing a CGM device, it will sound an alert when they are below their target range. Symptoms can vary between each young person.

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 unconscious or have a seizure

HYPERGLYCAEMIA (HYPER) - high

If the child is wearing a CGM, it will alarm.

Symptoms can vary from child to child

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
- vomit large amounts and lose consciousness

If a child suffers from a diabetes emergency the Service and 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, place the child into the recovery position and immediately dial 000 for an ambulance**
- Continue first aid measures and follow instructions provided by emergency services
- Notify the parent/guardian as soon as practicable
- Contact the emergency contact if the parents or guardian can't be contacted when practicable
- Document the incident in the Incident, Injury, Trauma, and Illness Record
- Notify the regulatory authority within 24 hours

REPORTING PROCEDURES:

- Complete an Incident, Injury, Trauma, and Illness Record for asthma-related incidents signed by the parent/guardian.
- Notify the regulatory authority within 24 hours of a serious asthma incident through the [NQA IT System](#) (as per regulations).
- Place a copy of the record in the child's file.
- Conduct a staff debrief after each serious incident and the child's individual medical management plan/action plan and risk minimisation plan are evaluated, including a discussion of the effectiveness of the procedure used. Include any contributing factors to prevent recurrence and ensure continued safety.

FOR MORE INFORMATION, CONTACT :

The Paediatric Diabetes Educators at the John Hunter Children’s Hospital

PH: 02 49 855641

Email: hnelhd-JHCHDiabetes@health.nsw.gov.au

To learn more about type 1 Diabetes:

[Resources - ANZSPED](#)

[Breakthrough T1D: type 1 diabetes research, support & advocacy](#)

[T1D Learning Centre - Home](#)

CONSIDERATIONS:

Education and Care Services National Regulations	National Quality Standard	Other Service policies/documentation	Other
R12, 86, 87, 89, 90, 91, 92, 93, 94, 95, 96, 101, 136, 162, 168,170, 175	Standards 2.1, 2.2 Elements 2.1.1, 2.1.2, 2.2.1, 2.22 Child Safe Standards 1, 3, 4, 5, 7, 10	Dealing with Infectious Diseases Policy Administration of First Aid Policy Administration of Medication Policy Excursion/Incursion Policy Enrolment Policy Family Communication Policy Handwashing Policy Incident, Injury, Trauma and Illness Policy Medical Conditions Policy Privacy and Confidentiality Policy Record Keeping and Retention Policy Supervision Policy	Parent Handbook Staff Handbook John Hunter Children’s Hospital

ENDORSEMENT BY THE SERVICE:

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