

Mandatory – Quality Area 2

PURPOSE

To ensure that enrolled children with type 1 diabetes and their families are supported, while children are being educated and cared for by the centre.

This *Diabetes Policy* should be read in conjunction with the *Dealing with Medical Conditions Policy* of Goulburn Region Preschool Association Inc.

POLICY STATEMENT

1. VALUES

Goulburn Region Preschool Association Inc believes in ensuring the safety and wellbeing of children who are diagnosed with diabetes, and is committed to:

- providing a safe and healthy environment in which children can participate fully in all aspects of the program.
- actively involving the parents/guardians of each child diagnosed with diabetes in assessing risks and developing risk minimisation and risk management strategies for their child.
- ensuring that all staff members and other adults at the centre have adequate knowledge of diabetes and procedures to be followed in the event of a diabetes-related emergency.
- facilitating communication to ensure the safety and wellbeing of children diagnosed with diabetes.

2. SCOPE

This policy applies to the Approved Provider, Nominated Supervisor, educators, staff, students on placement, volunteers, parents/guardians, children, and others attending the programs and activities of Goulburn Region Preschool Association Inc.

3. PROCEDURES

The Approved Provider is responsible for:

- ensuring that a diabetes policy is developed and implemented at the centre.
- ensuring that all staff and volunteers have access to this policy and have a clear understanding of the procedures and practices outlined within
- ensuring that the programs delivered at the centre are inclusive of children diagnosed with diabetes (refer to *Inclusion and Equity Policy*), and that children with diabetes can participate in all activities safely and to their full potential.
- ensuring that the Nominated Supervisor, staff, and volunteers at the centre are aware of the strategies to be implemented for the management of diabetes at the centre (refer to Attachment 1 – Strategies for the management of diabetes in children at the centre)
- ensuring that each enrolled child who is diagnosed with diabetes has a current diabetes management plan prepared specifically for that child by their diabetes medical specialist team, at or prior to enrolment.

- ensuring that the Nominated Supervisor, educators, staff, students, volunteers, and others at the centre follow the child's diabetes management plan in the event of an incident at the centre relating to their diabetes.
- ensuring that a risk minimisation plan is developed for each enrolled child diagnosed with diabetes in consultation with the child's parents/guardians, in accordance with Regulation 90(iii)
- ensuring that a communication plan is developed for staff and parents/guardians in accordance with Regulation 90(iv) and encouraging ongoing communication between parents/guardians and staff regarding the management of the child's medical condition.
- ensuring 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 centre.

All Early Childhood Staff are responsible for:

- ensuring that the *Diabetes Policy* is implemented at the centre.
- ensuring that the parents/guardians of an enrolled child who is diagnosed with diabetes are provided with a copy of the Diabetes Policy (including procedures) and the Dealing with Medical Conditions Policy (Regulation 91)
- compiling a list of children with diabetes and placing it in a secure but readily accessible location known to all staff. This should include the diabetes management plan for each child.
- following the strategies developed for the management of diabetes at the centre (refer to Attachment 1 – Strategies for the management of diabetes in children at the centre)
- ensuring that all staff, including casual and relief staff, are aware of children diagnosed with diabetes, symptoms of low blood sugar levels, and the location of medication and diabetes management plans.
- following the child's diabetes management plan in the event of an incident at the centre relating to their diabetes
- following the risk minimisation plan for each enrolled child diagnosed with diabetes.
- ensuring that programmed activities and experiences take into consideration the individual needs of all children, including children diagnosed with diabetes.
- communicating with parents/guardians regarding the management of their child's diabetes
- ensuring 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 centre.

Parents/guardians of children diagnosed with type 1 diabetes are responsible for:

- providing the centre with a current diabetes management plan prepared specifically for their child by their diabetes medical specialist team.
- working with the Approved Provider to develop a risk minimisation plan for their child.
- working with the Approved Provider to develop a communication plan.
- ensuring that they provide the centre with any equipment, medication, or treatment, as specified in the child's individual diabetes management plan.

Volunteers and students, while at the centre, are responsible for following this policy and its procedures.

EVALUATION

To assess whether the values and purposes of the policy have been achieved, the Approved Provider will:

- selectively audit enrolment checklists (for example, annually) to ensure that documentation is current and complete.

- regularly seek feedback from everyone affected by the policy regarding its effectiveness.
- monitor the implementation, compliance, complaints, and incidents in relation to this policy.
- keep the policy up to date with current legislation, research, policy, and best practice.
- revise the policy and procedures as part of the Centre's policy review cycle, or following a hypo emergency at the centre, to identify any changes required.
- notify parents/guardians at least 14 days before making any changes to this policy or its procedures.

ATTACHMENTS

- Attachment 1: Strategies for the management of diabetes in children at the centre
- Attachment 2: Communication Plan

AUTHORISATION

This policy was adopted by the Approved Provider of Goulburn Region Preschool Association Inc in November 2012.

Reviewed and Approved; 24th September 2016.

Reviewed and Approved Attachment 2 added: 30th June 2017.

Reviewed April: 2020

REVIEW DATE: MAY 2023

ATTACHMENT 1

Strategies for the management of diabetes in children at the centre

Strategy	Action
Communicating with parents	<ul style="list-style-type: none"> • Centres should communicate directly and regularly with parents/guardians to ensure that their child’s individual diabetes management plan is current. • Centres should establish a mutually agreeable home-to-centre means of communication to relay health information and any health changes or concerns. • Setting up a communication book is recommended and, where appropriate, make use of emails and/or text messaging.
Staff knowledge of Diabetes	<ul style="list-style-type: none"> • Where an enrolled child is diagnosed with Diabetes, staff at the centre should access up-to-date medical information to inform their understanding of Diabetes. Information may be accessed from the Diabetes Victoria website, or other medical sources.
Monitoring of blood glucose (BG) levels	<ul style="list-style-type: none"> • Checking of blood glucose (BG) levels is performed using a blood glucose meter (refer to <i>Definitions</i>) and a finger pricking device. The child’s diabetes management plan should state the times that BG levels should be checked, the method of relaying information to parents/guardians about BG levels and any intervention required if the BG level is found to be below or above certain thresholds. A communication book can be used to provide information about the child’s BG levels between parents/guardians and the centre at the end of each session. • Checking of BG occurs at least four times every day to evaluate the insulin dose. Some of these checks may need to be done while a child is at the centre – at least once, but often twice. Routine times for testing include before meals before bed and regularly overnight. • Additional checking times will be specified in the child’s diabetes management plan. These could include such times as when a ‘hypo’ is suspected. • Children are likely to need assistance with performing BG checks. • Parents/guardians should be asked to teach centre staff about BG testing. • Parents/guardians are responsible for supplying a blood glucose meter, in-date test strips and a finger pricking device for use by their child while at the centre.
Managing hypoglycaemia (hypos)	<ul style="list-style-type: none"> • Hypos or suspected hypos should be recognised and treated promptly, according to the instructions provided in the child’s diabetes management plan. • Parents/guardians are responsible for providing the centre with oral hypoglycaemia treatment (hypo food) for their child in an appropriately labelled container. • This hypo container must be securely stored and readily accessible to all staff.

Administering insulin	<ul style="list-style-type: none"> • Administration of insulin during centre hours is unlikely to be required; this will be specified in the child's diabetes management plan. • As a guide, insulin for centre-aged children is commonly administered: <ul style="list-style-type: none"> – twice a day: before breakfast and dinner at home – by a small insulin pump worn by the child.
Managing ketones	<ul style="list-style-type: none"> • Children on an insulin pump will require ketone testing when their BG level is >15.0 mmol/L. • Staff must notify parents if the ketone level is >0.6 mmol/L (refer to the child's diabetes management plan).
Off-site excursions and activities	<ul style="list-style-type: none"> • With good planning, children should be able to participate fully in all centre activities, including attending excursions. • The child's diabetes management plan should be reviewed prior to an excursion, with additional advice provided by the child's diabetes medical specialist team and/or parents/guardians, as required.
Infection control	<ul style="list-style-type: none"> • Infection control procedures must be developed and followed. Infection control measures include being informed about ways to prevent infection and cross-infection when checking BG levels, hand washing, having one device per child and not sharing devices between individuals, using disposable lancets, and safely disposing of all medical waste.
Timing meals	<ul style="list-style-type: none"> • Most meal requirements will fit into regular centre routines. • Children with diabetes require extra supervision at meal and snack times to ensure that they eat all their carbohydrates. If an activity is running overtime, children with diabetes <u>cannot have delayed mealtimes. Missed or delayed carbohydrate is likely to induce hypoglycaemia (hypo).</u>
Physical activity	<ul style="list-style-type: none"> • Exercise should be preceded by a serve of carbohydrates. • Exercise is not recommended for children whose BG levels are high, as it may cause BG levels to become more elevated. • Refer to the child's diabetes management plan for specific requirements in relation to physical activity.
Participation in special events	<ul style="list-style-type: none"> • Special events, such as class parties, can include children with type 1 diabetes in consultation with their parents/guardians. • Centres should provide food and drink alternatives when catering for special events, such as low sugar or sugar-free drinks and/or sweets. This should be planned in consultation with parents/guardians.

ATTACHMENT 2

Communication Plan

This is to be read in conjunction with the relevant policy.

PURPOSE

The Communication Plan will ensure all members of the centre are aware of the procedures for the following circumstances:

- Prevention and management of a medical condition.
- Understanding and supporting court orders.

Expectations of parents:

- At the time of enrolment or (if later) diagnosis, all staff members will familiarise themselves with the medical needs of the student. It is expected that the parent will advise the centre without delay when a child is diagnosed by a medical practitioner as being at risk of a medical condition. An Action Plan will be developed by their medical practitioner and placed in the centre for easy access; this should clearly state where the medication is located.
- At the time of enrolment, or at the time when court orders are received by the centre, all staff members will familiarise themselves with the orders, and if necessary, seek clarification from an expert, such as a police officer.
- A risk minimization plan will be written by the early childhood staff in consultation with the parents.
- Parents of children with a medical condition will be given a copy of the relevant policy on notifying the centre of the medical condition.
- In the case of anaphylaxis, a sign stating that a child with anaphylaxis is enrolled at the centre and what the allergy is will be displayed at the entrance of the centre.
- Parents will also be notified regarding points in the risk minimisation plan that they need to adhere to, such as hand washing before entering the centre.
- Relief staff will be made aware of the plan and actions to take in case of all medical conditions, or any instructions regarding court orders, on arrival at the centre before commencing for the day.
- All staff will be briefed regularly, regarding the children with medical conditions especially the minimisation plans and first aid.
- All changes to the risk minimisation plan or first aid, will be clearly changed on the action plan and communicated clearly to all staff, working at the centre, as soon as practicable after the change is made.
- Any changes to court orders will be communicated clearly to all staff in the centre, as soon as practicable after new documents have been received.