DIABETES POLICY

Mandatory – Quality Area 2

The content of this policy was developed for ELAA by advocacy and diabetes educators at Diabetes Australia – Vic and the Royal Children's Hospital Melbourne's manager of diabetes education in Australia, in August 2012. It was fully revised in February 2015.

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 service.

This *Diabetes Policy* should be read in conjunction with the *Dealing with Medical Conditions Policy* of Alfred Nuttall Memorial Kindergarten.

POLICY STATEMENT

1. VALUES

Alfred Nuttall Memorial Kindergarten 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 service 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, Certified Supervisor, educators, staff, students on placement, volunteers, parents/guardians, children and others attending the programs and activities of Alfred Nuttall Memorial Kindergarten.

3. BACKGROUND AND LEGISLATION

Background

Services that are subject to the National Quality Framework must have a policy for managing medical conditions in accordance with the *Education and Care Services National Law Act 2010* and the *Education and Care Services National Regulations 2011*. This policy must define practices in relation to:

- the management of medical conditions
- procedures requiring parents/guardians to provide a medical management plan if an enrolled child has a relevant medical condition (including diabetes)
- development of a risk minimisation plan in consultation with a child's parents/guardians
- development of a communication plan for staff members and parents/guardians.

Staff members and volunteers must be informed about the practices to be followed in the management of specific medical conditions at the service. Parents/guardians of an enrolled child with a specific health care need, allergy or other relevant medical condition must be provided with a copy of the *Dealing with Medical Conditions Policy* (in addition to any other relevant service policies).

Services must ensure that each child with diabetes has a current diabetes action and management plan prepared specifically for that child by their diabetes medical specialist team, at or prior to enrolment, and must implement strategies to assist children with type 1 diabetes. A child's diabetes action and management plan provides staff members with all required information about that child's diabetes care needs while attending the service.

The following lists key points to assist service staff to support children with type 1 diabetes:

- Follow the service's *Dealing with Medical Conditions Policy* (and this *Diabetes Policy*) and procedures for medical emergencies involving children with type 1 diabetes.
- Parents/guardians should notify the service immediately about any changes to the child's individual diabetes action and management plan.
- The child's diabetes medical specialist team may include an endocrinologist, diabetes nurse educator and other allied health professionals. This team will provide parents/guardians with a diabetes action and management plan to supply to the service. Examples can be found here: http://www.diabetesvic.org.au/type-1-diabetes/children-a-adolescents/diabetes-and-school
- Contact Diabetes Australia – Vic for further support, information and professional development sessions.

Most children with type 1 diabetes can enjoy and participate in service programs and activities to their full potential, but are likely to require additional support from service staff to manage their diabetes. While attendance at the service should not be an issue for children with type 1 diabetes, they may require time away to attend medical appointments.

Legislation and standards

Relevant legislation and standards include but are not limited to:

- *Education and Care Services National Law Act 2010*: Sections 167, 169
- *Education and Care Services National Regulations 2011*: Regulations 90–96, 102, 136, 137, 146, 147, 160–162, 168(2)(d), 173, 177, 181, 183, 184, 246
- *Health Records Act 2001* (Vic)
- *National Quality Standard*, Quality Area 2: Children's Health and Safety
  - Standard 2.1: Each child's health is promoted
    - Element 2.1.1: Each child's health needs are supported
    - Element 2.1.4: Steps are taken to control the spread of infectious diseases and to manage injuries and illness, in accordance with recognised guidelines
  - Standard 2.3: Each child is protected
    - Element 2.3.3: Plans to effectively manage incidents and emergencies are developed in consultation with relevant authorities, practised and implemented
- *Occupational Health and Safety Act 2004* (Vic)
- *Privacy and Data Protection Act 2014* (Vic)
- *Privacy Act 1988* (Cth)
- *Public Health and Wellbeing Act 2008*
- *Public Health and Wellbeing Regulations 2009* (Vic)

The most current amendments to listed legislation can be found at:

- Victorian Legislation – Victorian Law Today: http://www.legislation.vic.gov.au/
- Commonwealth Legislation – ComLaw: http://www.comlaw.gov.au/

4. DEFINITIONS

The terms defined in this section relate specifically to this policy. For commonly used terms e.g. Approved Provider, Nominated Supervisor, Regulatory Authority etc. refer to the *General Definitions* section of this manual.

Type 1 diabetes: An autoimmune condition that occurs when the immune system damages the insulin producing cells in the pancreas. Type 1 diabetes 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 85 to 90 per cent of all cases of diabetes and usually develops in adults over the age of 45 years, but is increasingly occurring in individuals at a younger age. Type 2 diabetes is unlikely to be seen in children under the age of 4 years.

Hypoglycaemia *or* **hypo (low blood glucose):** Hypoglycaemia refers to having a blood glucose level that is lower than normal i.e. below 4 mmol/L, even if there are no symptoms. Neurological symptoms can occur at blood glucose levels below 4 mmol/L and can include sweating, tremors, headache, pallor, poor co-ordination and mood changes. Hypoglycaemia can also impair concentration, behaviour and attention, and symptoms can include a vague manner and slurred speech.

Hypoglycaemia is often referred to as a 'hypo'. Common causes include but are not limited to:

- taking too much insulin
- delaying a meal
- consuming an insufficient quantity of carbohydrate
- undertaking unplanned or unusual exercise.

It is important to treat hypoglycaemia promptly and appropriately to prevent the blood glucose level from falling even lower, as very low levels can lead to loss of consciousness and possibly convulsions.

The child's diabetes action and management plan will provide specific guidance for services in preventing and treating a hypo.

Hyperglycaemia (high blood glucose): Hyperglycaemia occurs when the blood glucose level rises above 15 mmol/L. Hyperglycaemia symptoms can include increased thirst, tiredness, irritability and urinating more frequently. High blood glucose levels can also affect thinking, concentration, memory, problem-solving and reasoning. Common causes include but are not limited to:

- taking insufficient insulin
- consuming too much carbohydrate
- common illnesses such as a cold
- stress.

Insulin: Medication prescribed and administered by injection or continuously by a pump device to lower the blood glucose level. In the body, insulin allows glucose from food (carbohydrates) to be used as energy, and is essential for life.

Blood glucose meter: A compact device used to check a small blood drop sample to determine the blood glucose level.

Insulin pump: A small, computerised device to deliver insulin constantly, connected to an individual via an infusion line inserted under the skin.

Ketones: Occur when there is insufficient insulin in the body. High levels of ketones can make children very sick. Extra insulin is required (given to children by parents/guardians) when ketone levels are >0.6 mmol/L if insulin is delivered via a pump, or >1.0 mmol/L if on injected insulin.

5. SOURCES AND RELATED POLICIES

Sources

- Caring for Diabetes in Children and Adolescents, Royal Children's Hospital Melbourne: http://www.rch.org.au/diabetesmanual/
- Diabetes Australia – Vic: www.diabetesvic.org.au/type-1-diabetes/children-a-adolescents
  - Information about professional learning for teachers (i.e. *Diabetes in Schools* one day seminars for teachers and early childhood staff), sample management plans and online resources.

Examples of current action and management plans can be found here:
http://www.diabetesvic.org.au/type-1-diabetes/children-a-adolescents/diabetes-and-school

Service policies

- *Administration of First Aid Policy*
- *Administration of Medication Policy*
- *Dealing with Medical Conditions Policy*
- *Enrolment and Orientation Policy*
- *Excursions and Service Events Policy*
- *Food Safety Policy*
- *Hygiene Policy*
- *Incident, Injury, Trauma and Illness Policy*
- *Inclusion and Equity Policy*
- *Nutrition and Active Play Policy*
- *Occupational Health and Safety Policy*
- *Privacy and Confidentiality Policy*
- *Supervision of Children Policy*

PROCEDURES

The Approved Provider is responsible for:

- ensuring that a diabetes policy is developed and implemented at the service
- ensuring that the Nominated Supervisor, educators, staff, students and volunteers at the service are provided with a copy of the *Diabetes Policy*, including the section on management strategies (refer to Attachment 1 – Strategies for the management of diabetes in children at the service), and the *Dealing with Medical Conditions Policy*
- ensuring that the programs delivered at the service 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 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)
- ensuring that the Nominated Supervisor, staff and volunteers at the service are aware of the strategies to be implemented for the management of diabetes at the service (refer to Attachment 1 – Strategies for the management of diabetes in children at the service)
- ensuring that staff have access to appropriate training and professional development opportunities and are adequately resourced to work with children with Type 1 Diabetes and their families
- ensuring that each enrolled child who is diagnosed with diabetes has a current diabetes action and management plan prepared specifically for that child by their diabetes medical specialist team, at or prior to enrolment and signed off by all relevant parties

- ensuring that the Nominated Supervisor, educators, staff, students, volunteers and others at the service follow the child's diabetes action and management plan in the event of an incident at the service 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 service
- following appropriate reporting procedures set out in the *Incident, Injury, Trauma and Illness Policy* in the event that a child is ill, or is involved in a medical emergency or an incident at the service that results in injury or trauma.

The Nominated Supervisor is responsible for:

- ensuring that the *Diabetes Policy* is implemented at the service
- 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 action and management plan for each child
- following the strategies developed for the management of diabetes at the service (refer to Attachment 1 – Strategies for the management of diabetes in children at the service)
- organising appropriate training and professional development for educators and staff to enable them to work effectively with children with Type 1 Diabetes and their families
- 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 action and management plans
- following the child's diabetes action and management plan in the event of an incident at the service 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 daily 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 service.

Certified Supervisors and other educators/staff are responsible for:

- reading and complying with this *Diabetes Policy* and the *Dealing with Medical Conditions Policy*
- following the strategies developed for the management of diabetes at the service (refer to Attachment 1 – Strategies for the management of diabetes in children at the service)
- working with individual parents/guardians to determine the most appropriate support for their child
- following the risk minimisation plan for each enrolled child diagnosed with diabetes
- knowing which children are diagnosed with diabetes, and the location of their medication and diabetes action and management plans
- following the child's diabetes action and management plan in the event of an incident at the service relating to their diabetes
- communicating daily with parents/guardians regarding the management of their 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 service.

<u>All</u> parents/guardians are responsible for:

- reading and complying with this *Diabetes Policy*, diabetes management strategies (refer to Attachment 1 – Strategies for the management of diabetes in children at the service), and the *Dealing with Medical Conditions Policy.*

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

- providing the service with a current diabetes action and management plan prepared specifically for their child by their diabetes medical specialist team and signed off by all relevant parties
- working with the Approved Provider to develop a risk minimisation plan for their child
- working with the Approved Provider to develop a communication plan
- working with educators and staff to assist them to provide the most appropriate support for their child
- ensuring that they provide the service with any equipment, medication or treatment, as specified in the child's individual diabetes action and management plan.

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

PROCEDURES SPECIFIC TO ALFRED NUTTALL MEMORIAL KINDERGARTEN

1. Diabetes is rarely the cause of significant absenteeism. Children with diabetes can do everything their peers do but will need:

- Special consideration
- Extra supervision
- Extra toilet visits
- To eat at additional times, especially before or during sport
- Extra consideration if unwell
- Special provisions for privacy if testing blood glucose levels and injecting insulin or using an insulin pump

2. Children enrolled at ANMK who have diabetes require ANMK to develop an action plan appropriate to the specific needs of that child.

Development of such a plan must involve consultation between the child's parents(s) or carer(s), diabetes educator and relevant members of the ANMK staff. It should have a photograph of the child and address all special requirements and issues relating to the childs's care and diabetes management for all school activities, including:

• Provision for storage and taking of medication

• Education of the ANMK community in relation to diabetes and it's management

• Emergency procedures eg in the case of a "hypo" low BGL, hyperglucaemia ie BGL over 15, or insulin pump being disconnected.

• Provision for ANMK excursions and other extra-curricular activities:

• Provision for review at least annually, or if there is a change in the child's condition and/or medication

With parental consent, the student's diabetes educator can provide more information.

3. Treatment

Most children with diabetes are treated each day with: Insulin injections

- 2 to 4 injections of insulin or insulin via insulin pump. The dose is adjusted according to blood glucose tests done several times during the day; and

- a regular pattern of snacks and meals

The timing of injections and food intake is most important. Carbohydrate foods are essential and raise blood glucose levels, while insulin and exercise lower them. Maintaining a balance so the level of glucose is neither too high nor too low is very important, however, is sometimes difficult to achieve.

Insulin pumps : There are an increasing number of young children on Insulin Pumps.

- Staff will need to be aware of how to assist /supervise children to enter BGLs into pump and enter the amount of carbohydrates about to be eaten into pump. An insulin pump is a small computerized device that delivers regulated amounts of insulin continually under the skin.
- Staff need to be aware of where line is inserted for pump, and check doesn't become dislodged.

4. Special Considerations

A. Low blood glucose levels – hypoglycaemia or "hypo" A blood glucose level below 4mmol/L is regarded as low. Brain function and behaviour deteriorate if the brain is not supplied with enough glucose for its needs. Too much insulin and/or exercise, or not enough carbohydrate foods may cause a low blood glucose level (hypoglycaemia or hypo), depriving the brain of energy. Hypoglycaemia may be dangerous. Treatment is needed promptly to raise the blood glucose level to prevent a mild hypo from progressing to a severe hypo.

Warning signs of hypoglycaemia The signs may progress from mild to severe if left untreated.

Features of a mild hypo include:

- Sweating, paleness, trembling, hunger, weakness
- Changes in mood and behaviour (eg crying, argumentative outbursts, aggressiveness)
- Inability to think straight, lack of coordination

In a moderately severe hypo, additional signs develop, including:

- Inability to help oneself
- Glazed expression
- Being disoriented, unaware or seemingly intoxicated
- Inability to drink and swallow without encouragement
- Headache, abdominal pains or nausea

In a severe hypo, the signs have progressed to include:

- Dizziness and unsteadiness, inability to stand
- Extreme disorientation, inability to respond to instructions
- Inability to drink and swallow (leading to danger of inhaling food into lungs)
- Unconsciousness or seizures (jerking or twitching of face, body or limbs)

Hypoglycaemia without symptoms Occasionally a routine blood glucose test will show a result less than 4mmol/L without hypo symptoms being evident. Urgent treatment is still needed to prevent progression to a severe hypo.
What to do for mild or moderately severe hypos Mild to moderately severe hypos are treated by giving sugar-containing food or drink by mouth.
Remember to:
a) Never leave a child who has a hypo alone
b) *Act swiftly. Early treatment will prevent a mild hypo progressing to a severe one. If in doubt, TREAT*
c) Give easily absorbed carbohydrate foods. Any ONE of the following:

- Fruit juice (1/3 to 1/2 glass or 125-200ml)
- Sugar-containing soft drink (1/3 to 1/2 can or 125 to 200ml)
- Glucose tablets equivalent to 10-15 grams (2-3)
- Sugar, honey, sweetened condensed milk or jam (2-3 teaspoons)

- Jelly beans (4 large or 7 small)

Repeat this treatment if there has been no positive response within 10 to 15 minutes. (Repeat BGL testing)
d) *Follow up by giving additional carbohydrate food* After approximately 5 minutes, or once a positive response is evident, give some carbohydrate food (bread, biscuits, pasta, equivalent to 1 slice of bread).
e) *Adult supervision is needed until the student has fully recovered* If symptoms improve sufficiently, the student may return to normal activity in approx 15-30 minutes. If no improvement is apparent in this time, repeat the treatment. If symptoms remain, notify the parents/ guardians or transfer to a hospital by ambulance. After a severe hypo, the child may have difficulty in concentrating for several hours. Parents/guardians must be advised about the hypo. until it is mutually agreed between parents and staff that the child responds to specified hypo plan at kinder. When a hypo has occurred a few times and everyone becomes comfortable with the plan, it may be agreed between staff and parents that staff do not need to ring each time for a MILD hypo.

What to do for severe hypos Severe hypos, causing unconsciousness, seizures or extreme disorientation, cannot be treated by giving sweet foods or drinks by mouth. They require urgent specialised help using either injections of glucose or a special injection of medication called Glucagon.
In a severe hypo, the signs progress to include:
a) Never put food or drink in the mouth of a person who is unconscious, convulsing or unable to swallow in case it is inhaled
b) Apply first aid principles:
- Lie the student on one side and protect from injury
- Check the airway and breathing. Check the mouth is clear to allow unobstructed breathing
- Call an ambulance and inform the operator that there is *a diabetes emergency*

B. Physical activity Regular physical activity is to be encouraged as with other children but requires extra care and planning. As exercising muscles use more glucose for energy, blood glucose levels may fall during, immediately after, or several hours after physical activity.

What to do
- Give extra carbohydrate food before sport (as stipulated in child's care plan)
- Give additional food for each hour of physical activity (each half hour if vigorous)
- Give extra food after the sport as well, especially if the sport has been particularly vigorous or lengthy
- More supervision is needed during physical activity
- Food/drinks for the treatment of a hypo need to be available on site

C. Sick Days Vomiting is a danger signal. Children with diabetes who are unwell, and especially when vomiting, need to be seen by a doctor urgently. If parents or guardians are not available, transfer to hospital by ambulance.

5. ANMK Training for Staff:

It should not be expected that staff have to inject insulin. Staff should be able to assist with blood glucose level monitoring. Training for Staff at ANMK when a student who has diagnosed Diabetes is enrolled at the centre will be organized.

EVALUATION

In order 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 service's policy review cycle, or following a hypo emergency at the service, 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 service

ATTACHMENT 1
Strategies for the management of diabetes in children at the service

Strategy	Action
Monitoring of blood glucose (BG) levels	• Checking of blood glucose (BG) levels is performed using a blood glucose meter (refer to *Definitions*) and a finger pricking device. The child's diabetes action and 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 service 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 service – at least once, but often twice. Routine times for checking include before meals, before bed and regularly overnight. • Additional checking times will be specified in the child's diabetes action and 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 service staff about BG checking procedures. • 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 service.
Managing hypoglycaemia (hypos)	• Hypos or suspected hypos should be recognised and treated promptly, according to the instructions provided in the child's diabetes action and management plan. • Parents/guardians are responsible for providing the service 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	• Administration of insulin during service hours may be required; this will be specified in the child's diabetes action and management plan. • As a guide, insulin for service-aged children is commonly administered: – twice a day: before breakfast and dinner at home – by a small insulin pump worn by the child – If insulin is required please seek specific advice from the child's diabetes treatment team.
Managing ketones	• Ketone checking may be required when their blood glucose level is >15.0 mmol/L. • Refer to the child's diabetes action and management plan.

Off-site excursions and activities	• With good planning, children should be able to participate fully in all service activities, including attending excursions. • The child's diabetes action and 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	• 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, handwashing, having one device per child and not sharing devices between individuals, using disposable lancets and safely disposing of all medical waste.
Timing meals	• Most meal requirements will fit into regular service 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 cannot have delayed meal times. Missed or delayed carbohydrate is likely to induce hypoglycaemia (hypo).
Physical activity	• Exercise in excess of the normal day to day activities of play 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 action and management plan for specific requirements in relation to physical activity.
Participation in special events	• Special events, such as class parties, can include children with type 1 diabetes in consultation with their parents/guardians. • Services 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.
Communicating with parents	• Services should communicate directly and regularly with parents/guardians to ensure that their child's individual diabetes action and management plan is current. • Services should establish a mutually agreeable home-to-service 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.