

# BALLARAT YMCA CHILDREN'S SERVICES DIABETES POLICY

Mandatory – Quality Area 2

6/10/2014

## PURPOSE

To ensure that enrolled children with 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 Ballarat YMCA Children's Services (YMCA)

## POLICY STATEMENT

### 1. VALUES

YMCA 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. 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 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 management plan provides staff members with all required information about that child's diabetes care needs.

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 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 management plan to supply to the service.
- Contact Diabetes Australia – Vic for further support or information.

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), as amended 2011
- *Information Privacy Act 2000* (Vic)
- *National Quality Standard*, Quality Area 2: Children's Health and Safety
- *Occupational Health and Safety Act 2004* (Vic), as amended 2007
- *Privacy Act 1988* (Cth)
- *Public Health and Wellbeing Act 2008*
- *Public Health and Wellbeing Regulations 2009* (Vic)

### 3. DEFINITIONS

**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 food
- 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 convulsions.

The child's diabetes 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 food
- 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.

## 4. SOURCES

### Sources

- Caring for Diabetes in Children and Adolescents, Royal Children's Hospital Melbourne: [www.rch.org.au/diabetesmanual/index.cfm?doc\\_id=2352](http://www.rch.org.au/diabetesmanual/index.cfm?doc_id=2352)
- Diabetes Australia – Vic:
  - 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. Refer to [www.diabetesvic.org.au/type-1-diabetes/children-a-adolescents](http://www.diabetesvic.org.au/type-1-diabetes/children-a-adolescents)
  - *Diabetes Basics* for teachers (a DVD that provides real life stories from students and teachers at primary and secondary schools. It includes a CD-ROM with downloadable sample diabetes management plans). Refer to [www.diabetesvic.org.au/order-publications?view=publicationsshop](http://www.diabetesvic.org.au/order-publications?view=publicationsshop)
  - Diabetes management plan samples for children with/without insulin pumps (including The Royal Children's Hospital Melbourne diabetes management plan sample and Monash Children's – Southern Health diabetes management plan sample). Refer to [www.diabetesvic.org.au/type-1-diabetes/children-a-adolescents](http://www.diabetesvic.org.au/type-1-diabetes/children-a-adolescents)

## PROCEDURES

### YMCA 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
- ensuring that the programs delivered at the service are inclusive of children diagnosed with diabetes and that children with diabetes can participate in all activities safely and to their full potential
- 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.

### The Nominated Supervisor is responsible for:

- ensuring that the parents/guardians of an enrolled child who is diagnosed with diabetes have access to a copy of the *Diabetes Policy* (including procedures) and the *Dealing with Medical Conditions Policy* (Regulation 91)
- ensuring plans are completed in consultation with the child's parents/guardians and available at the service for each child with diabetes including:
  - A medical management action plan signed by a medical practitioner.
  - A medical conditions risk management plan.
  - A medical conditions communications plan.
- 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 the Nominated Supervisor, educators, staff, students, volunteers and others at the service follow the child's diabetes management plan in the event of an incident at the service relating to their diabetes
- 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 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)
- 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
- 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 service.

### Other educators are responsible for:

- reading and complying with this *Diabetes Policy* and the *Dealing with Medical Conditions Policy*
- discussing with parents/guardians the requirements for completing the enrolment form and:
  - A medical management action plan signed by a medical practitioner.
  - A medical conditions risk management plan.
  - A medical conditions communication plan.
- following the strategies developed for the management of diabetes at the service

- following the medical conditions 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 management plans
- following the child's diabetes management plan in the event of an incident at the service relating to their diabetes
- communicating 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.

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

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

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

## **ATTACHMENTS**

- Attachment 1: Strategies for the management of diabetes in children at the service
- Attachment 2: Medical Conditions Communication Plan
- Attachment 3: Medical Conditions Risk Minimisation Plan

## **AUTHORISATION**

This policy was reviewed and adopted by the YMCA on 6/10/2014

## ATTACHMENT 1

### Strategies for the management of diabetes in children at the service

Strategy	Action
<b>Monitoring of blood glucose (BG) levels</b>	<ul style="list-style-type: none"> <li>• 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 service at the end of each session.</li> <li>• 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 testing include before meals, before bed and regularly overnight.</li> <li>• Additional checking times will be specified in the child's diabetes management plan. These could include such times as when a 'hypo' is suspected.</li> <li>• Children are likely to need assistance with performing BG checks.</li> <li>• Parents/guardians should be asked to teach service staff about BG testing.</li> <li>• 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.</li> </ul>
<b>Managing hypoglycaemia (hypos)</b>	<ul style="list-style-type: none"> <li>• Hypos or suspected hypos should be recognised and treated promptly, according to the instructions provided in the child's diabetes management plan. A checklist of what signs to look for should be displayed in a prominent position in the kindergarten</li> <li>• Parents/guardians are responsible for providing the service with oral hypoglycaemia treatment (hypo food) for their child in an appropriately labelled container.</li> <li>• This hypo container must be securely stored and readily accessible to all staff.</li> </ul>
<b>Administering insulin</b>	<ul style="list-style-type: none"> <li>• Administration of insulin during service hours is unlikely to be required; this will be specified in the child's diabetes management plan.</li> <li>• As a guide, insulin for service-aged children is commonly administered:               <ul style="list-style-type: none"> <li>– twice a day: before breakfast and dinner at home</li> <li>– by a small insulin pump worn by the child.</li> </ul> </li> </ul>
<b>Managing ketones</b>	<ul style="list-style-type: none"> <li>• Children on an insulin pump will require ketone testing when their BG level is &gt;15.0 mmol/L.</li> <li>• Staff must notify parents if the ketone level is &gt;0.6 mmol/L (refer to the child's diabetes management plan).</li> </ul>

<b>Off-site excursions and activities</b>	<ul style="list-style-type: none"> <li>• With good planning, children should be able to participate fully in all service activities, including attending excursions.</li> <li>• 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.</li> </ul>
<b>Infection control</b>	<ul style="list-style-type: none"> <li>• 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.</li> </ul>
<b>Timing meals</b>	<ul style="list-style-type: none"> <li>• Most meal requirements will fit into regular service routines.</li> <li>• 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 meal times. Missed or delayed carbohydrate is likely to induce hypoglycaemia (hypo).</u></li> </ul>
<b>Physical activity</b>	<ul style="list-style-type: none"> <li>• Exercise should be preceded by a serve of carbohydrates.</li> <li>• Exercise is not recommended for children whose BG levels are high, as it may cause BG levels to become more elevated.</li> <li>• Refer to the child's diabetes management plan for specific requirements in relation to physical activity.</li> </ul>
<b>Participation in special events</b>	<ul style="list-style-type: none"> <li>• Special events, such as class parties, can include children with type 1 diabetes in consultation with their parents/guardians.</li> <li>• 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.</li> </ul>
<b>Communicating with parents</b>	<ul style="list-style-type: none"> <li>• Services should communicate directly and regularly with parents/guardians to ensure that their child's individual diabetes management plan is current.</li> <li>• Services should establish a mutually agreeable home-to-service means of communication to relay health information and any health changes or concerns.</li> <li>• Setting up a communication book is recommended and, where appropriate, make use of emails and/or text messaging.</li> </ul>



## ATTACHMENT 2: MEDICAL CONDITIONS COMMUNICATION PLAN

This medical conditions communication plan is to be completed by Ballarat YMCA Children's Services in consultation with the at risk child's parents/guardian. Copies are to be kept by both the parent/guardian and the Children's Service, on the child's file. It is the parent/guardians responsibility to notify the children's service of any changes.

**All families must be aware that no child who has been prescribed with an EpiPen /Anapen is permitted to attend this Children's Service without an EpiPen/Anapen.**

### Child's Details

Name of Child	Date Of Birth

### Parent/Guardian Contact Details

Name	Address Home & Work	Telephone/s

**It is the responsibility of the Parent/Guardian to:**  
(please tick box when completed)

- Provide the Medical Management Plan during enrolment.
- Inform the child's service if their child's medical condition changes, by phone or in person, and if relevant provide an updated Medical Management Plan.

**It is the responsibility of the Ballarat YMCA Children's Service to:**  
(please tick box when completed)

- Ensure all enrolment forms are completed; including:
  - Medical Management Plan signed by medical practitioner and parent.
  - Medical Conditions Risk Minimisation Plan signed by children's service and parent/guardian
  - Medical Conditions Communication Plan signed by children's service and parent/guardian
- Provide the Parent/Guardian with contact details of the service so they can notify of any updates or changes to the child's medical condition, medical conditions risk minimisation plan or medical management plans
- Maintain up-to-date training, relevant to the child's condition e.g. Anaphylaxis training, including administering of EpiPen or Anapen of Educators



**It is the responsibility of the Ballarat YMCA Children's Service Staff to:**  
(please tick box when completed)

- Ensure all staff, including relief staff and parent/guardians/helpers, and others attending an excursion or outing with the at risk child are able to identify the child
- Carry the medical management plan/s and medication of any 'at risk' child when going on an excursion.
- Make sure any medication (within expiry date) is available for use at any time the child is in care and all staff including relief staff are aware of the location of the child's medication.
- Inform other families in care that there is an 'at risk' child and the procedures that are to be followed, information sign up on display.
- Provide the Parent/Guardian with contact details so they can notify of any updates or changes to the child's medical condition, medical conditions risk minimisation plan or medical management plans.
- Follow the DEECD Incident and Accident Reporting requirements.
- Maintain up-to-date training, relevant to the child's condition e.g. Asthma Training, Anaphylaxis training, including administering of EpiPen or Anapen.

**The following people have read, understood and agree that this document is a medical conditions communication plan for the at risk child of a medical condition.**

<b>Parent/ Guardian Name</b>	<b>Signature</b>	<b>Date</b>
<b>Educator Name</b>	<b>Signature</b>	<b>Date</b>

## ATTACHMENT 3: MEDICAL CONDITIONS RISK MINIMISATION PLAN

Date of risk minimisation plan: .....

Name of child	Date Of Birth	Medical Condition/s

**\*This risk minimisation plan is to be completed by the Children’s Service in consultation with the at risk child’s parents/guardian.**

### Anaphylaxis

Are all families aware that children will not be accepted into care without their prescribed EpiPen or Anapen? Yes / No

The Service/Educator will ensure the EpiPen/Anapen kit is taken on all excursions attended by the ‘at risk’ child. Yes / No

### Anaphylaxis/Allergy

Does the family give permission to display the potential sources of exposure to each known allergen to assist the Service/Educator to provide a safe environment for their child? Yes / No

Has the Service/Educator notified all other families in care of any specific procedures to be followed to minimise the risk of exposure to a known allergen? This may include requesting certain foods are not sent with children. i.e. nut products Yes / No

### Asthma

Are all families aware that children will not be accepted into care without their prescribed Asthma medication? Yes / No

The Service/Educator will ensure the Asthma Medication is taken on all excursions attended by the ‘at risk’ child. Yes / No

### Diabetes

Are all families aware that no child who has been prescribed with Diabetes medication and/or blood glucose meter is permitted to attend the Children’s Service without these items? Yes / No

The Service/Educator will ensure that the Diabetes Medication and/or blood glucose meter is taken on all excursions attended by the ‘at risk’ child. Yes / No

### Epilepsy

Are all families aware that when medication is prescribed, parents must provide an adequate supply of emergency medication for their child? Yes / No

The Service/Educator will take medication on all excursions attended by the “at risk” child. Yes /No

**Risk Minimisation Table**

1. List the known Medical Condition and scenario including allergens where necessary for the 'at risk' child in the following table.
  2. List the strategies to minimise the risk to the child, in the following column. This may include requesting that certain food / items not be brought to the service/care environment.
  3. In the last column include who is responsible for enforcing the risk minimisation strategy
- See examples of risk minimisation strategies on the last page*

Medical Condition & Scenario	Risk Minimisation Strategies	Who (parent/guardian/ educator)

How will all staff, including relief staff and parent/guardians/helpers, recognise the child if on an excursion or incursion. (List Strategies)

State where the child's Medical Management/Action Plan will be displayed or located:

Record when regular checks of the expiry date of each medication for the at risk child are undertaken.

Date Checked	Name of Medication Applicable Notes	Checked By	Signature

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*(more space at back of plan)*

**The medical conditions risk minimisation plan will be reviewed** with the family of the 'at risk' child at least annually, but always upon enrolment of the 'at risk' child and after any incident or accidental exposure.

Date the annual review is to be completed.....

Tick and Date those that apply:

- Parent/Guardian of an 'at risk' child is provided a copy of the Dealing with Medical Conditions Policy: Date: .....
- Parent/Guardian of an 'at risk' child has provided an Asthma Action Plan/Allergy Action Plan/Anaphylaxis Action Plan/Diabetes Management Plan/ Epilepsy Action Plan (Circle those that apply) to the children's service: Date: .....
- Parent/Guardian has provided a complete EpiPen/Anapen kit: Date.....
- Is the EpiPen or Anapen prescribed for the child? Yes / No
- Have copies of this form been stored at the Children's Service? Yes / No
- Have copies of this form been given to the parent/guardian? Yes / No

*The following people have read, understood and agree that this document is a medical conditions risk minimisation plan for the 'at risk' child of Medical Conditions that affect the child's health. It is the parent/guardians responsibility to notify the child service of any changes.*

<b>Parent/ Guardian Name</b>	<b>Signature</b>	<b>Date</b>
<b>Educator Name</b>	<b>Signature</b>	<b>Date</b>



### Example of Risk Minimisation Table

The following strategies will be implemented during the following possible scenarios. That will reduce the potential exposure for the 'at risk' child to a risk. allergen:

Medical Condition & Scenario	Risk Minimisation Strategies	Who (parent/guardian/educator)
<b>ANAPHYLAXIS</b>  <b>Food allergies (eggs)</b>  <b>Entering the children's service</b>  <b>hygiene practices</b>	<p>Ensure each child in care washes his / her hands upon arrival and before eating.</p> <p>After eating the children will wash or use baby wipes to clean their hands.</p> <p>Hygiene procedures and practices are used to minimise the risk of contamination of surfaces, food utensils and containers by food allergens.</p> <p>Bottles and lunch boxes provided by the family of the child at risk should be clearly labelled with the child's name.</p>	<p>Parent/ Guardian / Educator</p> <p>Educator</p> <p>Educator</p> <p>Parent/guardian</p>
<b>ALLERGIC TO BEES</b>  <b>Protection from insect bite allergies</b>	<p>Specify play areas that are lowest risk to the 'at risk' child and encourage him/her and peers to play in the area.</p> <p>Decrease the number of plants that attract bees.</p> <p>Ensure the at risk child wears shoes at all times outdoors</p> <p>Quickly manage any instance of insect infestation. It may be appropriate to request the exclusion of the child at risk during the period required to eradicate the insects.</p>	<p>Educator</p>
<b>ASTHMA</b>  <b>Child has a cold</b>	<p>Monitor 'cold' symptoms notify parents if needed</p> <p>Monitor child's asthma symptoms and provide medication as required</p> <p>Be vigilant with the spread of infection to minimise repeat infections.</p>	<p>Educator</p>
<b>DIABETES</b>  <b>Excursions,</b>	<p>Organise excursions to places that are low risk to the at risk child</p> <p>Make sure child's medication and management plan are with the child at all times</p>	<p>Educator</p>
<b>Other</b>		

Medical Condition & Scenario	Risk Minimisation Strategies	Who (parent/guardian/educator)
<b>Note ** This is not a conclusive list and may be added to as the need arises</b>		