DIABETES POLICY

Policy Number	P-Q2-M010	**Version Number**	3.00
Drafted by	Director of Education	**Approved Date:** **Review Date:**	April 2026 September 2027
Responsibility	The Board of Bubup Womindjeka Family and Children's Centre Association (Inc.) (See definitions)		
Related 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	
Relevant 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 ▪ 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/		
Sources	▪ Caring for Diabetes in Children and Adolescents, Royal Children's Hospital Melbourne: http://www.rch.org.au/diabetesmanual/ ▪ Diabetes Victoria, multiple resources available to download here: www.diabetesvic.org.au/resources - 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. ▪ Diabetes Victoria, Professional development program for schools and early childhood settings: https://www.diabetesvic.org.au/support-services/diabetes-in-youth/diabetes-in-schools-programs/ ▪ Victorian Government, Diabetes: Diabetes: Policy | VIC.GOV.AU | Policy and Advisory Library		

AUTHORISATION

This policy was adopted by the Bubup Womindjeka Family and Children's Centre Board of Governance on 15th August 2016.

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 Bubup Womindjeka Family and Centre.

PRINCIPLES

Bubup Womindjeka Family and Children's Centre 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

SCOPE

This policy applies to the Approved Provider, Persons with Management or Control, Nominated Supervisor, Persons in Day to Day Charge, educators, staff, students on placement, volunteers, parents/guardians, children and others attending the programs and activities of Bubup Womindjeka Family and Children's Centre.

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.

Continuous Glucose Monitor: Continuous Glucose Monitoring (CGM) is a means of measuring glucose levels continuously, in contrast to a blood glucose meter that measures a single point in time. A Continuous Glucose Monitoring System sensor is inserted into the skin separately to the insulin pump, and measures the level of glucose in the interstitial fluid (fluid in the tissue).
The sensor continuously sends real-time glucose readings wirelessly to a receiver (the insulin pump, a smart phone or dedicated device) so the user can view the information. The CGM receiver and/or compatible smart device can usually be set to send custom alerts to the user when certain glucose thresholds are reached or if levels are changing rapidly, reducing or eliminating the need for blood glucose finger prick tests and enabling early intervention to prevent the person becoming 'hypo' or 'hyper'. Children in Australia with type 1 diabetes have free access to CGM technology.

Flash Glucose Monitor: Flash Glucose Monitoring (FGM) uses a sensor attached to the skin, much like a continuous glucose monitor, to measure glucose levels without finger pricks. In contrast to CGM, the FGM sensor will not continuously send readings to a device. The reader (certain blood glucose monitors and smart phones) is scanned over the sensor to obtain the data.

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.

BACKGROUND AND IMPLEMENTATION

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 pre-existing type 1 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/resources

• 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.

ROLE RESPONSIBILITIES

The Approved Provider (Board of Governance) is responsible for:

The Bubup Womindjeka Family and Children's Centre Board is the Approved Provider and has ultimate responsibility for the management and control of the service.

The Board delegates operational responsibility and day to day management of the service to the Nominated Supervisor and monitors the performance of the organisation, including responsibilities contained in this policy, through regular reporting and by ensuring appropriate resources are available to carry out the organisation's functions.

The Nominated Supervisor/Persons in Day-to-Day Charge are responsible for:

- ensuring that a diabetes policy is developed and implemented at the service
- ensuring that all 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 all 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 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

- 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 all 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
- 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
- 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.
- 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

Educators and other 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.

All 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 Nominated Supervisor to develop a risk minimisation plan for their child
- working with the Nominated Supervisor 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.

EVALUATION

In order to assess whether the values and purposes of the policy have been achieved, the Nominated Supervisor 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

Relevant Forms/Documents
Diabetes Action and Management Plan – individual child's file Diabetes – Blood Sugar Level Log Diabetes – Activity Tracker Log

Version History			
Date	**Version**	**Author/s**	**Details**
January 2014	1.00	Director of Education	New policy
June 2014	1.01	Executive Officer	Revision for new name
April 2016	2.00	Chief Executive Officer	Revision for updated format, document ID, related policies and relevant legislation and standards.
April 2020	3.00	Director of Education	Policy reviewed and updated.
April 2021	3.00	Director of Education	Policy reviewed and minor editorial amendments made.
April 2022	3.00	Director of Education	Policy reviewed and no changes made
April 2023	3.00	Director of Education	Policy reviewed and sources links updated
April 2024	3.00	Director of Education	Policy reviewed, no change made.
April 2025	3.00	Director of Education	Policy reviewed and source links updated.
September 2026	3.00	Director of Education	Policy reviewed and source link from Vic.gov policy library added.

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, continuous glucose monitoring or a flash glucose monitor (refer to *Definitions*). 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. ▪ 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 or in-date test strips if required for 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.