











- *Occupational Health and Safety Policy*
- *Privacy and Confidentiality Policy*
- *Supervision of Children Policy*

### **Procedure**

#### **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 a7 (c367 0 Td7 T(ent)-28 ( )-6 (r2







## 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 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.</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 checking include before meals, before bed and regularly overnight.</li><li>•</li></ul> |

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|   | <ul style="list-style-type: none"> <li>– by a small insulin pump worn by the child</li> <li>– If insulin is required please seek specific advice from the child's diabetes treatment team.</li> </ul>   |
| <b>Managing ketones</b>                   | <ul style="list-style-type: none"> <li>• Ketone checking may be required when their blood glucose level is &gt;15.0 mmol/L.</li> <li>• Refer to the child's diabetes action and 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 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.</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 in excess of the normal day to day activities of play 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 action and 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 action and 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>•</li> </ul>                                   |

