

Diabetes Management Policy:



POLICY STATEMENT:

Diabetes in children can be a diagnosis that has a significant impact on families and children. It is imperative that Educators and staff within the Service understand the responsibilities of Diabetes management to reduce the risk of emergency situations and long-term complications. Most children will require additional support from the Service and Educators to manage their Diabetes whilst in attendance.

Grays Point Activity Centre (GPAC) believes in ensuring the safety and wellbeing of children who are diagnosed with Diabetes, and are committed to:

- Providing a safe and healthy environment where 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 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.

PURPOSE:

The Education and Care Services National Regulations requires Approved Providers to ensure their Services have Policies and procedures in place for medical conditions including diabetes. GPAC is committed to providing a safe and healthy environment that is inclusive for all children, staff, visitors, and family members. The aim of this Policy is to minimise the risk of a diabetic medical emergency occurring for any child whilst at our Service by supporting young people with diabetes, working in partnership with families and health professionals, and following the child's Medical Management Plan.

SCOPE:

This Policy applies to children, families, staff, management, the Approved Provider, Nominated Supervisor, students, volunteers and visitors of the Service.

DESCRIPTION:

- **Type-1 Diabetes** is an autoimmune condition, which occurs when the immune system damages the insulin producing cells in the pancreas. This condition 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 between 85

and 90 per cent of all cases of diabetes and usually develops in adults over the age of 45 years but is increasingly occurring at a younger age. Type-2 diabetes is unlikely to be seen in children under the age of 4 years old.

DUTY OF CARE:

Our Service has a legal responsibility to take reasonable steps to ensure that the health needs of all children enrolled in the Service are met. This includes our responsibility to provide:

- a. A safe environment.
- b. Adequate supervision always.

Our Service will ensure that staff members, including relief staff, have adequate training and knowledge about Diabetes and know what to do in an emergency to ensure the health and safety of children (especially regarding hypoglycaemia).

DEFINITIONS:

- 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, and 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 GPAC 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.

IMPLEMENTATION:

We will involve all Educators, families, and children in regular discussions about medical conditions and general health and wellbeing throughout our curriculum. The Service will adhere to privacy and confidentiality procedures when dealing with individual health needs.

Refer to our Dealing with Medical Conditions and Medication Administration Policy and Diabetes Management Policy. It is important that communication is open between families and Educators so that management of Diabetes is effective.

Children diagnosed with Diabetes will not be enrolled into the Service until the child's Medical Management Plan is completed and signed by their medical practitioner or Diabetes team and the relevant staff members have been trained on how to manage the individual child's Diabetes. A Risk Minimisation and Communication Plan must be developed with parents/guardians to ensure risks are minimised and strategies developed for minimising any risk to the child.

It is imperative that all Educators and volunteers at the Service follow a child's Medical Management Plan and Action Plan in the event of an incident related to a child's specific health care need, allergy, or medical condition.

Management / Nominated Supervisor will ensure that:

- Before the child's enrolment commences, the family will meet with the Service and its Educators to begin the communication process for managing the child's medical condition in adherence with the registered medical practitioner or health professional's instructions.
- Parents/guardians of an enrolled child who is diagnosed with Diabetes are provided with a copy of the Diabetes Management Policy, Dealing with Medical Conditions and Medication Administration Policy.
- Each child with type-1 Diabetes has a current individual Diabetes Medical Management Plan prepared by the child's diabetes medical specialist team, at or prior to enrolment.
- A child's Diabetes Medical Management Plan is signed by a registered Medical Practitioner or Paediatrician and inserted into the enrolment record for each child. This will include all information



on how to manage the child's Diabetes on a day-to-day basis as well as the emergency management of the child's medical condition. Information may include:

- Blood glucose testing- BG meter.
 - Insulin administration.
 - Food, carbohydrate counting.
 - How to store insulin correctly.
 - How the insulin is delivered to the child- as an injection or via an insulin pump/ Continuous Glucose Monitoring CGM.
 - Oral medicine the child may be prescribed.
 - Managing Diabetes during physical activities and excursions.
- A Communication Plan is developed for staff and parents/guardians encouraging ongoing communication between parents/guardians and staff regarding the management of the child's medical condition, the current status of the child's medical condition, and this Policy and its implementation within the Service prior to the child starting at the Service.
- GPAC's Diabetes Management Policy and the Dealing with Medical Conditions and Medication Administration Policies will be reviewed at least every 18 months.
- A copy of this Policy is provided and reviewed during each new staff member's induction process.
- All Responsible Persons have completed first aid training approved by the Education and Care Services National Regulations at least every 3 years and that this is recorded, with a copy of each staff members' certificate held on the Service's premises.
- When a child diagnosed with Diabetes is enrolled, all staff attend regular professional training on the management of Diabetes and, where appropriate, emergency management of Diabetes.
- At least one staff member who has completed accredited training in emergency Diabetes first aid is always present in the Service whenever a child/ren with Diabetes attend the Service.
- There is a staff member who is appropriately trained to perform finger-prick blood glucose or urinalysis monitoring and is aware of the action to be taken if these are abnormal, whenever a child with Diabetes attends GPAC.
- Consideration is given as to how and where insulin is stored and the safety of sharps disposal.
- The family supplies all necessary glucose monitoring and management equipment, and any prescribed medications prior to the child's enrolment.
- The Risk Minimisation Plan will cover the child's known triggers and where relevant other common triggers which may lead to a Diabetic emergency.
- All staff members are trained to identify children displaying the symptoms of a Diabetic emergency and are aware of the location of the Diabetic Medical Management Plan, required insulin/food as well as the Risk Minimisation and Emergency Action Plan.
- All staff, including casual and relief staff, are aware of children diagnosed with Diabetes attending the Service, their individual symptoms of low blood sugar levels, and the location of their Medical Management Plans and Risk Minimisation and Communication Plans.
- Individual child's Medical Management and Emergency Action Plan will be displayed in key locations throughout the Service.
- A staff member accompanying children outside the Service to attend excursions, or any other event carries the appropriate monitoring equipment, any prescribed medication, a copy of the Diabetes Medical Management Plan and Emergency Action Plan for children diagnosed with Diabetes.

- The programs delivered at the Service are inclusive of children diagnosed with Diabetes and that children with Diabetes can participate in activities safely and to their full potential.
- All staff and volunteers at the Service are aware of the strategies to be implemented for the management of Diabetes at the Service in conjunction with each child's Diabetes Medical Management Plan.
- Updated information, resources and support is regularly given to families for managing childhood Diabetes.
- Meals, snacks, and drinks that are appropriate for the child and are in accordance with the child's Diabetes Medical Management Plan are always available at the Service.
- Eating times are flexible and children are provided with enough time to eat.
- Diabetes Australia are contacted for further information to assist Educators to gain and maintain a comprehensive understanding about managing and treating Diabetes.
- Applications for additional funding opportunities are made if required to support the child and Educators.

Educators will:

- Read and comply with the Diabetes Management Policy, and Dealing with Medical Conditions and Medication Administration Policy.
- Know which children are diagnosed with Diabetes, and the location of their monitoring equipment, Diabetes Medical Management and Risk Management Plans and any prescribed medications.
- Perform finger-prick blood glucose or urinalysis monitoring as required and will act by following the child's Diabetes Medical Management Plan if these are abnormal, if trained.
- Communicate with parents/guardians regarding the management of their child's medical condition as per their Communication Plan.
- Ensure 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.
- Follow the strategies developed for the management of Diabetes at the Service.
- Follow the Risk Minimisation Plan for each enrolled child diagnosed with Diabetes.
- Ensure a copy of the child's Diabetes Medical Management Plan is visible and known to staff within the Service.
- Take all personal Medical Management Plans, monitoring equipment, medication records, Emergency Action Plans and any prescribed medication on excursions and other events outside the Service.
- Recognise the symptoms of a Diabetic emergency and treat appropriately by following the Diabetes Medical Management Plan and the Emergency Action Plan.
- A suitably trained and qualified Educator will administer prescribed medication if needed according to the Emergency Medication Management Plan and in accordance with the Service's Dealing with Medical Conditions and Medication Administration Policy.
- Record any medication on the medication form + ongoing use.
- Identify and where possible minimise possible triggers as outlined in the child's Medical Management Plan and Risk Minimisation Plan.
- Increase supervision of a child diagnosed with Diabetes on special occasions such as excursions, incursions, parties, and family days, as well as during periods of high-energy activities.



- Ensure appropriate supplies of insulin administration equipment, in conjunction with the parents, carbohydrate and hypo food are taken on excursions, including back-up supplies in the event of delays.
- Maintain a record of the expiry date of the prescribed medication relating to the medical condition to ensure it is replaced prior to expiry.
- Ensure the location is known of glucose foods or sweetened drinks to treat hypoglycaemia (low blood glucose), e.g., glucose tablets, glucose jellybeans, etc.

Families will ensure they provide the Service with:

Inform Educators at the Service, either on enrolment or on diagnosis, of their child's medical condition Diabetes. Prior to the child commencing care, the following must be communicated with the Service and Educators;

- Details of the child's health problem, treatment, medications and allergies.
- Their Doctor's name, address and phone number, and a phone number for contact in case of an emergency.
- Details of the child's health condition, treatment, medications, and known triggers.
- An authorised nominee and/or emergency contact person in case of an emergency.
- A Medical Management Plan and Emergency Action Plan following enrolment and prior to the child starting at the Service is completed by their child's Diabetes team (paediatrician or endocrinologist, , general practitioner and Diabetes Educator). The plan should include:
 - When, how, and how often the child is to have finger-prick or urinalysis glucose or ketone monitoring.
 - What meals and snacks are required including food types/groups amount and timing.
 - What activities and exercise the child can or cannot do.
 - Whether the child can go on excursions and what provisions are required.
 - What symptoms and signs to look for that might indicate hypoglycaemia (low blood glucose) or hyperglycaemia (high blood glucose).
 - What action to take in the case of an emergency.
 - An up-to-date photograph of the child.
- The appropriate monitoring equipment needed according to the Diabetes Medical Management Plan.
- An adequate supply of emergency insulin for the child at all times according to the Emergency Action Plan.
- Information regarding their child's medical condition and provide answers to questions as required and pertaining to the medical condition and management of their condition.
- Any changes to their child's medical condition including the provision of a new Diabetes Medical Management Plan to reflect these changes as needed.
- All relevant information and concerns to staff, for example, any matter relating to the health of the child that may impact on the management of their Diabetes.
- Assist Educators by offering information and answering any questions regarding their child's medical condition.
- Comply with the Service's Policy that no child who has been diagnosed with Diabetes is permitted to attend the Service or its programs without the appropriate monitoring and emergency management equipment.

DIABETIC EMERGENCY:

A Diabetic emergency may result from too much or too little insulin in the blood.

There are two types of Diabetic emergency:

- a) Very **low** blood sugar- HYPO- (hypoglycaemia, usually due to excessive insulin), and
- b) Very **high** blood sugar- HYPER- (hyperglycaemia, due to insufficient insulin).

The more common emergency is hypoglycaemia. This can result from:

- Too much insulin or other medication.
- Not having eaten enough carbohydrate or other correct food.
- A meal or snack has been delayed or missed.
- Unaccustomed or unplanned physical exercise or,
- The young person has been more stressed or excited than usual.

If a child suffers from a Diabetic emergency the Service and staff will:

- Always provide adult supervision.
- Follow the child's Diabetic Emergency Action Plan.
- If the child does not respond to steps within the Diabetic Emergency Action Plan, immediately dial 000 for an ambulance.
- Continue first aid measures and follow instructions provided by emergency services.
- Contact the parent/guardian when practicable.
- Contact the emergency contact if the parents or guardian cannot be contacted when practicable.
- Notify the regulatory authority within 24 hours.

REPORTING PROCEDURES

Any incident involving serious illness of a child which requires urgent medical attention or hospitalisation is regarded as a serious incident. The following is required:

- staff members involved in the situation are to complete an *Incident, Injury, Trauma and Illness Record* which will be countersigned by the Nominated Supervisor of the Service at the time of the incident
- ensure the parent or guardian signs the *Incident, Injury, Trauma and Illness Record*
- if necessary, a copy of the completed form will be sent to the insurance company
- a copy of the *Incident, Injury, Trauma and Illness Record* will be placed in the child's file
- the Nominated Supervisor will inform the Service management about the incident
- the Nominated Supervisor or the Approved Provider will inform Regulatory Authority of the incident within 24 hours as per Regulations

- staff will be debriefed after each incident and the child's individual medical management plan and risk minimisation plan evaluated, including a discussion of the effectiveness of the procedure used

SIGNS & SYMPTOMS:

HYPOGLYCAEMIA- (HYPO)

If a child is wearing a CGM device, it will sound an alert when they are below their target range.

Symptoms can vary between each young person.

If caused by low blood sugar, the child may:

- Feel dizzy, weak, tremble and feel hungry.
- Look pale and have a rapid pulse (palpitations).
- Sweat profusely.
- Feel numb around lips and fingers.
- Change in behaviour- angry, quiet, confused, crying.
- Become unconsciousness or have a seizure.

HYPERGLYCAEMIA –(HYPER)

If caused by high blood sugar, the child may:

- Feel excessively thirsty.
- Have a frequent need to urinate.
- Feeling tired or lethargic.
- Feel sick.
- Be irritable.
- Complain of blurred vision.
- Lack concentration.
- Have hot dry skin, a rapid pulse, drowsiness.
- Have the smell of acetone (like nail polish remover) on the breath.
- Become unconsciousness.

For more information, contact the following organisations:

Diabetes Australia

<https://www.diabetesaustralia.com.au/contact-us>

Juvenile Diabetes Research Foundation: www.jdrf.org.au

National Diabetes Services Scheme- An Australian Government Initiative

<https://www.ndss.com.au/living-with-diabetes/about-you/young-people/living-with-diabetes/school/>

Diabetes NSW & ACT: <https://diabetesnsw.com.au/>

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 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 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 Service 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 Service.
Managing hypoglycaemia (hypos)	• 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 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 is unlikely to be required, will be specified in child's Diabetes 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.
Managing ketones	- 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	- With good planning, children should be able to participate fully in all Service 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	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	- 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 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	- Special events, such as parties, can include children with 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 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.
--	---

Source

As 1 Diabetes (2017) - <http://as1diabetes.com.au/>

Australian Children's Education & Care Quality Authority. (2021). [Dealing with Medical Conditions in Children Policy Guidelines](#)

Australian Children's Education & Care Quality Authority. (2025). [Guide to the National Quality Framework](#)
Early Childhood Australia Code of Ethics. (2016).

Education and Care Services National Law Act 2010. (Amended 2023).

[Education and Care Services National Regulations](#). (Amended 2023).

National Diabetes Services Scheme (NDSS). *Mastering diabetes in preschools and schools*. (2020).

National Health and Medical Research Council. (2012) (updated June 2013). *Staying healthy: Preventing infectious diseases in early childhood education and care services*.

NATIONAL QUALITY STANDARD (NQS)

QUALITY AREA 2: CHILDREN'S HEALTH AND SAFETY		
2.1	Health	Each child's health and physical activity is supported and promoted.
2.1.2	Health practices and procedures	Effective illness and injury management and hygiene practices are promoted and implemented.
2.2	Safety	Each child is protected.
2.2.1	Supervision	At all times, reasonable precautions and adequate supervision ensure children are protected from harm and hazard.

EDUCATION AND CARE SERVICES NATIONAL LAW AND NATIONAL REGULATIONS	
S. 165	Offence to inadequately supervise children
S. 167	Offence relating to protection of children from harm and hazards

S. 172	Failure to display prescribed information
12	Meaning of a serious incident
86	Notification to parents of incident, injury, trauma and illness
87	Incident, injury, trauma and illness record
89	First aid kits
90	Medical conditions policy
90(1)(iv)	Medical Conditions Communication Plan
91	Medical conditions policy to be provided to parents
92	Medication record
93	Administration of medication
94	Exception to authorisation requirement—anaphylaxis or asthma emergency
95	Procedure for administration of medication
96	Self-administration of medication
136	First aid qualifications
162	Health information to be kept in enrolment record
168	Education and care service must have policies and procedures
170	Policies and procedures to be followed
175	Prescribed information to be notified to Regulatory Authority

RELATED POLICIES

- Acceptance and Refusal of Authorisations Policy - Excursions Policy - Record Keeping and Retention Policy - Dealing with Medical Conditions and Medication Administration - Inclusion – Additional Needs Policy - Enrolment and Orientation	- Excursions Policy - Communication with Families Policy - Supervision of Children Policy - Management of Incident, Injury, Infectious Diseases, Illness & Trauma - Family Handbook - Child Safety & Wellbeing Policy
--	--

ENDORSEMENT BY THE SERVICE:

Approval date: _____ October 2025 _____

Signature: _____ April 2027 _____

Diabetes Management Policy 23092019 NG and KG 231019
July 2021 KK KG
March 2024 KG MA 26.03.24 KG 15.10.25 KG

MANDATORY