

# Yarram Early Learning

## Diabetes Policy

Quality Area 2: Children's Health and Safety

### PURPOSE

This policy ensures 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 Yarram Early Learning.

### POLICY STATEMENT

### VALUES

Yarram Early Learning 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, Nominated Supervisor, Certified Supervisor, educators, staff, students on placement, volunteers, parents/guardians, children and others attending the programs and activities of Yarram Early Learning including during offsite excursions and activities.

### BACKGROUND AND LEGISLATION

#### Background

Yarram Early Learning's policy for managing medical conditions is in accordance with the *Education and Care Services National Law Act 2010* and the *Education and Care Services National Regulations 2011*. This policy defines 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.
- Diabetes is considered a disability under the *Disability Standards for Education 2005 (Cth)* and the *Equal Opportunity Act 2010 (Vic)*.

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).

## DIABETES MANAGEMENT PLAN

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 (refer to Attachment 2).

## SUPPORTING CHILDREN WITH TYPE 1 DIABETES

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: [www.diabetesvic.org.au/resources](http://www.diabetesvic.org.au/resources)
- Contact Diabetes Victoria 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
- Education and Care Services National Regulations 2011
- 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

## 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.

**Communication plan:** A plan that forms part of the policy outlining how the service will communicate with parents/guardians and staff in relation to the policy. The communication plan also describes how parents/guardians and staff will be informed about risk minimisation plans and emergency procedures to be followed when a child enrolled at Yarram Early Learning is diagnosed with a medical condition.

**Diabetes Medical Management Plan:** A Diabetes Medical Management Plan should have a photograph of the child and address all requirements relating to the child's care and diabetes management for all Yarram Early Learning activities, including:

- Emergency procedures e.g. in case of hypoglycaemia "Hypo" (low blood glucose level)
- Identifying what diabetes health tasks the child can undertake themselves and those requiring Yarram Early Learning staff supervision and or action ( i.e. blood glucose checks, insulin administration)
- Provision for storage and taking insulin
- Provision for Yarram Early Learning excursions and other extracurricular activities.
- Linking Yarram Early Learning community to diabetes information and seminars for teachers
- Provision for review at least annually, or when there is a change in the child's condition, treatment and/or medication.
- **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. Type 1 diabetes is not linked to modifiable lifestyle factors. Currently there is no cure nor can be prevented. Type 1 diabetes can be life threatening. - Type 1 diabetes - Diabetes Australia
- **Type 2 diabetes:** Type 2 diabetes in children is a chronic disease that affects the way your child's body processes sugar (glucose) for fuel. Type 2 diabetes occurs more commonly in adults. If a child at your service is diagnosed with type 2 diabetes, please refer to the *Dealing with Medical Conditions Policy*. For more information about type 2 diabetes visit: Type 2 Diabetes - Diabetes Australia

**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 at a meal
- illness
- 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.
- **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 extra toilet visits, affect thinking, concentration, memory, problem-solving and reasoning. Common causes include but are not limited to:
  - taking insufficient insulin/or missed insulin does
  - eating more carbohydrate than planned
  - common illnesses or infections such as a cold
  - excitement of stress.
  - The child's diabetes action and management plan will provide specific guidance in preventing and treating a high glucose level (hyperglycaemia). - Hyperglycaemia - Diabetes Australia
  - 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. - Insulin - Diabetes Australia
  - Blood glucose meter: A compact device used to check a small blood drop sample to determine the blood glucose level. - Blood glucose monitors - Diabetes Australia
  - 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. -  
Continuous glucose monitoring - Diabetes Australia

- 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. Flash glucose monitoring - Diabetes Australia
- Insulin pump: An insulin pump is a small battery-operated electronic device that holds a reservoir of insulin. It is about the size of a mobile phone and is worn 24 hours a day. The pump is programmed to deliver insulin into the body through thin plastic tubing known as the infusion set or giving set. The pump is Included more detail from the Diabetes Australia website to have a similar level of detail to other areas
- worn outside the body, in a pouch or on your belt. The infusion set has a fine needle or flexible cannula that is inserted just below the skin where it stays in place. - Insulin pumps - Diabetes Australia
- Ketoacidosis: Ketoacidosis is related to hyperglycaemia, it is a serious condition associated with illness or very high blood glucose levels in type 1 diabetes. It develops gradually over hours or days. It is a sign of insufficient insulin. 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.
- Symptoms of ketoacidosis may include high blood glucose levels and moderate to heavy ketones in the urine with rapid breathing, flushed cheeks, abdominal pain, sweet acetone (similar to paint thinner or nail polish remover) smell on the breath, vomiting and/or dehydration.
- This is a serious medical emergency and can be life threatening if not treated properly. If the symptoms are present, contact a doctor or call an ambulance immediately. - Ketoacidosis - Diabetes Australia

## 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:
  - 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 <http://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 <http://diabetesvic.org.au/health-professionals/order-publications>
  - 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 [https://www.diabetesvic.org.au/Advanced-Search-Result-Detail?ocmsLang=en\\_US&content\\_id=a1R0o0000Jkhl4EAJ](https://www.diabetesvic.org.au/Advanced-Search-Result-Detail?ocmsLang=en_US&content_id=a1R0o0000Jkhl4EAJ)

## SERVICE POLICIES

- *Administration of First Aid Policy*
- *Administration of Medication Policy*
- *Dealing with Medical Conditions Policy*
- *Enrolment and Orientation Policy*
- *Excursions and Incursion 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 at least one ECT/educator with current approved first aid qualifications (refer to Definitions) is in attendance and immediately available at all times that children are being educated and cared for by the service (Regulation 136(1) (a)). This can be the same person who has anaphylaxis management training and emergency asthma management training
- Ensuring that all staff members and volunteers can identify the child living with diabetes, the child's medical management plan and the location of the child's medication are developed and implemented (*Regulation 90*)
- 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 (*Regulation 86*).
- Compiling a list of children (including their photograph) living with type 1 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
- 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 each enrolled child who is diagnosed with diabetes has a current diabetes management plan prepared specifically for that child by their diabetes medical specialist team, at or prior to enrolment
- 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 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.

### ***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 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
- Following the child's diabetes 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 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.
- Administering medications as required, in accordance with the procedures outlined in the Administration of Medication Policy (Regulation 93)
- Ensuring that staff have access to appropriate professional development opportunities and are adequately resourced to work with children living with type 1 diabetes and their families
- The Supervisors and relevant Room Leader are responsible for ensuring volunteers and students are following this policy and the outlined procedures.

### ***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)
- 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 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.
- 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 (*Regulation 86*).

### **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 management plan prepared specifically for their child by their diabetes medical specialist team
- Working with the approved provider to develop a risk minimisation plan for their child
- Working with the approved provider to develop a communication plan
- Ensuring that they provide the service with any equipment, medication or treatment, as specified in the child's individual diabetes management plan.

## **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 2: 2020 Early Childhood Settings Action and Management Plan - Twice Daily Injections

## **AUTHORISATION**

This policy was adopted by the Approved Provider of Yarram Early Learning in February 2023

**REVIEWED BY COMMITTEE –** February 2023

**TO BE REVIEWED -** February 2025

## ATTACHMENT 1

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

Strategy	Action
Monitoring of blood glucose (BG) levels	<ul style="list-style-type: none"> <li>• 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.</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>
Managing hypoglycaemia (hypos)	<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.</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>

Administering insulin	<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>
Managing ketones	<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>
Off-site excursions and activities	<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>
Infection control	<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>
Timing meals	<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 cannot have delayed meal times. Missed or delayed carbohydrate is likely to induce hypoglycaemia (hypo).</li> </ul>
Physical activity	<ul style="list-style-type: none"> <li>• Exercise should be preceded by a serve of carbohydrates.</li> </ul>

	<ul style="list-style-type: none"> <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>
Participation in special events	<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>
Communicating with parents	<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>

Use in conjunction with Diabetes Management Plan. This plan should be reviewed every year.

## LOW Hypoglycaemia (Hypo)

Blood Glucose Level (BGL) less than **4.0 mmol/L**

**SIGNS AND SYMPTOMS** Pale, headache, shaky, sweaty, dizzy, drowsy, changes in behaviour

**Note:** Symptoms may not always be obvious

**DO NOT LEAVE CHILD ALONE  
DO NOT DELAY TREATMENT**

### MILD

**Child conscious**  
(Able to eat hypo food)

**Step 1: Give fast acting carbohydrate**  
e.g. \_\_\_\_\_

**Step 2: Recheck BGL in 15 mins**

- If BGL less than 4.0, repeat **Step 1**
- If BGL greater than or equal to 4.0, go to **Step 3**

**Step 3: Give sustaining carbohydrate**  
e.g. \_\_\_\_\_

### SEVERE

**Child drowsy / unconscious**  
(Risk of choking / unable to swallow)

**First Aid DRABCD**  
Stay with unconscious child

**CALL AN AMBULANCE  
DIAL 000**

**Contact parent/carer**  
when safe to do so

## HIGH Hyperglycaemia (Hyper)

Blood Glucose Level (BGL) greater than or equal to **15.0 mmol/L** is well above target and requires additional action

**SIGNS AND SYMPTOMS** Increased thirst, extra toilet visits, poor concentration, irritability, tiredness  
**Note:** Symptoms may not always be obvious

### Child well

Re-check BGL in 2 hours

**Encourage oral fluids, return to activity**  
1-2 glasses water per hour; extra toilet visits may be required

In 2 hours, if BGL still greater than or equal to 15.0,  
**CALL PARENT/CARER FOR ADVICE**

### Child unwell

- Contact parent/carer to collect child ASAP
- Check ketones (if able)

**KETONES**  
If unable to contact parent/carer and blood ketones greater than or equal to 1.0 mmol/L or dark purple on urine strip  
**CALL AN AMBULANCE  
DIAL 000**

**INSULIN** will be given before breakfast, at

- Home  Centre

Please make sure **all** carbohydrate food is eaten at snack and main meal times.

### THIS CHILD IS WEARING

- Continuous Glucose Monitoring (CGM)  
 Flash Glucose Monitoring (FGM)

### ROUTINE BGL CHECKING TIMES

**These are still required if child on CGM/FGM**

- Anytime, anywhere in the centre
- Before main meo
- Anytime hypo is suspected
- Before planned activity

### PHYSICAL ACTIVITY

- Check blood glucose level before planned physical activity
- 1 serve of sustaining carbohydrate food before every 30 minutes of extra planned activity.
- Vigorous activity **should not** be undertaken if BGL is greater than or equal to 15.0 **and/or** the child is unwell.

CHILD'S NAME \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_

AGE \_\_\_\_\_

CENTRE \_\_\_\_\_

PARENT / CARER NAME \_\_\_\_\_

CONTACT NO. \_\_\_\_\_

DIABETES TREATING TEAM \_\_\_\_\_

CONTACT NO. \_\_\_\_\_

DATE PLAN CREATED \_\_\_\_\_

Use in conjunction with Diabetes Action Plan. This plan should be reviewed every year.

CHILD'S NAME

AGE

## RESPONSIBLE STAFF

Centre staff who have voluntarily agreed to undertake training and provide support with diabetes care.

STAFF MEMBER	GLUCOSE CHECKING	INSULIN ADMINISTRATION

Responsible staff will need to receive training on how to check glucose levels and administer insulin injections (if required).

## INSULIN ADMINISTRATION

This child is on two injections of insulin per day. Therefore, **ALL** carbohydrate food must be eaten at regular times throughout the day.

- Insulin injection is not required at the centre
- Insulin injection is required at the centre
  - Before breakfast
  - Before evening meal

Type of injection device:  Pen  Syringe

The location in the centre where the injection is to be given:

Centre director/manager will need to ensure that the parent/carer has completed the relevant documentation, authorising responsible staff to administer insulin to the child.

## BLOOD GLUCOSE LEVEL (BGL) CHECKING

**Target range for blood glucose levels (BGLs): 4 – 7 mmol/L**

- BGL results outside of this target range are common.
- BGL check should be done where the child is, whenever needed.
- **Always wash and dry the child's hands before doing the BGL check.**

Blood glucose levels will vary day-to-day and be dependent on a number of factors such as:

- Insulin Dose
- Excitement / stress
- Age
- Growth spurts
- Type/quantity of food
- Level of activity
- Illness / infection

**TIMES TO CHECK BGLS** (tick all those that apply)

- Anytime, anywhere   
  Before snack   
  Before lunch  
 Before activity   
  When feeling unwell   
  Anytime hypo suspected  
 Other routine times – please specify \_\_\_\_\_  
 \_\_\_\_\_

- Further action is required if BGL is **less than 4.0 mmol/L** or **greater than or equal to 15.0 mmol/L**. Refer to Diabetes Action Plan.
- If the meter reads '**LO**' this means the BGL is too low to be measured by the meter — follow the hypoglycaemia (Hypo) treatment on Diabetes Action Plan.
- If the meter reads '**HI**' this means the BGL is too high to be measured by the meter — follow hyperglycaemia (Hyper) treatment on Diabetes Action Plan.

## SENSOR GLUCOSE (SG) MONITORING

The child is wearing

### ■ Continuous Glucose Monitor (CGM)

- Dexcom G4®
- Dexcom G5®
- Guardian™ Connect
- Guardian™ Sensor 3

### ■ Flash Glucose Monitor (FGM)

- Freestyle Libre

- CGM and FGM consist of a small sensor that sits under the skin and measures glucose levels in the fluid surrounding the cells (interstitial fluid).
- These devices are not compulsory management tools.
- With CGM, a transmitter sends data to either a receiver, phone app or insulin pump.
- With FGM, the device will only give a glucose reading when the sensor disc is scanned by a reader or phone app.
- A sensor glucose (SG) reading can differ from a finger prick blood glucose reading during times of rapidly changing glucose levels e.g. eating, after insulin administration, during exercise.
- Therefore, **LOW** or **HIGH** SG readings **must** be confirmed by a finger prick blood glucose check.

**Hypo treatment is based on a blood glucose finger prick result.**

### CGM ALARMS

- CGM alarms may be 'on' or 'off'.
- If 'on' the CGM will alarm if interstitial glucose is low or high.

**ACTION: Check finger prick blood glucose level (BGL) and follow Diabetes Action Plan for treatment.**

- FGM device does not have alarm settings.

### USE AT THE CENTRE

- Staff are not expected to do more than the current routine diabetes care as per the child's Diabetes Action and Management plans.
- Staff do not need to put CGM apps on their computer, smart phone or carry receivers .
- Parents/carers are the primary contact for any questions regarding CGM/FGM use.
- Some CGM devices can be monitored remotely by family members. They should only contact the centre if they foresee a prompt response is required.
- If the sensor/transmitter falls out, staff are required to keep it in a safe place to give to parents/carers.
- The sensor can remain on the child during water activities.



## LOW BLOOD GLUCOSE LEVELS (Hypoglycaemia / Hypo)

Follow the child's Diabetes Action Plan **if BGL less than 4.0 mmol/L**.  
Mild hypoglycaemia can be treated by using supplies from the child's HYPO BOX.

HYPO BOX LOCATION/S: \_\_\_\_\_

### HYPO BOX

FAST ACTING CARBOHYDRATE FOOD	AMOUNT TO BE GIVEN

SUSTAINING CARBOHYDRATE FOOD	AMOUNT TO BE GIVEN

- If the child requires more than 2 consecutive fast acting carbohydrate treatments, as per their Diabetes Action Plan, call the child's parent/carer. Continue hypo treatment if needed while awaiting further advice.
- All hypo treatment foods should be provided by the parent/carer.
- Ideally, packaging should be in serve size bags or containers and labelled as **fast acting carbohydrate** food and **sustaining carbohydrate** food.

**Mild hypoglycaemia is common.**

If the child is having more than 3 episodes of low BGLs at the centre in a week, make sure that the parent/carer is aware.

### SEVERE HYPOGLYCAEMIA (HYPO) MANAGEMENT

**Severe hypoglycaemia is not common.**

Follow the child's Diabetes Action Plan for any episode of severe hypoglycaemia.

**DO NOT** attempt to give anything by mouth to the child or rub anything onto the gums as this may lead to choking.

If the centre is located more than **30 minutes** from a reliable ambulance service, then staff should discuss Glucagon injection training with the child's Diabetes Treating Team.

## HIGH BLOOD GLUCOSE LEVELS (Hyperglycaemia / Hyper)

- Although not ideal, BGLs above target range are common.
- **If BGL is 15.0 mmol/L or more**, follow the child's Diabetes Action Plan.
- If the child is experiencing frequent episodes of high BGLs at the centre, make sure the parent/carer is aware.

## KETONES

- Ketones occur most commonly when there is not enough insulin in the body.
- Ketones are produced when the body breaks down fat for energy.
- Ketones can be dangerous in high levels.

**You will be required to check the child's ketone level if**

- Child is unwell **or**
- BGL is above 15.0 mmol/L

Blood ketone check       Urine ketone check

If ketones are **more than 1.0 mmol/L, or dark purple on urine strip**, follow action for ketones on the child's Diabetes Action Plan.

## EATING AND DRINKING

- The child should not go for longer than 3 hours without eating a carbohydrate meal or snack.
- The child will require supervision to ensure all food is eaten.
- The child should not exchange food/meals with another child.
- Seek parent/carer advice regarding appropriate foods for parties/celebrations that are occurring at the centre.
- Always allow access to drinking water and toilet (high glucose levels can cause increased thirst and extra toilet visits).

**Does the child have coeliac disease?**  No       Yes\*

\*Seek parent/carer advice regarding appropriate food and hypo treatments.

## EXTRA PHYSICAL ACTIVITY AND SWIMMING

A blood glucose meter and hypo treatment should always be available.

- Check blood glucose level before physical activity.
- Physical activity **may lower** glucose levels.
- The child may require an extra serve of carbohydrate food before every 30 minutes of planned physical activity or swimming as provided in the Activity Food Box.

ACTIVITY FOOD BOX LOCATION: \_\_\_\_\_

### ACTIVITY FOOD BOX

CARBOHYDRATE FOOD TO BE USED	AMOUNT TO BE GIVEN

- Physical activity should not be undertaken if **BGL less than 4.0 mmol/L**. Refer to the Diabetes Action Plan for hypo treatment.
- Vigorous activity **should not** be undertaken if **BGL is greater than or equal to 15.0 mmol/L and/or the child is unwell**.

## EXCURSIONS / INCURSIONS

It is important to plan for extracurricular activities.

Consider the following:

- Ensure blood glucose meter, blood glucose strips, ketone strips, hypo and activity food are readily accessible.
- Plan for meal and snack breaks.
- Always have hypo treatment available.

## EXTRA SUPPLIES

Provided for diabetes care at the centre by parent/carer

- Insulin and syringes / pens / pen needles
- Finger prick device
- Blood glucose meter
- Blood glucose strips
- Blood ketone strips
- Urine ketone strips
- Sharps container
- Hypo food
- Activity food

## AGREEMENTS

### PARENT/CARER

- I have read, understood and agree with this plan.
- I give consent to the centre to communicate with the Diabetes Treating Team about my child's diabetes management at the centre.

NAME

\_\_\_\_\_  
FIRST NAME (PLEASE PRINT)

\_\_\_\_\_  
FAMILY NAME (PLEASE PRINT)

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

### CENTRE REPRESENTATIVE

- I have read, understood and agree with this plan.

NAME

\_\_\_\_\_  
FIRST NAME (PLEASE PRINT)

\_\_\_\_\_  
FAMILY NAME (PLEASE PRINT)

ROLE

Manager

Supervisor

Other (please specify) \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

### DIABETES TREATING MEDICAL TEAM

NAME

\_\_\_\_\_  
FIRST NAME (PLEASE PRINT)

\_\_\_\_\_  
FAMILY NAME (PLEASE PRINT)

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE