

- *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
Monitoring of blood glucose (BG) levels	<ul style="list-style-type: none">• 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.• 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.•

	<ul style="list-style-type: none"> – 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	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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 <u>cannot have delayed meal times. Missed or delayed carbohydrate is likely to induce hypoglycaemia (hypo).</u>
Physical activity	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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. •

