Bendigo Regional YMCA - Diabetes Policy and Procedure

Mandatory – Quality Area 2

Policy Number	CS 2.5	**Version**	1
Drafted by	JB	**Approved by CEO on**	10.04.2018
Responsible Person	CSM	**Scheduled Review date**	10.04.2019

1. OBJECTIVES

The objective of the Diabetes Policy and Procedure is to provide guidelines for BRYMCA Children's Services 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*.

2. 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 YMCA services, including during offsite excursions and activities.

3. POLICY

BRYMCA 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

4. PROCEDURES

The YMCA is responsible for:

- ensuring that a diabetes policy is developed and implemented at the service
- ensuring that all staff at the service are provided have read and understood and know where to access 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, and that children with diabetes can participate in all activities safely and to their full potential

- ensuring that all staff 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 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 a communication plan is developed for staff and parents/guardians, and encouraging ongoing communication between parents/guardians and staff regarding the management of the child's medical condition
- 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.

The ELC Director, OSHC Coordinator, Occasional Care Supervisor and OSHC Supervisors are responsible for:

- 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
- 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 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)
- organising appropriate training and professional development for educators and staff to enable them to work effectively with children with Type 1 Diabetes and their families
- 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 a risk minimisation plan is developed for each enrolled child diagnosed with diabetes in consultation with the child's parents/guardians
- 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 daily 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.

All Educators 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.

5. 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

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/

6. DEFINITIONS

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.
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.

7. SOURCES

Caring for Diabetes in Children and Adolescents, Royal Children's Hospital Melbourne: http://www.rch.org.au/diabetesmanual/

Diabetes Australia – Vic: www.diabetesvic.org.au/type-1-diabetes/children-a-adolescents

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.

Examples of current action and management plans can be found here: http://www.diabetesvic.org.au/type-1-diabetes/children-a-adolescents/diabetes-and-school

8. ROLES AND RESPONSIBILITIES

Role/ Decision/ Action	Responsibility
Educators, Supervisors, Directors and Coordinators	BRYMCA Nominated Supervisor and/or Service Management will oversee the implementation and service adherence to this policy (ie policy compliance). Nominated Supervisor and/or Person with Management and Control will seek individual community feedback and facilitate an active consultation process with service users as appropriate. All Educators are responsible for the daily implementation of the policy when directly supervising children.
Community Services Manager	Is responsible for ensuring suitable resources and support systems to enable compliance with this policy. Drive the consultation process and provide leadership and advice on the

	continuous improvement of the policy.
CEO	Policy Approval

9. MONITORING, EVALUATION AND REVIEW

BRYMCA management team is responsible for formally reviewing and updating this policy every twelve months, in consultation with representatives from key stakeholder groups and in accordance with current legislation, research, policy and best practice. Small changes and additions may be made outside of the formal review to ensure the policy remains relevant and current. We retain records of each review undertaken. Such records may include minutes of meetings and documentation of changes to policies and procedures that result from a review.

ATTACHMENTS

Attachment 1: Strategies for the management of diabetes in children at the service

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 (refer to *Definitions*) 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. • Additional checking times will be specified in the child's diabetes action and 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 checking procedures. • 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 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.