



# **Blackall-Tambo**

## Regional Council

# Tambo Child Care Centre Diabetes Policy

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Policy Compiled by: Director of Finance Corporate & Community Services	
Policy Approved by: Chief Executive Officer	

## **OBJECTIVES**

To work with all children to develop positive social and emotional skills:

- to inspire and encourage positive self-esteem through mastery of new skills
- to inspire and encourage respect for others
- to learn to play cooperatively
- sharing and using acceptable manners

## **AIMS**

The Tambo Child Care Centre (TCCC) is committed to providing a safe and healthy environment that is inclusive for all children, staff, visitors, and family members that are diagnosed with diabetes.

The aim of this policy is to minimise the risk of a diabetic medical emergency occurring for any child whilst at the Service.

For more information see <http://www.diabeteskidsandteens.com.au/whatisdiabetes.html> for an online presentation for children explaining how diabetes affects the body.

## **DOCUMENTS TO BE SUPPLIED BY THE CHILD'S PARENT/GUARDIAN**

The child's parent/guardian provides the centre with all required documentation, prepared, dated, and signed by an appropriately qualified health professional e.g., Credentialed Diabetes Educator, State School Registered Nurse, General Practitioner, Medical Specialist, Paediatrician or Endocrinologist:

- 1/. Medical Management Plan (must be less than 6 months old)
- 2/. Diabetes Action Plan or Emergency Action Plan
- 3/. Dosage Card
- 4/. Consent to Display Medical Management Plan and Child's Photo Form

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5/. Permission to Access Services to Support Inclusion Form (if applicable).

The TCCC Coordinator completes a Medical Conditions Checklist for the child.

It is important that communication is open between families and educators so that management of diabetes is effective.

Children diagnosed with diabetes will not attend the TCCC until the child's medical documents are completed and signed by their Medical Practitioner and the relevant staff members have been trained on how to manage the individual child's diabetes.

### **TCCC RESPONSIBILITY - TRAINING TO MANAGE DIABETES**

All staff members of the TCCC are to complete:

- 1/. Level 1 Introductory Training – Diabetes in Schools (online)
- 2/. Level 2 Intermediate Training – Diabetes in Schools (online)
- 3/. When a child with type 1 diabetes enrolls at the TCCC two employees with Childcare responsibilities will undertake type 1 diabetes management training through a recognised diabetic instructor within three months of enrolment.
- 4/. When a child with type 1 diabetes enrolls at the TCCC two employees will undertake a type 1 diabetes management refresher course through a recognised diabetic education once every twelve months.
- 5/. When a child with type 1 diabetes attends the TCCC a trained employee in diabetes management will be rostered on to look after the child.

Training must cover the following content:

- 1/. What is Diabetes and management strategies, BGL and Ketone monitoring.
- 2/. What is Hypoglycaemia, Hyperglycaemia and Ketoacidosis and how to respond.
- 3/. Medical Management Plans, Diabetes Action Plans, Medication, and dosage cards.
- 4/. Storage and administration of medication i.e., pen device and insulin pump, and (if volunteering) how to administer injections.
- 5/. A review of the child's Medical Management Plan and Diabetes Action Plan level 3 face-to-face training.

All staff members are provided with a copy of the Diabetes Management policy along with the Medical Conditions checklist that is reviewed annually.

A copy of the Medical Conditions checklist is provided to the parent and is reviewed during each new staff member's induction process.

### **DOCUMENTATION RETENTION**

TCCC only – Coordinator scans and uploads all related documentation to the child's record in Kidsoft:

- Medical Management Plan



- Diabetes Action Plan or Emergency Action Plan
- Dosage Card
- Risk Minimisation Plan
- Medical Conditions Checklist
- Consent to Display Medical Management Plan and Child's Photo Form

TCCC only – Diabetes training certificates received to be emailed to [HR@btrc.qld.gov.au](mailto:HR@btrc.qld.gov.au).

## **MANAGING DIABETES**

Source: Type 1 Diabetes NDSS

(i) Managing diabetes requires regular monitoring of a child's Blood Glucose Level (BGL) to check it is within a target range.

(ii) BGLs rise and fall during the day for many reasons, such as when, what, and how much food a person eats, their level of exercise or physical activity, medication, stress, excitement, illness, or pain.

(iii) Balancing the factors that raise or lower a child's BGL is vital.

(iv) Insulin may need to be administered, in accordance with a child's medical management plan/diabetes action plan, to help lower their BGL.

Managing diabetes may include:

- Eating at a particular time
- Drinking more water
- Going to the toilet more often
- Monitoring and recording BGL
- Administering Insulin
- Monitoring and recording Ketones
- Administering Glucagon (in the event of an emergency)
- Supporting the child and providing privacy when any specialised health procedure is undertaken.

## **PARENT/GUARDIAN RESPONSIBILITIES**

Read, understand and complete all assigned tasks and responsibilities documented in the TCCC Medical Condition checklist.

Ensure the following information (when applicable) is clearly documented in your child's Medical Management Plan and Diabetes Action Plan/Emergency Action Plan:

1/. BGL monitoring, including the frequency and/or circumstances following appropriate actions when glucose levels are identified.

2/. Insulin administration including method, times, and dose as per dosage card/instructions.

3/. Ketone monitoring, including the frequency and circumstances following appropriate actions when Ketone levels are identified.

4/. Medication storage requirements.



- 5/.Symptoms and treatment for low and high BGL
- 6/. Meal schedule including food type, frequency and/or circumstance for food intake.
- 7/. Physical activity recommendations.
- 8/. Name and telephone number of your child’s medical practitioner/qualified health professional or Diabetes educator /team.

Provide all equipment and medication listed in your child’s Medical Management Plan and Diabetes Action Plan/Emergency Action Plan daily within a zipped bag, clearly labelled with your child’s name.

This may include:

- 1/. Blood Glucose Meter and strips
- 2/. Ketone strips (if separate device required)
- 3/. Hypo Kit (including emergency foods)
- 4/. Diabetes Dosage Card
- 5/. Medication

If applicable, provide a sharps container and dispose/replace when requested by staff.

Provide consent (via Permission to Access Services to Support Inclusion Form) for TCCC personnel to seek expert advice from appropriately qualified professional regarding your child’s health/medical needs.

Provide consent for TCCC to display your child’s image and Medical Management Plan / Action Plan (via Consent to Display Medical Management Plan and Child’s Photo Form).

Keep all emergency contact details up to date as TCCC will use this information to contact someone if we cannot get in contact with you. Emergency contacts must be able to collect the child from centre when requested and provide specific health directions about the child’s health/medical needs.

When applicable, complete and review Diabetes Blood Glucose / Ketone and Medication Authorisation Record.

Share, read and record relevant information in communication book (e.g., child’s behaviour / activity levels, food intake) which may influence BGL. Keep the communication at the centre.

**INSULIN ADMINISTRATION AND STORAGE**

Insulin is the medication used to treat Type 1 Diabetes and can be administered via a pen device, syringe (needle) or continuously through an insulin pump.

Children with diabetes may or may not require Insulin whilst attending the centre.

The Council does not expect teachers/educators to volunteer to administer Insulin via a needle/syringe. Whenever possible, Council prefers insulin to be administered at the centre via a pen device or pump.

To administer insulin, teachers/educators must complete training (delivered by an appropriately qualified health professional).



A 'Diabetes Dosage Card' details how much Insulin must be administered based on a child's BGL reading, and must contain the following details:

- (i) Child is first and last name
- (ii) Medication name
- (iii) Dosage amount per BGL reading
- (iv) Authorised (signed and dated) by doctor / qualified health professional (e.g., Credentialed Diabetes Educator, State School Registered Nurse, General Practitioner, Medical Specialist, Paediatrician or Endocrinologist).

Insulin must be administered as per the Administration of Medication Procedure and documented via the Diabetes Blood Glucose / Ketone and Medication Authorisation Record.

Store unopened Insulin in the fridge, ideally between 2°C and 8°C. Store in an area of the fridge least likely to freeze i.e., fridge door or away from the freezer.

Store opened insulin at room temperature below 25°C and away from direct sunlight. Once opened it can stay at this temperature for up to 28 days.

## **HYPOGLYCAEMIA (LOW BLOOD GLUCOSE)**

**If child arrives at the centre with a BGL below 4 mmol/L the parent/guardian must remain at the centre until child's BGL is within the targeted level (as per child's Medical Management Plan/Diabetes Action Plan) or child cannot stay/attend the centre.**

Hypoglycaemia (or 'hypo') occurs when BGL falls below 4 mmol/L.

- BGL levels below 4 mmol/L require immediate treatment.
- If left untreated, Hypoglycaemia can be life threatening. Immediate treatment is crucial and must not be delayed.
- Individual signs/symptoms can progress quickly from mild to severe and may include paleness, hunger, sweating, weakness, lack of concentration, confusion, and irritability.
- Hypoglycaemia can occur at any time but is more likely to occur if a meal is delayed or missed, not eating enough carbohydrate, during/after physical activity or the child has had too much insulin.
- A child's Medical Management Plan/Diabetes Action Plan requires a Hypo Kit, which may include:
  - Blood Glucose Meter and strips
  - Emergency foods / fast acting carbohydrates e.g., glucose jellybeans, fruit juice, sugar sachets or glucose tablets / gel equivalent and biscuits.
- Typical treatment of Hypoglycaemia:



- Follow child’s Medical Management Plan/Diabetes Action Plan.
- Immediately notify parent/guardian by telephone.
- Child can stay at the centre if BGL return to ‘targeted levels’ and the child appears to be well.
- If child’s BGL does not return to ‘targeted levels’ and / or the child does not appear to be well, continue to follow the child’s Medical Management Plan/Diabetes Action Plan and ask the child’s parent / guardian to collect their child.

When practical (within 24hrs), document all incident details and actions via Child Incident Record.

**HYPERGLYCAEMIA (HIGH BLOOD GLUCOSE) AND KETOACIDOSIS**

Source: Ketoacidosis NDSS

- Hyperglycaemia occurs when BGLs are too high, typically when they are above 15mmol/L. A child’s medical management plan/action plan will indicate a child’s Hyperglycaemia level and what action to take. When newly diagnosed, it is common for children to experience high blood glucose levels.
- Symptoms may include excessive thirst, frequent urination, lethargy, mood change, lack of concentration, blurry vision, and headaches.
- Typical treatment of hypoglycaemia:
  - Follow child’s Medical Management Plan/Diabetes Action Plan.
  - Child can stay at the TCCC if BGL return to ‘targeted levels’ and the child appears to be well.
  - If child’s BGL do not return to ‘targeted levels’ and / or the child does not appear to be well, continue to follow.
    - the child’s Medical Management Plan / Diabetes Action Plan and ask the child’s parent / guardian to collect their child.
- When practical (within 24hrs), document all incident details and actions via Child Incident Record.

**Ketoacidosis**

- Hyperglycaemia may result in a build-up of chemicals called Ketones which can lead to a life-threatening condition called Ketoacidosis.
- Ketoacidosis is a diabetes medical emergency.
- Ketone monitoring identifies high levels of Ketones in the bloodstream. Checking levels include using a Ketone test strip with meter.
- Signs/symptoms may include rapid, laboured breathing, sweet-smelling breath, abdominal pain, vomiting and diarrhoea.
- Council employees are not expected to assess or interpret Ketone monitoring results, due to the level of clinical assessments required.
- Council staff may perform a ketone check under the following conditions:
  - If Council staff have volunteered (documented via Volunteering to Perform Specialised Health Procedure Form) and
  - Completed training (delivered by an appropriately qualified health professional).



**THE NOMINATED SUPERVISOR WILL ENSURE THAT:**

- Parents/guardians of an enrolled child who is diagnosed with diabetes are provided with a copy of the Diabetes Management Policy and the Medical Conditions.
- All staff members including volunteers are provided with a copy of the Diabetes Management policy along with the Medical Conditions Policy that is reviewed annually.
- A copy of this policy is provided and reviewed during each new staff member's induction process.