NQS2 Children's health and safety Procedure
Diabetes

Background

C&K is committed to supporting the inclusion and participation of all children, including children diagnosed with Diabetes. The safe management of Diabetes relies on ongoing collaboration and open communication between the centre, parents and health professionals such as credentialled diabetes educators. This procedure outlines the responsibilities and actions of both parents and the centre to ensure each child's medical condition and health needs are appropriately and safely managed. This procedure is implemented alongside the *Medical Condition Procedure* and *Administration of Medication Procedure*.

For the purposes of this procedure:

- **Medical Condition:** A current condition diagnosed by a registered medical practitioner that requires a medical management plan. Diabetes is a medical condition.
- **Complex Medical Condition:** A current condition diagnosed by a registered medical practitioner requiring specialised management due to severity, multiple co-occurring conditions or need for specific health procedures.
- **Diabetes:** A complex medical condition diagnosed by a registered medical practitioner. Diabetes occurs when the pancreas no longer produces insulin, the hormone responsible for moving glucose from the bloodstream into the body's cells for energy. Without insulin, glucose builds up in the blood, which can make a person very unwell. A child with Diabetes may become unwell if their BGL is too high (hyperglycaemia) or too low (hypoglycaemia). Both conditions can impact a child's health, wellbeing and behaviour.
- **Medical Management Plan*:** A current plan developed, updated and authorised by a registered medical practitioner (practitioner's name, signature OR practice stamp with practitioner's name and provider number), outlining how a child's medical condition must be managed. The plan must include:
  - the child's full name and recent photo
  - the name of the medical condition
  - management and care tasks
  - (if applicable) signs and symptoms, first aid and/or emergency treatment
  - (if applicable) medication details e.g. name, frequency, dosage, method.

  A Medical Management Plan for Diabetes may be called a Diabetes Management and Action Plan. Visit Diabetes Victoria for plan templates.
- **Insulin Dosage Card*:** A document developed, authorised, and regularly updated by a registered medical practitioner (often in consultation with a credentialled diabetes educator). The card includes the child's full name and provides clear, current written instructions on how much insulin to administer and when. Instructions are linked to the child's blood glucose levels and/or carbohydrate intake.
- **Registered Medical Practitioner:** A person registered with the Australian Health Practitioner Regulation Agency under the *Health Practitioner Regulation National Law Act 2009 (Qld)*, (excluding students), including general practitioners, specialists and credentialled diabetes educators.
- **Specialised Health Procedure:** A care task required for a complex medical condition e.g. insulin injections, blood glucose/ketone monitoring.
- **Parent:** A parent/guardian with the lawful authority and responsibility to make decisions for a child; in this document, the term "parent" will be used to refer to both parent and guardian.

*For children diagnosed with diabetes within the past 6 months, the Medical Management Plan and Insulin Dosage Card must be prepared, authorised, and updated by a registered medical practitioner at least every 3 months.

*If a child's Medical Management Plan (or Diabetes Management and Action Plan) and/or Insulin Dosage Card are incomplete, unclear, or difficult to follow, promptly contact your Early Childhood Pedagogy Advisor for guidance. Parents are responsible for providing documentation that is current, complete, and easy to follow. Where appropriate, parents may engage a Credentialled Diabetes Educator (fee-for-service) to amend or clarify documentation.

Managing Diabetes

Managing Diabetes may include a child eating at a particular time, drinking more water and going to the toilet more often, and involve teacher and educator volunteers:

- monitoring and recording BGL
- administering insulin
- monitoring and recording ketones
- administering glucagon in the event of an emergency
- providing child's privacy when performing a specialised health procedure
- communication with the child's treating medical practitioner/registered diabetes educator (when prior written parent/guardian authorisation has been obtained via child's *Medical Condition Record*).

Risk Minimisation Strategies

In consultation with a child's parent(s) and centre team (where possible), the Centre Director/Nominated Supervisor is responsible for developing and documenting a Risk Minimisation Plan in the child's *Medical Condition Record*.

Risk minimisation strategies must be responsive to a child's specific medical condition and health needs. Teachers and educators are required to read, understand, implement and follow Risk Minimisation Plans.

Implement the following risk minimisation strategies to reduce risks and support children diagnosed with Diabetes:

- Centre Director/Nominated Supervisor and teacher and educator volunteers to consistently implement all tasks and responsibilities detailed in this procedure.
- Centre Director/Nominated Supervisor and teacher and educator volunteers to maintain open, regular communication with child's parents and registered medical practitioner (when prior written authorisation has been obtained via the *Medical Condition Record*) regarding the management of child's diabetes.
- Centre Director/Nominated Supervisor to establish a local centre protocol to ensure parent(s) provides all items listed in their child's Medical Management Plan, in a zipped bag clearly labelled with child's first name and surname, everyday child attends the centre. Store bag in a location that is inaccessible to children, but easily accessible and known to teacher/educator volunteers.
- Centre Director/Nominated Supervisor to maintain a labelled 'Sharps Disposal Kit' containing a sharps container and disposable gloves.
- Centre Director/Nominated Supervisor to consult with child's parent prior to cooking activities, excursions and special events to ensure all management actions are considered. Update child's Risk Minimisation Plan accordingly.
- Teachers and educators understand the importance of child consuming food at regular and scheduled times and closely monitoring child's food intake at mealtimes.
- Teachers and educators understand and can identify aware possible signs and symptoms of Hypoglycaemia, Hyperglycaemia and Ketoacidosis.
- Consider establishing a communication book for parents and teachers/educators to share incidental information between the home and centre which may influence BGL e.g. child's behaviour/activity levels, food intake. Keep at the centre in the same known location.
- **NEVER** implement parent instructions that are inconsistent with their child's Medical Management Plan prepared and authorised by a Registered Medical Practitioner such as a credentialled diabetes educator.

Equipment

Everyday a child with Diabetes attends the centre, parents/guardians are required to provide all items listed in their child's Medical Management Plan, in a zipped bag clearly labelled with child's first name and surname. Items may include (when applicable):

- hypo kit – blood glucose monitoring kit, a fast-acting carbohydrate (e.g. fruit juice, glucose tablets), a slow-acting carbohydrate (e.g. muesli bar, sweet biscuits)
- medication
- Blood Glucose Meter and strips
- ketone strips (if separate device required)
- insulin dosage card/pump reading instructions
- adequate protection for pump to allow active play
- mobile device (such as a smart phone or iPad) with app to send and receive glucose alerts i.e. Continuous Glucose Monitoring (CGM) device.
- pump battery charged (at least 20%) at the beginning of the day. If a child's pump malfunctions, breaks or stops working, parents/guardians are required to collect their child as soon as possible.
- When insulin injections are required, the **Centre Director/Nominated Supervisor will** maintain a labelled 'Sharps Disposal Kit' containing a sharps container and disposable gloves.

Blood Glucose Monitoring

A child with Diabetes may require their Blood Glucose Levels (BGL) to be monitored whilst attending the centre. A child's Medical Management Plan must specify how (finger prick test and/or CGM device) and when BGLs are monitored, as well as the child's individual BGL target range.

When monitoring BGL via a finger pick test, **teacher and educator volunteers will:**

- Wear disposable gloves.
- Appropriately handle and dispose of sharps (via a sharps container), and other infectious waste.
- Promptly clean and disinfectant items contaminated by bodily fluids.
- Wash their hands and the child hands (before and after)
- Document BGL via a *Diabetes Daily Monitoring and Response Record*.

When monitoring BGLs via a CGM device, **teacher and educator volunteers will:**
- Follow instructions as per outlined in child's Medical Management Plan.
- Record BGLs in *Diabetes Daily Monitoring and Response Record.*

Insulin
A child with Diabetes may require insulin whilst attending the centre, via a pen device, injection (needle) or continuously through an insulin pump. Wherever possible (preferred), insulin should be administered via an insulin pen or pump, instead of an injection. When and how insulin is administered must be clearly articulated in a child's Medical Management Plan and/or Insulin Dosage Card. Insulin must be administered in accordance with the *Administration of Medication Procedure*.

Teacher and educator volunteers will:
- Document the administration of insulin via *Diabetes Daily Monitoring and Response Record* AND *Medication Authorisation Record*.
- Store unopened insulin in the fridge, ideally between 2°C and 8°C in a locked container. Display 'medication is stored here' sign on fridge.
- Once opened, store insulin at room temperature below 25°C for up to 28 days, away from direct sunlight, in a location which is inaccessible to children. Location must display 'medication is stored here' sign.

Diet
A child with diabetes may require careful monitoring of their food and drink intake, as carbohydrate consumption directly impact BGLs and overall diabetes management. A child's specific dietary requirements, including carbohydrate 'portions', 'exchanges' or 'serves', must be clearly documented in their Medical Management Plan.

Teachers and educator volunteers will monitor and record food and drink consumption via the *Diabetes Daily Monitoring and Response Record.*

Hypoglycaemia (Hypo) – Low Blood Glucose
Hypoglycaemia occurs when a child's BGLs falls below 4.0 mmol/L. If untreated, BGLs may continue to fall, and the child may become unconscious or experience a seizure. A hypo can occur at any time but is more likely if:
- A meal is delayed or missed
- The child eats insufficient carbohydrate
- During or after physical activity
- Too much insulin has been administered

Signs and symptoms differ between children and may progress rapidly from mild to severe. They can include:
- sudden change in behaviour (angry, unusually quiet, crying, appearing frightened)
- pale appearance
- shakiness, dizziness, headache
- palpitations (heart racing)
- hunger
- BGL check confirms level below 4.0 mmol/L

GlucaGen/Glucagon may be included in a child's Medical Management Plan for the treatment of severe Hypoglycaemia. C&K would prefer GlucaGen/Glucagon be administered by parent/guardians or ambulance paramedics. There is no expectation for teachers and educators to volunteer to administer this medication. Administration of GlucaGen/Glucagon is permitted under the following conditions:
- Teacher and educator volunteers have agreed (in writing in child's *Medical Conditions Record)* to administer GlucaGen/Glucagon.
- Teacher and educator volunteers have completed required training to administer GlucaGen/Glucagon AND
- The centre is located in an area where an ambulance response may take longer than 30 minutes e.g. centre in a rural or remote location AND
- Administration is directed by a '000' operator.

When a child's BGLs falls below 4.0 mmol/L, **teachers and educator volunteers will:**
- Follow child's Medical Management Plan.
- Immediately notify parent by telephone.
- Closely monitor child and document observations and actions via the *Diabetes Daily Monitoring and Response Record.*
- If child does not improve, telephone '000' for an ambulance.
- Complete a *Child, Centre Incident Record* and implement all other responsibilities outlined in the *Child Centre Incident Reporting Procedure*.

When a child arrives at the centre with a BGL below 4 mmol/L, the **parent will:**

- Follow their child's Medical Management Plan.
- Document observations and actions via the *Diabetes Daily Monitoring and Response Record.*
- Remain at the centre until the child's BGL returns to target level as indicated in child's Medical Management Plan or take the child home. If child's BGL returns to 'target level' and the child appears to be well, the parent can leave, and child can remain at the centre.

Hyperglycaemia - high blood glucose

Hyperglycaemia occurs when a child's BGL is higher than their target range. A child's Medical Management Plan will outline their hyperglycaemia threshold and the specific actions required. Signs and symptoms differ between children and may include:

- excessive thirst
- frequent urination
- lethargy or fatigue
- nausea or stomach pain
- irritability or lack of concentration
- blurred vision

When a child's BGL is higher than their target range, **teachers and educator volunteers will:**

- Follow child's Medical Management Plan.
- Immediately notify parent by telephone.
- Closely monitor child and document observations and actions via the *Diabetes Daily Monitoring and Response Record.*
- If child does not improve, telephone '000' for an ambulance.
- When practical, complete a *Child, Centre Incident Record* and implement all other responsibilities outlined in the *Child Centre Incident Reporting Procedure*.

When a child arrives at the centre with a BGL is higher than their target range, **the parent will:**

- Follow child's Medical Management Plan.
- Remain at the centre until the child's BGL returns to target level as indicated in child's Medical Management Plan or take the child home.
- If child's BGL returns to 'target level' and the child appears to be well, the parent can leave, and child can remain at the centre.

Ketoacidosis

Untreated hyperglycaemia may result in a build-up of ketones, leading to Ketoacidosis, a life-threatening emergency. Ketone monitoring (via a Ketone Meter) identifies high levels of Ketones in the bloodstream and may be included in a child's Medical Management Plan. Signs and symptoms of Ketoacidosis may include rapid, laboured breathing, sweet/fruity-smelling breath, abdominal pain, vomiting and/or diarrhoea.

Due to the level of clinical assessment required, teacher and educator volunteers are not expected to **interpret** Ketone Meter readings. However, Ketone **monitoring** can be performed under the following conditions:

- Teacher and educator volunteers have agreed (in writing in child's *Medical Conditions Record)* to perform ketone checks AND
- Teacher and educator volunteers have completed required training to perform ketone checks.

When Ketone Monitoring is included in a child's Medical Management Plan, **teacher and educator volunteers will:**

- Monitor Ketones as per child's Medical Management Plan.
- Record Ketone check times and levels via a *Diabetes Daily Monitoring and Response Record.*
- Immediately notify parent/guardian (or emergency contacts) by telephone and direct them to collect their child.
- If parents/guardians (or emergency contacts) cannot be contacted, immediately phone '000,' advise the operator that there is a 'Diabetic Medical Emergency' and follow operator instructions.
- When practical, complete a *Child, Centre Incident Record* and implement all other responsibilities outlined in the *Child Centre Incident Reporting Procedure*.

References and resources

- Diabetes QLD (2020) *Students with Diabetes - Guidelines for Queensland Schools*
- Diabetes Victoria website - *Action and Management Plans*
- National Diabetes Services Scheme (NDSS) - *Mastering Diabetes in Preschools and Schools*