Jannali East **B**efore and **A**fter **S**chool **C**are
Program **I**ncorporated
ABN : 82 641 384 248
Provider Number: 555006 930H
P.O. Box 338 Jannali NSW 2226
Telephone: ***0435 - 996806***

Diabetes Policy

Considerations:

- **National Regulation 90 - 91**
  (Medical conditions policy)
- **National Regulation 92 - 96**
  (Administration of medication)
- **National Regulation 162**
  (Health information to be kept in enrolment record)
- **National Regulation 177**
  (Prescribed enrolment and other documents to be kept by approved provider)
- **National Regulation 181 - 184**
  (Confidentiality and storage of records)

Sourced:

- Diabetes Australia
- Education and Care Services National Law Act 2010
- National Quality Standard: Quality Area 2: Element 2.1.1
  (Each child's health needs are supported)
- National Quality Standard: Quality Area 2: Element 2.1.4
  (Steps are taken to control the spread of infectious diseases and to manage injuries and illness, in accordance with recognised guidelines)
- National Quality Standard: Quality Area 2: Element 2.3.2
  (Every reasonable precaution is taken to protect children from harm and any hazard likely to cause injury)
- Disability Discrimination Act 1975
- My Time, Our Place Framework
- NSW Anti-discrimination Act 1977
- Work, Health and Safety Act 2011

Related Policies & Documentation:

- Administration of First Aid Policy
- Confidentiality Policy
- Enrolment and Orientation Policy
- Incident, Injury, Illness and Trauma Policy
- Individual Medical Management Plans and corresponding resources
- Providing a Child Safe Environment Policy
- Parent Handbook
- Staff Handbook

Policy Statement:

Our Service is committed to providing a safe and healthy environment that is inclusive for all children, staff, visitors and family members that are at diagnosed with diabetes. The aim of this policy and procedure is to minimize the risk of a diabetes medical emergency whilst at our service, also ensuring that staff members are able to support the management of the condition. There are two types of Diabetes – Type 1 and Type 2. Generally school children have Type 1.

Procedures:

- A majority of staff have a current Senior First Aid Certificate and are strongly encouraged to continue updating it after the 3 year validation.

- To facilitate effective care for a child with diabetes it is necessary to form a partnership between the Centre and the child's family with responsibilities for both, and Centres should:
    - Ensure the family, parent or guardian provides the centre with:
        - Details of the child's health problem, treatment, dedications and allergies
        - Their doctor's name, address and phone number, and a phone number for contact in case of an emergency
        - A Diabetes Care Plan following enrolment and prior to the child starting at the centre which should include:
            - When, how and how often the child is to have finger, prick or urinalysis glucose or ketone monitoring
            - What meals and snack are required including food content, amount and timing
            - What activities and exercise the child can or cannot do
            - Whether the child is able to go on excursions and what provisions are required.
        - A Diabetes First Aid or Emergency Medical Plan following enrolment and prior to the child starting at the centre which should include:
            - What symptoms and signs to look for that might indicate hypoglycaemia (low blood glucose) or hyperglycaemia (high blood glucose)
            - What action to take including emergency contacts for the child's doctor and family or what first aid to give.
            - An up to date photograph of the child should be included on any action plan displayed at the centre.

- In any medical emergency involving a child with diabetes, the centre staff should immediately dial 000 for an ambulance and notify the family in accordance with the Regulation and guidelines on emergency procedures, and administer first aid or emergency medical aid according to the child's Diabetes First Aid or Emergency Medical Plan, or a doctor's instructions, or if these are not available, use the following First Aid Plan for Diabetic Emergency:
    - Ensure at least one staff member who has completed accredited training in emergency diabetes first aid is present in the centre at all times whenever children with diabetes are being cared for in the service.

- Ensure the family supplies all necessary glucose monitoring and management equipment.
- Ensure the family and Centre staff know it is not the responsibility of the centre staff to administer a child's insulin, or to administer parenteral injections of glucose or glucagon in an emergency.
- Ensure the family understands that a child's insulin should be administered before or after care in the centre.
- Ensure there is a staff member who is appropriately trained to perform finger---prick blood glucose or urinalysis monitoring and knows what action to take if these are abnormal.
- Ensure there are glucose foods or sweetened drinks readily available to treat hypoglycaemia (low blood glucose), e.g. Glucose tablets, glucose jelly beans, Lucozade.
- If a child has had an episode of hypoglycaemia and needed glucose food or drink, also provide the child with a slow---acting carbohydrate food to help maintain blood glucose levels, e.g. milk, raisin toast, yoghurt, fruit.
- Ensure a location in the centre for privacy for the child to do their own glucose monitoring or insulin administration if the child is able.
- Ensure availability of meals, snacks and drinks that are appropriate for the child and are in accordance with the child's Diabetes Care plan.
- Ensure opportunity for the child to participate in any activity, exercise or excursion that is appropriate and in accordance with their Diabetes Care Plan.
- All meal trolleys are to include a list of children who have allergies or medical conditions and this should include an updated photo of the child and details of appropriate action to be taken.
- When meals are served or prepared by the Centre chef for the diabetic child, staff member visitor or family member will receive a distinctive bowl that contains food suitable for their consumption.

Treatment of Type 1 Diabetes:

- 2 to 4 injections daily with a syringe or insulin pen or more recently, by a continuous infusion with an infusion with an insulin pump. The dose is adjusted according to blood glucose tests carried out several times a day.
- A regular pattern of snacks and meals.
- Staff should be aware that the timing of the child's injections and food intake is important.
- Carbohydrate foods such as bread, fruit, sugar are essential and raise blood glucose levels while exercise and insulin lower blood glucose levels.

Diabetic Emergency:

- A diabetic emergency may result from too much or too little insulin in the blood.
- There are two types of diabetic emergency – very low blood sugar (hypoglycaemia, usually due to excessive insulin); or very high blood sugar (hyperglycaemia, due to insufficient insulin).
- The more common emergency is hypoglycaemia. This can result from too much insulin or other medication, not having eaten enough of the correct food, unaccustomed exercise or a missed meal.

Signs and symptoms:

- If caused by low blood sugar, the person may:
  - Feel dizzy, weak, trembly and hungry
  - Look pale and have a rapid pulse
  - Be sweating profusely
  - Appear confused or aggressive
  - Be unconscious
- If caused by high blood sugar, the person may:
  - Be excessively thirsty
  - Have a frequent need to urinate
  - Have hot dry skin, a rapid pulse, drowsiness
  - Have the smell of acetone (like nail polish remover) on the breath
  - Be unconscious

If casualty unconscious:

- Follow DRSABC
- Give nothing by mouth
- Call 000 for an ambulance.

DRSABC Action Plan:

- This Action Plan is a vital aid to the first aider in assessing whether the casualty has any life-threatening conditions and if any immediate first aid is necessary.
  - **D** – check for **Danger -** To you, to others, to casualty
  - **R** – check **Response** - is casualty conscious? Is casualty unconscious?
  - **S** – Send for **Help**
  - **A** – check **Airway** - is airway clear of objects? Is airway open?
  - **B** – check for **Breathing -** Is chest rising and falling? Can you hear casualty's breathing? Can you feel the breath on your cheek?
  - **C** – check for signs of **Circulation** - Can you see obvious signs of any movement, including swallowing and breathing? Can you feel a pulse? Observe colour of skin on face.

Hypogylcaemia may be dangerous:

- Staff should be aware of the signs of Hypoglycaemia
- The signs may progress from mild to severe. Some children will recognise their own symptoms, others may not.
- Features that staff should look for are:
  - Sweating and paleness, trembling, hunger, weakness
  - Numbness around lips and fingers
  - Changes in mood and behaviour (crying, argumentative outbursts, aggressiveness)
  - Inability to think straight, lack of co-ordination.
- Moderately severe hypo additional signs develop and include:
  - Inability to help oneself
  - Glazed expression
  - Being disoriented, unaware or seemingly intoxicated

  - Inability to drink and swallow without encouragement
  - Headache, abdominal pains or nausea.
- Severe Hypoglycaemia additional signs develop including:
  - Inability to stand
  - Inability to respond to instructions
  - Extreme disorientation (maybe thrashing about)
  - Inability to drink and swallow (leading to danger of inhaling food into lungs)
  - Unconsciousness or seizures (jerking, twitching of face, body or limbs)

Treatment:

- It is important not to waste time.
- If unsure whether attack is caused by low or high blood sugar, give a sweet (sugar-containing) drink. Do not use 'diet' soft drinks. This could save the person's life, if blood sugar is low, and will not cause undue harm if blood sugar is high.
- If in doubt TREAT.
- Do not leave anyone having a suspected hypo alone or send them away for treatment by themselves.
- Alert the child's family and treat as described
- An adult needs to stay with the child at all times to make sure the food or drink is actually consumed and the hypo is effectively treated.

Easily Absorbed Carbohydrates:

- Any one of the following will help in the event of a hypo –
  - Fruit juice (½ glass or 125 ml)
  - Soft drinks containing sugar (½ can or 125 ml)
  - Glucose tablets or glucose gel equivalent to 10-15 grams
  - Sugar, honey, sweetened condensed milk or jam (2-3 teaspoons)
  - Jelly beans (4 large or 7 small)
- This treatment should be repeated if there has been no response within 10-15 minutes.

When recovery commences:

- Follow up the initial treatment 10-15 minutes later by giving additional carbohydrate foods.
- A sandwich, biscuits – equivalent to 1 slice of bread or a piece of fruit.
- For very small children, half of this amount is sufficient.
- These recovery foods will provide a more sustained release of carbohydrates and will maintain blood glucose levels in the normal range.

Supervision:

- Adult supervision is needed until the child has recovered.
- If symptoms improve, the child may return to normal activity in approximately 15-30 minutes.
- If no improvement is apparent in this time, repeat the treatment.
- If symptoms remain notify the parents/ guardian or transfer to a hospital by ambulance.

Recovery:

- Some children take longer to recover than others, and they may not be able to concentrate for up to 30minutes after a hypo.
- Headaches are common.
- Parents should be notified.

Endorsement by the Service:

Considered and accepted by the Management Committee (representative):
Name .... Signature .... Date ....
Considered and accepted by the Staff (representative):
Name .... Signature .... Date ....
Considered and accepted by the Parents (representative):
Name .... Signature .... Date ....

Last Reviewed: February 2014 **Next Review: February 2016**