

Diabetes Procedure – Children’s Services

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Adopted by	Manager Child, Families and Youth
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Responsible officer	Manager Child, Families and Youth
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1. Purpose

Melton City Council is committed to:

- ensuring that enrolled children living with type 1 diabetes and their families are supported, while children are being educated and cared for by the service
- ensuring the safety and wellbeing of children living with type 1 diabetes
- Providing a safe and healthy environment in which children can participate fully in all aspects of the program
- Actively involving families in developing a risk minimisation plan for the service for each child to minimise health risk
- Ensuring that all staff members and other adults at the service have adequate knowledge of diabetes and procedures to be followed in the event of a diabetes-related emergency

Facilitating ongoing communication between the service and family to ensure the safety and wellbeing of children living with type 1 diabetes.

This procedure has been adapted from PolicyWorks Catalogue by the Early Learning Association Australia

2. Application And Scope

This procedure applies to the approved provider, persons with management or control, nominated supervisor, persons in day-to-day charge, educators, staff, students, volunteers, parents/guardians, children, and others attending the programs and activities of Melton City Council, including during offsite excursions and activities.

3. Definitions

For terms that relate specifically to this procedure refer to the *Diabetes Policy*. For commonly used terms e.g. Approved Provider, Regulatory Authority etc. refer to the *Glossary of Terms*.

4. Responsibilities

RESPONSIBILITIES	Approved provider and persons with management or control	Nominated supervisor and persons in day-to-day charge	Early childhood teacher, educators and all other staff	Parents/guardians	Contractors, volunteers and students
R indicates legislation requirement, and should not be deleted					
Ensuring that a <i>Diabetes Policy</i> is developed, implemented and complied all staff, families, students and volunteers by at Melton City Council <i>Regulation 90</i>	R	✓	✓	✓	✓
Ensuring that at least one ECT/educator with current approved first aid qualifications is in attendance and immediately available at all times that children are being educated and cared for by the service (<i>Regulation 136(1) (a)</i>). This can be the same person who has anaphylaxis management training and emergency asthma management training	R	✓			
Ensuring that the nominated supervisor, early childhood teachers, educators, staff, families, students and volunteers at the service are provided with a copy of the <i>Diabetes Policy</i> , including the section on management strategies, and the <i>Dealing with Medical Conditions Policy (Regulation 91)</i>	R	✓	✓	✓	✓
Ensuring that all staff members and volunteers can identify the child living with diabetes, the child's medical management plan and the location of the child's medication are developed and implemented (<i>Regulation 90</i>)	R	✓	✓		✓
Ensuring that the programs delivered at the service are inclusive of children living with type 1 diabetes (<i>refer to Inclusion and Equity Policy</i>), and can participate in all activities safely and to their full potential	R	✓	✓		✓
Ensuring that the nominated supervisor, staff and volunteers at the service are aware and have discussed the child's diabetes action and management plan with their families. This plan details the strategies to be implemented for the child's diabetes management at the service	R	✓	✓		✓
Following and implementing the diabetes management strategies detailed on the child's diabetes action and management plan while at the service		✓	✓		✓

Administering medications as required, in accordance with the procedures outlined in the <i>Administration of Medication Policy (Regulation 93)</i>	R	R	√		
Ensuring that staff have access to appropriate professional development opportunities and are adequately resourced to work with children living with type 1 diabetes and their families	√	√	√	√	√
Organising appropriate professional development for early childhood teacher, educators and staff to enable them to work effectively with children living with type 1 diabetes and their families	√	√	√	√	√
Compiling a list of children (including their photograph) living with type 1 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	R	√	√	√	√
Ensuring that each enrolled child who is diagnosed with type 1 diabetes has a current diabetes action and management plan prepared specifically for that child by their diabetes medical specialist team, at enrolment or prior to commencement <i>Regulation 90</i>	R	√		√	
Ensuring that the nominated supervisor, early childhood teacher, educators, staff, students, volunteers and others at the service follow the child's diabetes action and management plan in the event of an incident at the service relating to their diabetes	R	√	√		√
Ensuring that a risk minimisation plan is developed for each enrolled child living with type 1 diabetes in consultation with the child's families, in accordance with <i>Regulation 90(iii)</i>	R	√		√	
Providing the service with a current diabetes action and management plan prepared specifically for their child by their diabetes medical specialist team				√	
Working with the approved provider to develop a risk minimisation plan for their child				√	
Ensuring that a communication plan is developed for staff and families at enrolment in accordance with <i>Regulation 90(iv)</i> , and encouraging ongoing communication between families and staff regarding the management of the child's medical condition	R	√	√	√	√
Working with the approved provider to develop a communication plan				√	
Communicating daily with families regarding the management of their child's diabetes		√	√	√	√
Ensuring that families provide the service with any equipment, medication or treatment, as specified in the child's individual diabetes action and management plan.	R	√		√	

Ensuring that programmed activities and experiences take into consideration the individual needs of all children, including children living with type 1 diabetes		√	√		√
Ensuring that children living with type 1 diabetes are not discriminated against in any way and are able to participate fully in all programs and activities at the service	R	√	√		√
Following appropriate reporting procedures set out in the <i>Incident, Injury, Trauma and Illness Policy</i> 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 (<i>Regulation 86</i>).	R	√	√		√

5. Procedure

5.1. Strategies for the management of diabetes of children at the service

Strategy	Action
Monitoring of glucose levels	<ul style="list-style-type: none"> Checking of glucose levels is performed using either a fingerpick blood glucose monitor, continuous glucose monitoring or a flash glucose monitoring (refer to Definitions). The child's diabetes action and management plan should state the times that glucose levels should be checked, the method of relaying information to families about glucose levels and any intervention required if the glucose level is found to be below or above the child's target glucose range. A communication book can be used to provide information about the child's glucose levels between families and the service at the end of each session. Children will need assistance with checking their glucose levels and if required to do a fingerpick blood glucose check. Families should be asked to teach service staff about glucose checking procedures. Families are responsible for supplying a fingerpick blood glucose monitor and in-date test strips if required for their child while at the service.
Managing hypoglycaemia (hypos)	<ul style="list-style-type: none"> Hypos should be recognised and treated promptly, according to the instructions provided in the child's diabetes action and management plan. Families 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	<ul style="list-style-type: none"> 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 may be administered via:

	<ul style="list-style-type: none"> ○ Twice daily injections: before breakfast and dinner at home ○ multiple daily injections: either before meals or other specified times as indicated on the child's diabetes management plan ○ by a small insulin pump worn by the child ○ If insulin is required to be administered by the staff, then it is recommended that they receive skills-based training from the child's diabetes treating team.
Managing ketones	<ul style="list-style-type: none"> • Fingerpick blood ketone checking may be required when their blood glucose level is greater than or equals 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 families, 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 fingerpick blood glucose levels ensure child's hands are washed and dried prior to check • Ensure staff checking fingerpick blood glucose level: • wear disposable gloves • use the child's own lancet device • ensure it is stored safely so it cannot be used by other children; if more than one child living with type 1 diabetes at the service, never share lancet devices; staff should not remove the lancet from the device • safely disposing of all medical waste. • if insulin injections are administered at the service, staff should be instructed on the safe removal of the pen needle (without manually handling it) by the child's diabetes treating team, to avoid a possible needlestick injury. • a sharps' container to be supplied by families if insulin injections are administered at the service, for the disposal of used pen needles.
Timing meals	<ul style="list-style-type: none"> • Most meal requirements will fit into regular service routines. • Children living with type 1 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 mealtimes. Missed or delayed carbohydrate is likely to induce hypoglycaemia (hypo).</u>
Physical activity	<ul style="list-style-type: none"> • Some children living with diabetes may require carbohydrate food before planned extra physical activity. Their diabetes management plan will provide specific guidance

	<ul style="list-style-type: none"> 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"> The service should seek families' advice regarding foods for special events such as parties/celebrations
Communicating with parents	<ul style="list-style-type: none"> Services should communicate directly and regularly with families 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.

6. Definitions

Term	Definition
Blood glucose meter	A compact device used to check a small blood drop sample to determine the blood glucose level.
Communication Plan	A plan that forms part of the policy outlining how the service will communicate with parents/guardians and staff/educators in relation to the policy. The Communication Plan also describes how parents/guardians and staff/educators will be informed about Risk Minimisation Plans and emergency procedures to be followed when a child diagnosed with a medical condition is enrolled at a service.
Continuous Glucose Monitor	<p>Continuous Glucose Monitoring (CGM) is a means of measuring glucose levels continuously, in contrast to a blood glucose meter that measures a single point in time. A Continuous Glucose Monitoring System sensor is inserted into the skin separately to the insulin pump and measures the level of glucose in the interstitial fluid (fluid in the tissue).</p> <p>The sensor continuously sends real-time glucose readings wirelessly to a receiver (the insulin pump, a smart phone or dedicated device) so the user can view the information. The CGM receiver and/or compatible smart device can usually be set to send custom alerts to the user when certain glucose thresholds are reached or if levels are changing rapidly, reducing or eliminating the need for blood glucose finger prick tests and enabling early intervention to prevent the person becoming 'hypo' or 'hyper'. Children in Australia with type 1 diabetes have free access to CGM technology.</p>

Term	Definition
Flash Glucose Monitor	Flash Glucose Monitoring (FGM) uses a sensor attached to the skin, much like a continuous glucose monitor, to measure glucose levels without finger pricks. In contrast to CGM, the FGM sensor will not continuously send readings to a device. The reader (certain blood glucose monitors and smart phones) is scanned over the sensor to obtain the data.
Hypoglycaemia or hypo (low blood glucose)	<p>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.</p> <p>Causes of hypoglycaemia (hypo) are:</p> <ul style="list-style-type: none"> • taking too much insulin • delaying a meal • consuming an insufficient quantity of carbohydrate at a meal • undertaking unplanned or unusual exercise • illness <p>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. Never leave the child alone during a hypo episode.</p> <p>The child's diabetes action and management plan will provide specific guidance for services in preventing and treating a hypo. - Hypoglycaemia - Diabetes Australia</p>
Hyperglycaemia (high blood glucose)	<p>Occurs when the blood glucose level rises above 15 mmol/L. Hyperglycaemia symptoms can include increased thirst, tiredness, irritability and extra toilet visits, affect thinking, concentration, memory, problem-solving and reasoning. Common causes include but are not limited to:</p> <ul style="list-style-type: none"> • taking insufficient insulin/or missed insulin doses • eating more carbohydrate than planned • common illnesses or infections such as a cold • excitement of stress. <p>The child's diabetes action and management plan will provide specific guidance in preventing and treating a high glucose level (hyperglycaemia). - Hyperglycaemia - Diabetes Australia</p>

Term	Definition
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. Insulin - Diabetes Australia
Insulin Pump	A small, battery-operated electronic device that holds a reservoir of insulin. It is about the size of a mobile phone and is worn 24 hours a day. The pump is programmed to deliver insulin into the body through thin plastic tubing known as the infusion set or giving set. The pump worn outside the body, in a pouch or on your belt. The infusion set has a fine needle or flexible cannula that is inserted just below the skin where it stays in place
Ketoacidosis	<p>Ketoacidosis is related to hyperglycaemia, it is a serious condition associated with illness or very high blood glucose levels in type 1 diabetes. It develops gradually over hours or days. It is a sign of insufficient insulin. High levels of ketones can make children very sick. Extra insulin is required (given to children by families) when ketone levels are >0.6 mmol/L if insulin is delivered via a pump, or >1.0 mmol/L if on injected insulin.</p> <p>Symptoms of ketoacidosis may include high blood glucose levels and moderate to heavy ketones in the urine with rapid breathing, flushed cheeks, abdominal pain, sweet acetone (similar to paint thinner or nail polish remover) smell on the breath, vomiting and/or dehydration.</p> <p>This is a serious medical emergency and can be life threatening if not treated properly. If the symptoms are present, contact a doctor or call an ambulance immediately.</p>
Risk Minimisation Plan	A service-specific plan that details each child's Medical Condition, identifies the risks of the Medical Condition and practical strategies to minimise those risks. The plan should include who is responsible for implementing the strategies. The Risk Minimisation Plan should be developed by families of children with specific Medical Conditions that require Medical Management Plans, in consultation with staff/educator at the service upon enrolment or diagnosis of the condition.

Term	Definition
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. Type 1 diabetes is not linked to modifiable lifestyle factors. Currently there is no cure nor can be prevented. Type 1 diabetes can be life threatening. - Type 1 diabetes - Diabetes Australia
Type 2 diabetes	Is a chronic disease that affects the way your child's body processes sugar (glucose) for fuel. Type 2 diabetes occurs more commonly in adults. If a child at your service is diagnosed with type 2 diabetes, please refer to the <i>Dealing with Medical Conditions Policy</i> . For more information about type 2 diabetes visit: Type 2 Diabetes - Diabetes Australia

7. Related Documents

Name	Location
Local Government Act 2020	https://www.legislation.vic.gov.au/in-force/acts/local-government-act-2020
Relevant legislations and standards include but are not limited to	<ul style="list-style-type: none"> • 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)
Sources	<ul style="list-style-type: none"> • Caring for Diabetes in Children and Adolescents, Royal Children's Hospital Melbourne: www.rch.org.au/diabetesmanual/ • Diabetes Victoria: www.diabetesvic.org.au • Diabetes in Schools - Resources and Information: Resources and Information Diabetes in Schools – Diabetes Australia

Name	Location
Related Policies	<ul style="list-style-type: none"> • Administration of First Aid • Administration of Medication • Child Safe (MCC) • Child Safe Environment and Wellbeing • Dealing with Medical Conditions • Enrolment and Orientation • Excursions, Regular Outings and Service Events Policy • Food Safety • Hygiene • Incident, Injury, Trauma and Illness • Inclusion and Equity • Nutrition, Oral Health and Active Play • Occupational Health and Safety • Privacy and Confidentiality • Supervision of Children

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