

****** Important ******

A child with diabetes must not commence (new enrolment) or attend (current enrolment with new diagnosis) until:

- ☑ The centre Director notifies their C&K Early Childhood Education Manager (ECEM) and Early Childhood Pedagogy Advisor (ECPA).
- ☑ The child's parent 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):
 - Medical Management Plan (must be less than 6 months old)
 - Diabetes Action Plan or Emergency Action Plan
 - Dosage Card/Pump Reading Instruction
 - Consent to Display Medical Management Plan and Child's Photo Form
 - Permission to Access Services to Support Inclusion Form (if applicable).
- ☑ The centre Director completes a Medical Conditions Checklist for the child.
- ☑ There is a minimum of 2 care staff (Volunteer Teacher/Educators) who have completed the Volunteering to perform a specialised health procedure form and three levels of training. More than 2 care staff (Volunteer Teacher/Educators) will be required in a childcare centre and Next Gen Kindergartens. Volunteer Teacher/Educators must complete the following training components:
 - Level 1 Introductory Training – Diabetes in Schools ([online](#))
 - Level 2 Intermediate Training – Diabetes in Schools ([online](#))
 - *Level 1 and 2 online training must use the following details when registering:*
 - *School postcode: 0000*
 - *School name: **Guest***
 - *Role: **Other***
 - Level 3 Face-to-Face "Practical" Training conducted by a Credentialed Diabetes Educator, registered medical or health practitioner (fee-for-service).
- ☑ Branch only – Certificates obtained post training (Level 2 and Level 3) to be emailed to ld@candk.asn.au.
- ☑ Branch only – centre Director 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/Pump Reading Instruction
 - Risk Minimisation Plan
 - Medical Conditions Checklist
 - Consent to Display Medical Management Plan and Child's Photo Form
 - Volunteer to Perform Specialised Health Procedure Form
 - Permission to Access Services to Support Inclusion Form (if applicable).

Please read and implement this Guide in conjunction with the Medical Condition and Administration of Medication Procedures.

What is Diabetes?

Source: Diabetes Queensland 2020

- Diabetes is a serious chronic health condition which occurs when there is too much glucose in the blood.
- When we eat foods that contain carbohydrates, our body breaks it down into glucose. Glucose, our body's main energy source, enters the bloodstream so it can be transported to the body's cells. The amount of glucose we have in our bloodstream is referred to as our 'blood glucose level' or BGL for short.
- An increase in our BGL stimulates the release of a hormone called insulin from our pancreas. Insulin acts like a key to 'unlock' the 'doors' of our body's cells, allowing glucose into those cells so that it can be used for energy.
- When you have diabetes, your pancreas either cannot make insulin, or the insulin produced is not enough, does not work properly, or both. As a result, you can experience high BGLs (hyperglycaemia) or low BGLs (hypoglycaemia) which are glucose levels outside of your target range.
- If not managed, BGLs outside of your target range can be harmful to the body and can lead to long term health complications.



Managing Diabetes

Source: *Type 1 Diabetes NDSS*

- Managing diabetes requires regular monitoring of a child's Blood Glucose Level (BGL) to check it is within a target range.
- 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.
- Balancing the factors that raise or lower a child's BGL is vital.
- 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 specialise health procedure is undertaken.

Required medical documentation

- Each child must have the following:
 - medical management plan, AND
 - diabetes action plan/emergency action plan, AND
 - Dosage Card/ Pump Reading Instruction
- It is important that C&K has the most current versions of the child's medical documentation.
- Please contact your ECEM/C and/or ECPA for advice if the medical documentation provided by the family is:
 - dated more than 12 months ago or
 - incomplete or
 - confusing or
 - it is difficult to determine exactly what support the child requires when they attend the centre.
- Your ECEM/C and/or ECPA is available to support you with finalising the required C&K documentation including the child's *Diabetes Risk Minimising Plan* and *Medical Conditions Checklist*.
- If C&K has prior approval from the child's parents (*Permission to Access Services to Support Inclusion Form*) we can discuss the child's health needs and obtain further advice from:
 - the child's doctor, specialist or diabetes educator and/or
 - A Credentialed Diabetes Educator (fee for service). The cost of external advice can be funded via KISS funding (kindergartens only)/or centre budget (childcare/extended kindergarten programs only).
- Establish a communication book (for parents/guardians and educators) to share incidental information between the home and centre (e.g. child's behaviour/activity levels, food intake) which will influence BGL. Keep at the centre in the same known location.

Parent / guardian responsibilities

- Read, understand and complete all assigned tasks and responsibilities documented in the C&K *Medical Condition Procedure*.
- Ensure the following information (when applicable) is clearly documented in your child's Medical Management Plan and Diabetes Action Plan/Emergency Action Plan:
 - BGL monitoring, including the frequency and/or circumstances following appropriate actions when glucose levels are identified
 - Insulin administration including method, times and dose as per dosage card/ pump reading instructions
 - Ketone monitoring, including the frequency and circumstances following appropriate actions when Ketone levels are identified
 - Medication storage requirements
 - Symptoms and treatment for low and high BGL
 - Meal schedule including food type, frequency and/or circumstance for food intake
 - Physical activity recommendations
 - Name and telephone number of your child's medical practitioner/qualified health professional or Diabetes educator /team.
- Provide all equipment and medication 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:
 - Blood Glucose Meter and strips

- Ketone strips (if separate device required)
- Hypo Kit (including emergency foods)
- Diabetes Dosage Card/Pump Reading Instruction
- Medication
- Where applicable, adequate protection for pump to allow active play
- If applicable, provide a sharps container and dispose/replace when requested by staff.
- If applicable, ensure pump battery is charged to at least 20%.
- If a child's pump malfunctions, breaks or stops working, a parent must collect their child within 90 minutes.
- Provide consent (via Permission to Access Services to Support Inclusion Form) for C&K personnel to seek expert advice from appropriately qualified professional regarding your child's health/medical needs.
- Provide consent for C&K 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 C&K will use this information to contact someone if we can't get in contact with you. Emergency contacts must be able to collect child from centre when requested and provide specific health directions about 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.

Blood Glucose Monitoring

Source: Blood Glucose Monitoring NDSS

- A child with diabetes may require their BGL to be regularly checked and recorded. How and when BGLs are monitored must be detailed in the child's Medical Management Plan (and if applicable Diabetes Action Plan).
- BGL checks can be performed using a finger prick on a strip inserted into a Blood Glucose Meter and/or via a continuous Glucose Monitor.
- BGL monitoring:
 - Measures the effect of food, activity and insulin,
 - Detects hypoglycaemia and hyperglycaemia, and
 - Supports diabetes management when a child is unwell.
- BGL targets are individualised and must be detailed in the child's Medical Management Plan (and if applicable Diabetes Action Plan).
- Use personal protective equipment such as disposal gloves when completing BGL monitoring.
- Appropriately handle and dispose of sharps (via a sharps container) and other infectious waste.
- Promptly clean and disinfectant items that have been contaminated by bodily fluids.
- Before and after BGL checks, wash your hands and the child hands.
- Document child's BGL via Diabetes Blood Glucose/Ketone and Medication Authorisation Record and share with parents / guardians daily.
- Maintain a labelled 'Sharps Disposal Kit':
 - Sharps container (provided by child's parent / guardian)
 - Disposable gloves
 - Information about Safe Handling and Disposal of Needles and Syringes.

Insulin administration and storage

Source: Insulin Fact Sheet NDSS

- 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.
- C&K do not expect teachers/educators to volunteer to administer Insulin via a needle/syringe. Whenever possible, C&K prefer Insulin to be administered at the centre via a pen device or pump.
- To administer Insulin, teachers/educators volunteer (documented via Volunteering to Perform Specialised Health Procedure Form) and 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:
 - Child's first and last name
 - Medication name
 - Dosage amount per BGL reading
 - 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 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 / 'Hypo')

Source: [Hypoglycaemia NDSS](#)

- **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](#).

GlucaGen/Glucagon Injections

- GlucaGen/Glucagon injections may be prescribed and included in a child's Medical Management Plan to respond to serious incidents of Hypoglycaemia.
- C&K do not expect teachers/educators to volunteer to administer GlucaGen/Glucagon.
- C&K prefer if GlucaGen/Glucagon is administered by parents/guardians or ambulance paramedics.
- Teacher/Educators may administer GlucaGen/Glucagon under the following conditions:
 - If centre is located in an area (generally rural / remote locations) where an ambulance response may be more than 30 mins.
 - If teachers/educators have volunteered (documented via [Volunteering to Perform Specialised Health Procedure Form](#))
 - Completed training (delivered by an appropriately qualified health professional) to administer GlucaGen/ Glucagon injections.
 - Only when directed to do so by the triple 0 operator.

If GlucaGen/Glucagon is required as per child's Medical Management Plan:

- Treat as a medical emergency.
- Phone triple 0 for an ambulance and follow triple 0 operator instructions.
- Immediately notify parent/guardian (or emergency contacts) by telephone.
- If there are no GlucaGen/Glucagon volunteer teachers/educators at the centre, an ambulance paramedic may administer GlucaGen/Glucagon upon arrival.
- If there is a GlucaGen/Glucagon volunteer teacher/educator, the volunteer will only administer GlucaGen/Glucagon when directed by the triple 0 operator.
- When practical (within 24hrs), document all incident details and actions via a [Child Incident Record](#) and implement [Child Incident Reporting Procedure](#).

Hyperglycaemia (high blood glucose) and Ketoacidosis

Source: *Ketoacidosis NDSS*

- If child arrives with **high blood glucose levels** (as indicated in child's Medical Management Plan/Diabetes Action Plan), the parent/guardian cannot leave 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.
- 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.
- 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 centre 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.
- Volunteer Teacher/Educators are not expected to assess or interpret Ketone monitoring results, due to the level of clinical assessments required.
- Teacher/Educators may perform ketone check under the following conditions:
 - If teachers/educators have volunteered (documented via *Volunteering to Perform Specialised Health Procedure Form*) and
 - Completed training (delivered by an appropriately qualified health professional)

If Ketoacidosis signs/symptoms are apparent or if child's Ketone level is above 0.6mmol/L:

- Follow child's Medical Management Plan/Diabetes Action Plan.
- 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 Triple 0, advise the operator that there is a 'Diabetic Medical Emergency' and follow operator instructions.
- When practical (within 24hrs), document all incident details and actions via *Child Incident Record* and implement *Child Incident Reporting Procedure*.

Training

- All care staff (Volunteer Teacher/Educators) must complete L1 and L2 training. Training must cover the following content:
 - What is Diabetes and management strategies, BGL and Ketone monitoring.
 - What is Hypoglycaemia, Hyperglycaemia and Ketoacidosis and how to respond.
 - Medical Management Plans, Diabetes Action Plans, Medication and dosage cards/pump instruction.
 - Storage and administration of medication i.e. pen device and insulin pump, and (if volunteering) how to administer injections.
 - A review of the child's Medical Management Plan and Diabetes Action Plan level 3 face-to-face training.
- Level 1 Introductory Training and Level 2 Intermediate Training – Diabetes in Schools (online) using the following registration details:
School postcode: **0000**
School name: **Guest**
Role: **Other**
- Level 3 Face-to-Face "Practical" Training conducted by a Credentialed Diabetes Educator, registered medical or health practitioner (fee-for-service).

References

- Diabetes QLD (2020) *Students with diabetes - Guidelines for Queensland schools*
- Education QLD (2018) *Safe handling and disposal of needles and syringes*