

7.11 (d) Action Plan for Diabetes Policy

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This policy relates to	
National Quality Standards Early Childhood Education & Care	2.1.2 Effective illness and injury management and hygiene practices are promoted and implemented.

Purpose

The service will facilitate effective care and health management of children with diabetes and ensure that an action plan and emergency plan is in place for all children identified with this condition.

Policy

Families are required to provide a doctor’s letter and health care plan for children who have diabetes prior to commencing care. This health care plan is to be signed by parent and educator.

There are two main types of diabetes:

- Type 1 – insulin dependent diabetes;
- Type 2 – non-insulin dependent diabetes.

Diabetes exists when blood glucose builds up to high levels. Symptoms include:

- Lethargy;
- Weight loss;
- Increased urination;
- Excessive thirst.

Without insulin treatment, the disease progresses to a life-threatening condition marked by dehydration and build-up of acids in the blood.

Type 1 Diabetes (Insulin Dependent Diabetes)

This is the form of diabetes which occurs in childhood. Most secondary schools will have one student with diabetes for each 55 students, whilst primary will have one student for each 1200.

Type 1 diabetes is due to a server deficiency of insulin. It is an auto-immune disease in which the body's own immune system attacks the pancreas and destroys the body's own insulin producing cells.

Treatment

Insulin lowers the blood glucose levels and allows a return to good health. The treatment of diabetes depends on:

- 2-4 injections of insulin daily. The dose is adjusted according to blood glucose tests done several times a day;
- A regular pattern of snacks and meals;

The timing of injections and food intake is most important. Carbohydrate foods (bread, fruit, and sugar) are essential and raise blood glucose levels while insulin and exercise lower them. Maintaining a balance so the level of glucose is neither too high not too low is very important, but difficult to achieve. Exercising muscles use more glucose for energy and hence extra food needs to be eaten with exercise.

Self-Administration of Medication

Self-administer medication under the following circumstances;

- Written authorisation is provided by a person with the authority to consent to the administration of medication
- The medical conditions policy of the service includes the practice of self-administration of medication

Type 2 Diabetes (Non–Insulin Dependent Diabetes)

Type 2 diabetes mainly occurs in adults over 40, though it is increasingly being seen in adolescents who are markedly overweight. It may be accelerated by lifestyle factors (obesity, little exercise, overeating) and is treated by weight control, sensible eating, exercise, tablets and occasionally insulin injections. However, unlike the childhood form of diabetes, omission of insulin injections will not prove fatal.

Hyperglycaemia (High Blood Glucose)

Hyperglycaemia can be caused by not enough insulin, too much food, common illness (cold) or stress. Symptoms include:

- Frequent urination;
- Excessive thirst;
- Weight loss;

- Lethargy;
- Change in behaviour (usually irritability).

Parents need to be contacted if these symptoms are observed.

Hypoglycaemia without Symptoms

Occasionally a routine blood glucose test will show a result less than 4mmol/L in the absence of hypo symptoms. Urgent treatment is still needed to prevent progression to a severe hypo. Hypos generally occur when the blood glucose falls below 4mmol/L. If in doubt, **treat** the child.

Mild to moderate hypos can be treated by giving sugar containing drinks or foods by mouth. Parents/guardians should provide educators with their preferred hypo kit, or an emergency store of glucose tablets or jelly beans if children are over 3 years of age (due to choking risk).

Act swiftly and give a rapidly absorbed carbohydrate. Any ONE of the following:

- Fruit juice (1/3 to ½ glass or 125-200ml);
- Sugar containing soft drink (1/3 to ½ can or 125-200ml);
- Glucose tablets equivalent to 10-15 grams;
- Sugar, honey, sweetened condensed milk or jam (2-3 teaspoons);
- Jelly beans (4 large or 7 small).

Do not leave anyone having a hypo alone. An adult must stay with the child at all times to make sure the food or drink is actually consumed and the hypo is successfully treated. (The parent must be called)

In a **moderately severe hypo** additional signs develop, including:

- Inability to help oneself;
- Glazed expression;
- Being disoriented, unaware of seemingly intoxicated;
- Inability to drink and swallow without much encouragement;
- Headache, abdominal pains or nausea.

In **severe hypo**, the signs have progressed to include:

- Inability to stand;
- Inability to respond to instructions;
- Extreme disorientation (may be thrashing about);
- Inability to drink and swallow (leading to danger of inhaling food into lungs);
- Unconsciousness or seizures (jerking or twitching of face, body or limbs).

Treatment is needed promptly to prevent a mild hypo from progressing to a severe hypo; call an ambulance and the child's parent and then contact service

Treatment of a Severe Hypo

Never put food or drink in the mouth of a person who is unconscious, convulsing or unable to swallow in case it is inhaled. The only treatment for a severe hypo is either an injection of glucose into the vein (this can only be given by a doctor or a trained paramedic) or an injection of Glucagon given by doctors, paramedics, or parents.

Call an ambulance and advise there is a diabetic emergency.

Relevant Legislation

Education and Care Services National Law Act 2010 Section 167
Education and Care Services National Regulations 2011
Education and Care Services National Law Act 2010 Section 167,173 Education and
Care Services National Regulations 2011
85 Incident, injury, trauma and illness policies and procedures
86 Notification to parents of incident, injury, trauma and illness
87 Incident, injury, trauma and illness record
90 Medical conditions policy
91 Medical condition policy to be provide to parents
92 Medication record
93 Administration of medication
94 Exception to authorisation requirement- anaphylaxis or asthma emergency
95 Procedure for administration of medication
96 Self administration of medication
162 Health information to be kept in enrolment record
168 Education and care service must have policies and procedures
177 Prescribed enrolment and other documents to be kept by approved provider
178 Prescribed enrolment and other documents to be kept by family day care educator.

National Quality Framework 2011

Key Resources

www.diabetesaustralia.com.au/
www.diabetesqueensland.org.au
<http://diabetes.about.com/od/whatisdiabetes/u/symptomsdiagnosis.htm>
www.diabeteskidsandteens.com.au/kids.html
www.jdrf.org.au/
www.cyh.com/HealthTopics/HealthTopicDetailsKids.aspx