DIABETES MANAGEMENT POLICY

Childhood Diabetes can have a significant impact on families and children. It is imperative that educators and staff within the Out of School Hours Care (OSHC) Service understand the responsibilities of diabetes management to reduce the risk of emergency situations and long-term complications. Most younger children will require additional support from the service and educators to manage and monitor their diabetes whilst in attendance however, older children may be working towards independence and learning to monitor their blood glucose levels and self-administer insulin.

NATIONAL QUALITY STANDARD (NQS)

QUALITY AREA 2: CHILDREN'S HEALTH AND SAFETY		
2.1	Health	Each child's health and physical activity is supported and promoted.
2.1.2	Health practices and procedures	Effective illness and injury management and hygiene practices are promoted and implemented.
2.2	Safety	Each child is protected.
2.2.1	Supervision	At all times, reasonable precautions and adequate supervision ensure children are protected from harm and hazard.

EDUCATION AND CARE SERVICES NATIONAL LAW AND NATIONAL REGULATIONS	
S.2A	Paramount consideration—safety, rights and best interests of children
S. 165	Offence to inadequately supervise children
S. 167	Offence relating to protection of children from harm and hazards
S. 172	Failure to display prescribed information
12	Meaning of a serious incident
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
89	First aid kits
90	Medical conditions policy
90(1)(iv)	Medical Conditions Communication Plan
91	Medical conditions policy to be provided 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

101	Conduct of risk assessment for excursion
136	First aid qualifications
162	Health information to be kept in enrolment record
168	Education and care service must have policies and procedures
170	Policies and procedures to be followed
175	Prescribed information to be notified to Regulatory Authority
176	Time to notify certain information to Regulatory Authority

RELATED POLICIES

Acceptance and Refusal of Authorisations Policy Administration of First Aid Policy Administration of Medication Policy Excursion/ Incursion Policy Enrolment Policy Family Communication Policy	Incident, Injury, Trauma and Illness Policy Medical Conditions Policy Nutrition Food Safety Policy Privacy and Confidentiality Policy Record Keeping and Retention Policy Supervision Policy

PURPOSE

The Education and Care Services National Regulations requires approved providers to ensure their services have policies and procedures in place for medical conditions including diabetes. Our Out of School Hours Care (OSHC) Service is committed to providing a safe and healthy environment that is inclusive for all children, staff, volunteers, visitors, and family members. The aim of this policy is to minimise the risk of a diabetic medical emergency occurring for any child with diabetes while attending the OSHC Service. Our Service will work in partnership with families and health professionals, and follow the child's medical management plan. This policy supplements our Medical Conditions Policy.

Our OSHC Service prioritises children's safety, rights and best interests. We will ensure a number of staff members know how to support children with diabetes. This includes recognising and responding to the signs and symptoms of hypoglycaemia and hyperglycaemia, supporting blood glucose monitoring and insulin administration where required, following each child's medical management plan, and responding appropriately in an emergency. We aim to create and maintain a safe and supportive environment where children with diabetes can fully participate.

SCOPE

This policy applies to children, families, staff, educators, management, the approved provider, nominated supervisor, students and visitors of the OSHC Service.

DUTY OF CARE

Our OSHC Service has a legal responsibility to take reasonable steps to ensure that the health needs of all children enrolled in the service are met. This includes our responsibility to provide

a. a safe environment free from foreseeable harm and
b. adequate supervision for all children.

DESCRIPTION

- Type-1 Diabetes is an autoimmune condition, which occurs when the immune system attacks and destroys the insulin producing cells in the pancreas. This condition is treated with insulin replacement via injections or a continuous infusion of insulin via a pump. Without insulin treatment, type-1 diabetes is life threatening.

- Type-2 Diabetes occurs when the body does not use insulin effectively (insulin resistance) or the pancreas does not produce sufficient insulin (or a combination of both). Type-2 diabetes accounts for between 85 and 90 per cent of all cases of diabetes and usually develops in adults over the age of 45 years but is increasingly occurring at a younger age. Type-2 diabetes is unlikely to be seen in children under the age of 4 years old

TREATMENT

The management of diabetes is ongoing and lifelong and varies from child to child. However, it generally involves:

- regular monitoring of blood glucose levels
- insulin administration via injections or an insulin pump
- eating a healthy diet to keep blood glucose levels within a target range
- glucose, e.g., tablets, gel or other fast acting forms used to treat hypoglycaemia
- regular physical activity and exercise.

IMPLEMENTATION

We will involve all educators, families and children in regular discussions about medical conditions and general health and wellbeing throughout our curriculum. The OSHC Service will adhere to privacy and confidentiality procedures when dealing with individual health needs including having families provide written authorisation to display the child's medical management plan in prominent positions within OSHC Service.

A copy of our Medical Conditions Policy and Diabetes Management Policy will be provided to all educators, volunteers, and families of the OSHC Service. It is important that communication is open between families and educators so that management of diabetes is effective.
Children diagnosed with diabetes will not be enrolled into the OSHC Service until the child's medical management plan is completed and signed by their medical practitioner or diabetes team and the relevant staff members have been trained on how to manage the individual child's diabetes. A risk minimisation and communication plan must be developed with parents/guardians to ensure risks are minimised and strategies developed to support the child's health and safety.

It is imperative that all educators and volunteers at the OSHC Service follow a child's medical management plan in the event of an incident related to a child's specific health care need, or medical condition.

THE APPROVED PROVIDER/MANAGEMENT AND NOMINATED SUPERVISOR WILL ENSURE:

- that obligations under the Education and Care Services National Law and National Regulations are met
- all decisions and actions prioritise children's safety, rights and best interests
- all staff, educators, students, visitors and volunteers understand and adhere to this policy and our Service's Medical Conditions Policy and relevant procedures
- that as part of the enrolment process, all parents/guardians are asked whether their child has a medical condition and clearly document this information on the child's enrolment record
- if the answer is yes, the parents/guardians will provide a medical management plan completed by the child's diabetes medical specialist team prior to their child's commencement at the OSHC Service
- parents/guardians of an enrolled child who is diagnosed with diabetes are provided with a copy of the Diabetes Management Policy, Medical Conditions Policy and Administration of Medication Policy via school website under OSHC>Policies
- at least one educator, staff member or nominated supervisor is in attendance and immediately available at all times children are being cared for by the service who:

- holds a current ACECQA approved first aid qualification
- has undertaken current ACECQA approved emergency asthma management and
- current ACECQA approved emergency anaphylaxis management training

• all staff and educators have completed ACECQA approved first aid training at least every 3 years and cardiopulmonary resuscitation (CPR) at least every 12 months [best practice- not mandatory]

• that staff training is kept up to date in each staff member's record

• a risk minimisation plan is developed in collaboration with parents/guardian and cover the child's risk factors and where relevant other common situations which may lead to a diabetic emergency

• the risk minimisation plan is specific to our OSHC Service environment and the individual child

• keep a copy of the child's medical management plan and risk minimisation plan in the enrolment record

• ensure the medical management plan includes clear instructions for the day-to-day and emergency management of the child's diabetes. The plan should include details about:

- blood glucose testing- BG meter
- checking ketones (if able)
- insulin administration
- food intake and carbohydrate counting
- how to store insulin correctly
- how the insulin is delivered to the child- as an injection or insulin pump/ Continuous Glucose Monitoring CGM or Flash Glucose Monitors (FGM)
- oral medicine the child may be prescribed
- managing diabetes during physical activities and excursions
- a recent photograph of the child

• parent/guardian authorisation is provided to display a child's medical management plan in key locations at the OSHC Service, where educators and staff are able to view these easily whilst ensuring the privacy, safety and wellbeing of the child (for example, in the child's room, the staff room, kitchen, and / or near the medication cabinet)

• a communication plan is developed in collaboration with staff and parents/guardians encouraging ongoing communication regarding the management of the child's medical condition, the status of the child's medical condition, and this policy and its implementation within the Service.

• when a child diagnosed with diabetes is enrolled, all staff attend regular professional training on the day-to-day management of diabetes and, where appropriate, emergency management of diabetes [not mandated but regarded as best practice]

• there is a staff member who is appropriately trained to perform blood glucose monitoring, e.g., finger-prick testing, and trained to check for ketones and is aware of and understands the action to be taken if blood glucose levels are outside the child's target range whenever the child attends the Service

- consideration is given as to how and where insulin is stored and the safety of sharps disposal
- the family supplies all necessary glucose monitoring and management equipment, and any prescribed medications prior to the child's enrolment
- discussions occur regarding authorisation for children to carry diabetes equipment with them, monitor their blood glucose levels, and self-administer insulin. Any authorisations for self-administration must be documented in the child's medical management plan and approved by the OSHC Service, parents/guardian, and the child's medical management team.
- all staff members are trained to identify children displaying the symptoms of a diabetic emergency and are aware of the location of the child's medical management plan, required insulin/food and risk minimisation plan
- risk assessments are developed prior to any excursion or incursion consistent with Reg. 101
- staff members accompanying children outside the OSHC Service (including on excursions during transport, and during an emergency evacuation, lockdown or emergency rehearsals) carry the appropriate blood glucose monitoring equipment, any prescribed medication and a copy of the medical management plan for children diagnosed with diabetes
- the programs delivered at the OSHC Service are inclusive of children diagnosed with diabetes and that children with diabetes can participate in activities safely and to their full potential
- updated information, resources and support is regularly given to families for managing childhood diabetes
- meals, snacks and drinks that are appropriate for the child and are in accordance with the child's medical management plan are available at the Service at all times
- mealtimes are flexible and children are provided with enough time to eat
- Diabetes Australia may be contacted for further information to assist educators to gain and maintain a comprehensive understanding about managing and treating diabetes
- applications for additional funding opportunities are made if required to support the child and educators.
- that they notify the regulatory authority of any serious incident of a child while being educated and cared for at the service within 24 hours.

EDUCATORS WILL:

- read and comply with the Diabetes Management Policy, Medical Conditions Policy and Administration of Medication Policy
- know which child/ren are diagnosed with diabetes, and the location of their monitoring equipment, medical management and risk management plans and any prescribed medications
- perform blood glucose monitoring as required e.g., finger-prick testing or using the CGM or FGM methods if available, and follow the child's medical management plan if the blood glucose levels are outside the target range

- communicate with parents/guardians regarding the management of their child's medical condition as per their communication plan
- ensure that children diagnosed with diabetes are not discriminated against in any way and are able to participate fully in all programs and activities at the OSHC Service
- follow the strategies developed for the management of diabetes at the OSHC Service
- ensure a copy of the child's diabetes medical management plan is visible and known to staff within the Service
- take all personal medical management plans, blood glucose monitoring equipment, medication records, and any prescribed medication on excursions and other events outside the Service
- recognise the symptoms of a diabetic emergency and treat appropriately by following the medical management plan
- ensure a suitably trained and qualified educator will administer prescribed medication if needed according to the medical management/action plan and in accordance with the OSHC Service's Administration of Medication Policy
- record any medication in the Administration of Medication Record
- identify and and where possible minimise risk factors as outlined in the child's medical management plan and risk minimisation plan
- ensure children have water and a small snack if needed before or after active play, following any guidance from their diabetes team about insulin and activity
- increase supervision of a child diagnosed with diabetes on special occasions such as excursions, incursions, parties and family days, as well as during periods of high-energy activities
- ensure appropriate supplies (as required) of insulin administration equipment, carbohydrate and hypo food are taken on excursions, including back-up supplies in the event of delays
- maintain a record of the expiry date of the prescribed medication relating to the medical condition to ensure it is replaced prior to expiry
- ensure glucose-containing foods or sweetened drinks to treat hypoglycaemia (low blood glucose), e.g., glucose tablets, glucose jellybeans, etc. are stored in known locations.

FAMILIES WILL:

- provide details of the child's health condition, treatment, medications, and known risk factors during the enrolment process
- provide a medical management plan following enrolment and prior to the child starting at the Service. The plan must be completed by a registered medical practitioner or their child's diabetes team (paediatrician or endocrinologist, medical practitioner and diabetes educator).

- provide written authorisation for their child over preschool age to self-administer medication (if applicable)
- develop a risk minimisation plan in collaboration with the nominated supervisor/responsible person and other service staff
- develop a communication plan in collaboration with the nominated supervisor/responsible person
and lead educators
- ensure the appropriate monitoring equipment needed according to the diabetes medical management plan is provided to the OSHC Service
- ensure an adequate supply of emergency insulin for the child is provided at all times according to the medical management plan
- notify the OSHC Service in writing via email or through the Notification of Changed Medical Status form of any changes to their child's medical condition including the provision of a new diabetes medical management plan to reflect these changes as needed
- communicate all relevant information and concerns to staff, for example, any matter relating to the health of the child that may impact on the management of their diabetes
- review the risk minimisation plan annually with the nominated supervisor/responsible person and other service staff [recommended best practice]

DIABETIC EMERGENCY:

A diabetic emergency occurs when blood glucose levels are either too low or too high. There are two types of diabetic emergencies:

a) very low blood glucose - HYPO- (hypoglycaemia, usually due to excessive insulin, delayed or missed meals, or not eating enough carbohydrates for a given dose of insulin, increased physical activity, illness or stress), and

b) very high blood glucose - HYPER- (hyperglycaemia, due to insufficient insulin, eating too much carbohydrate food, illness or infection, stress and reduced physical activity).

Hypoglycaemia is more common.

SIGNS and SYMPTOMS

HYPOGLYCAEMIA (HYPO)

If a child is wearing a CGM device, it will sound an alert when they are below their target range. Symptoms can very between each young person.

If a child is wearing a CGM device, it will sound an alert when blood glucose levels are below their target range. Symptoms can vary between individuals. A child experiencing hypoglycaemia may:

- feel hungry
- feel dizzy, weak, tremble

- look pale and have a rapid heartbeat (palpitations)
- sweat profusely
- feel numb around lips and fingers
- show changes in behaviour
- feel lightheaded or confused
- become unconscious or have a seizure

HYPERGLYCAEMIA (HYPER)

A child experiencing hyperglycaemia may:

- become excessively thirsty
- have a frequent need to urinate
- feeling tired or lethargic
- feel sick
- be irritable
- complain of blurred vision
- lack concentration
- have a stomach ache, be nauseous or vomit
- have a fruity breath odour; the smell of acetone (like nail polish remover) on the breath
- become unconscious

REPORTING PROCEDURES

Any incident involving serious illness of a child which requires urgent medical attention or hospitalisation is regarded as a serious incident. The following is required:

o staff members involved in the situation are to complete an Incident, Injury, Trauma and Illness Record which will be countersigned by the nominated supervisor of the OSHC Service at the time of the incident

o ensure the parent or guardian signs the Incident, Injury, Trauma and Illness Record

o if necessary, a copy of the completed form will be sent to the insurance company

o a copy of the Incident, Injury, Trauma and Illness Record will be placed in the child's file

o o the nominated supervisor or the approved provider will inform regulatory authority of the incident within 24 hours as per regulations through NQAITS

o staff will be debriefed after each incident and the child's individual medical management plan and risk minimisation plan evaluated, including a discussion of the effectiveness of the procedure used.

FOR MORE INFORMATION, CONTACT THE FOLLOWING ORGANISATIONS:

Diabetes Victoria: https://www.diabetesvic.org.au

RESOURCES

Diabetes Australia Contact us

Breakthrough T1D About Breakthrough T1D

CONTINUOUS IMPROVEMENT/REFLECTION

Our Diabetes Management Policy will be evaluated and reviewed on an annual basis or earlier if there are changes to legislation, ACECQA guidance or any incident related to our policy. Feedback will be requested from children, families, staff, educators and management. All families will be notified.

CHILDCARE CENTRE DESKTOP- RELATED RESOURCES

Administration of Medication Form Authorisation to Display Medical Management Plan Managing a Medical Condition Procedure Medical Communication Plan Administration of First Aid Procedure	Medication Update Letter to families Medical Conditions Register Medical Management Plan Medical Risk Minimisation Plan Administration of Medication Procedure

Source

As 1 Diabetes (2026) - http://as1diabetes.com.au/

Australian Children's Education & Care Quality Authority. (2021) *Dealing with medical conditions in children*

Australian Children's Education & Care Quality Authority. (2026). *Guide to the National Quality Framework*

Early Childhood Australia. (2016). *Code of Ethics*

Education and Care Services National Law Act 2010

Education and Care Services National Regulations 2011

National Diabetes Services Scheme (NDSS). *Mastering diabetes in preschools and schools*. (2020).

National Health and Medical Research Council. (2024). *Staying Healthy: Preventing infectious diseases in early childhood education and care services* (6th Ed.). NHMRC. Canberra.

REVIEW

POLICY REVIEWED BY:	ANGELA STEVENS	BUSINESS MANAGER	3/08/20226
POLICY REVIEWED	JULY 2026	NEXT REVIEW DATE	JULY 2027
VERSION NUMBER	V10.07.26		
MODIFICATIONS	• annual policy review • edits made to improve clarity and consistency • child safety principles added - paramount consideration • information added in line with Diabetes Australia resources; languages and terminology adjustments made • treatment section added		

	• duplicative sections removed and some sections reorganised • sources updated
PREVIOUS MODIFICATIONS	
JULY 2025	• annual policy review • added RA suggestion to email copies of Medical Conditions Policy and Diabetes Management Policy to parents/guardians and keep a copy of the email on record • sources checked for currency and updated as required