

Diabetes Management Policy

Purpose

The Education and Care Services National Regulations require approved providers to have policies and procedures in place for medical conditions including diabetes. Our OSHC Service is committed to providing a safe and healthy environment that is inclusive for all children, staff, visitors, and families. This policy aims to minimise the risk of a diabetic medical emergency by supporting children with diabetes, working in partnership with families and health professionals, and following the child's medical management plan.

Scope

This policy applies to children, families, staff, management, and visitors of the OSHC Service.

Duty Of Care

Our OSHC Service has a legal responsibility to take reasonable steps to ensure the health needs of all children are met. This includes providing a safe environment and adequate supervision at all times. All staff members, including relief staff, are trained to respond appropriately in emergencies, particularly regarding hypoglycaemia and safety during physical activity. Management ensures all staff are aware of children's medical management and risk minimisation plans.

Description of Diabetes

Type-1 Diabetes is an autoimmune condition in which insulin-producing cells in the pancreas are damaged. It requires insulin replacement via injections or a continuous infusion via a pump. Untreated Type-1 diabetes is life-threatening.

Type-2 Diabetes occurs when insulin is ineffective (insulin resistance) or insufficient. It is more common in adults but increasingly seen in younger people. It is unlikely in children under age four.

General Approach

All educators, families, and children are involved in discussions about medical conditions and wellbeing. The Service adheres to privacy and confidentiality procedures, including written permission to display children's medical management plans in prominent locations. Copies of the Medical Conditions Policy and Diabetes Management Policy are provided to all educators, volunteers, and families.

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Enrolment Requirements

Children with diabetes will not be enrolled until their medical management plan is completed and signed by their medical practitioner or diabetes team. Risk minimisation and communication plans are developed in collaboration with parents/guardians.

Communication and Planning

All educators, families, and children are involved in discussions about medical conditions and general health and wellbeing throughout the curriculum. The Service adheres to privacy and confidentiality procedures, including obtaining written permission from families to display children's medical management plans in prominent locations within the OSHC environment. Copies of the Medical Conditions Policy and Diabetes Management Policy are provided to all educators, volunteers, and families to ensure awareness and consistency. Children diagnosed with diabetes will not be enrolled until their medical management plan is completed and signed by their medical practitioner or diabetes team. Risk minimisation and communication plans are developed in collaboration with parents or guardians to ensure all risks are addressed and clear strategies are in place to manage the child's condition effectively.

Family and Service Collaboration

The Approved Provider, Nominated Supervisor, or Responsible Person ensures that families meet with the Service prior to enrolment to discuss the child's medical management and communication requirements. Parents or guardians are provided with copies of the Diabetes Management Policy, Medical Conditions Policy, and Administration of Medication Policy. Each child with Type-1 diabetes has a current individual medical management plan prepared by their medical specialist team, and authorisations for self-administration of blood glucose testing and insulin are documented and approved by the Service, parents, and the child's medical management team. Medical management plans include information on blood glucose testing, insulin administration, diet, exercise, emergency procedures, and storage and delivery of insulin.

Staff Training and Awareness

All staff, including relief and casual staff, are trained and made aware of children diagnosed with diabetes attending the Service. Staff are instructed on emergency procedures and know where the child's medical management and action plans, risk minimisation plans, insulin, monitoring equipment, and hypo food are located. Consideration is given to appropriate storage of insulin and safe disposal of sharps. Staff accompanying children on excursions carry the necessary monitoring equipment, medication, and medical management/action plans. Meals, snacks, and drinks appropriate to the child's management plan are available at all times, and eating times are flexible to allow sufficient time for consumption.

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Educators' Responsibilities

Educators are responsible for reading and complying with the Diabetes Management Policy, Medical Conditions Policy, and Administration of Medication Policy. They perform blood glucose or urinalysis monitoring as required, following the child's medical management plan, communicate with parents or guardians according to the child's communication plan, ensure children are not discriminated against, take all equipment and plans on excursions, recognise and respond to diabetic emergencies, administer prescribed medication if trained, maintain medication records, identify and minimise possible triggers, and increase supervision during high-risk activities. Staff also ensure an appropriate supply of insulin administration equipment, carbohydrate and hypo food for excursions, maintain medication expiry records, and ensure the location of glucose foods or sweetened drinks for treating hypoglycaemia is known.

Families' Responsibilities

Families are required to provide the Service with full details of the child's health condition, treatment, medications, and known triggers. They must provide contact details for the child's doctor and authorised emergency contacts, written authorisation for self-administration of medication if applicable, and a completed medical management plan before the child starts at the Service. Families provide an up-to-date photograph of the child, monitoring equipment, prescribed medications, emergency insulin, and notify the Service of any changes to the child's medical condition or management plan. Families also provide relevant information to assist staff in effectively managing the child's diabetes.

Diabetic Emergencies

Diabetic emergencies can result from too much or too little insulin in the blood. Hypoglycaemia, or low blood sugar, is more common and may result from excessive insulin, missed meals, unplanned exercise, or stress. Symptoms include dizziness, paleness, sweating, tremors, behavioural changes, or unconsciousness. Hyperglycaemia, or high blood sugar, occurs due to insufficient insulin and can present with excessive thirst, frequent urination, fatigue, nausea, irritability, hot dry skin, acetone breath, or unconsciousness.

In the event of a diabetic emergency, staff provide adult supervision, follow the child's medical management or action plan, and if the child does not respond, immediately dial 000 for an ambulance. Staff continue first aid measures and follow instructions provided by emergency services, contact parents or guardians as soon as practicable, contact the emergency contact if parents or guardians cannot be reached, and notify the Regulatory Authority within 24 hours.

Reporting Procedures

Any serious incident involving a child requiring urgent medical attention or hospitalisation is recorded in an Incident, Injury, Trauma and Illness Record, which is countersigned by the Nominated Supervisor and signed by the parent or guardian. Copies may be sent to the insurance company and placed in the child's file. The Nominated Supervisor informs Service management and the Regulatory Authority within 24 hours as per regulations. Staff are debriefed after each incident, and the child's medical management and risk minimisation plans are reviewed, including an evaluation of the procedures used.

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Child Safe Standards and Paramountcy Principle

The Service is committed to upholding the National Principles for Child Safe Organisations and embedding a strong child safe culture across all practices. In accordance with the Paramountcy Principle, the safety, wellbeing and best interests of the child are the primary and overriding consideration in all decisions, actions and practices undertaken by the Service, including the management of diabetes.

This means that all practices relating to diabetes management must prioritise the child's health, safety and wellbeing above all other considerations. Educators, staff and management are required to exercise professional judgement and take all reasonable precautions to protect children from harm and hazards, ensuring that each child's individual medical management plan, risk minimisation strategies and communication plans are followed at all times.

The Service will ensure that children with diabetes are supported in a safe, inclusive and responsive environment. Educators will monitor children's health needs, respond promptly to changes in condition, and provide appropriate care in accordance with medical advice and emergency procedures. In the event of a diabetic emergency, immediate action will be taken to ensure the child's safety, including seeking medical assistance and following the child's management plan without delay.

All practices relating to diabetes management must prioritise the protection of children from harm, uphold their dignity and wellbeing, and ensure they feel safe, supported and cared for at all times.



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Review

Date:	Changes:	Reviewed by:
26/11/2021	New policy (All updated)	Charmayne Nathan
04/07/2024	No changes - reviewed	Charmayne Nathan
15/09/25	Policy was updated, information was condensed.	Charmayne Nathan
24/4/2026	Child Safe Standards & Paramountcy Principle was implemented in align with new laws and regulations	Charmayne Nathan