

## Diabetes (Type 1) Policy and Procedures

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## Policy Statement

Heritage Early Childhood Centre (Heritage) understands it has a duty of care and legislative responsibilities under the *Education and Care Services National Law Act 2010* and the *Education and Care Services National Regulations 2011* to provide a safe and inclusive environment for all enrolled children, and to take every reasonable precaution to protect enrolled children from harm and hazards. In addition, Regulation 90 requires a medical conditions policy to set out practices in relation to the management of medical conditions, including diabetes.<sup>1</sup> The Heritage Diabetes (Type 1) Policy and Procedures aims to provide clear procedures to support the health, wellbeing and inclusion of all children enrolled at Heritage and diagnosed with Type 1 diabetes.

**Type 1 diabetes** is an autoimmune condition that occurs when the immune system destroys the insulin producing cells in the pancreas, vital for converting glucose into energy and reducing the level of glucose in the blood. People with Type 1 diabetes need to replace the insulin with lifelong insulin replacement via injections via syringe or pen (up to 6 times a day) or a continuous infusion of insulin via a pump. Insulin cannot yet be given in tablet form as it is destroyed in the stomach. Blood Glucose Levels (BGL) need to be monitored regularly, up to 6 times a day, to ensure the correct dose of insulin and to identify and provide treatment if BGLs are too low (hypoglycaemia) or too high (hyperglycaemia). Without insulin treatment, Type 1 diabetes is fatal.

**Note: Type 2 diabetes** occurs when either insulin is not working effectively (insulin resistance) or the pancreas does not produce sufficient insulin (or a combination of both). Type 2 diabetes accounts for 85-90% of all cases of diabetes, usually develops in adults over 45 and is lifestyle related. Although it is increasingly occurring in younger individuals, Type 2 diabetes is rarely seen in children under 4 years of age, therefore the procedures in this policy refer only to enrolled children diagnosed with Type 1 diabetes.

Most children with Type 1 diabetes are able to fully participate in early education and care services, however, will require additional support from educators to manage their condition and also time away to attend appointments. Heritage understands that Type 1 diabetes can result in either a hypoglycaemia incident (low blood glucose) or hyperglycaemia incident (high blood glucose) incident while the affected child is at the Heritage and therefore it is imperative that educators (including students and volunteers) and families acknowledge their shared responsibilities under this policy and strictly adhere to its procedures in order to maintain a safe environment.

A Diabetes Management Plan must be developed with families of children diagnosed with Type 1 diabetes prior to commencement at Heritage in partnership with the child's specialist diabetes medical team (this may include an endocrinologist, diabetes nurse educator and other allied health professionals). The plan must include a Risk Minimisation Plan, Communication Plan and Medication Authorisations, and be strictly followed by educators when supervising the child's health and behaviour needs, administering medication, planning indoor and outdoor activities and on excursions. It must be updated by families at least annually on enrolment, whenever there are changes, on expiry and following a related incident.

This policy should be read in conjunction with the Medical Conditions Management Policy and the Medication Policy.

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<sup>1</sup> Refer to: Appendix 1: Relevant National Law, Regulations and Quality Standards



## Policy Aims

The Heritage Diabetes (Type 1) Policy and related procedures have been developed to ensure:

- A safe and healthy environment in which enrolled children diagnosed with Type 1 diabetes are able to participate fully in all aspects of the program and supported with the appropriate management of their condition while at Heritage.
- An individual Diabetes Management Plan<sup>2</sup> is developed with the parents/guardians of each enrolled child diagnosed with Type 1 diabetes with input from child's specialist medical team.
- The parents/guardians of each enrolled child diagnosed with Type 1 diabetes are actively involved in assessing daily tasks and activities at Heritage and developing risk minimisation and risk management strategies for their child.<sup>3</sup>
- Clear communication procedures are developed in partnership with the parents/guardians of each enrolled child diagnosed with Type 1 diabetes to ensure their safety and wellbeing.<sup>4</sup>
- Supervision and staffing arrangements are adequate and at all times take into account the additional needs of enrolled children with Type 1 diabetes, including on excursions.
- Educators (including students and volunteers) are informed during their induction or the enrolment of new families of those children diagnosed with Type 1 diabetes and their Diabetes Management Plan including Risk Minimisation Plan, Communication Plan and Medication Authorisations.
- Educators (including students and volunteers) have adequate knowledge of the procedures to be followed to minimise the risk of a Hypoglycaemia (Hypo) or Hyperglycaemia (Hyper) incident occurring while a child diagnosed with Type 1 diabetes is attending Heritage.
- Educators are trained as required to identifying signs of hypoglycaemia and hyperglycaemia and to respond appropriately to a Hyper or Hypo incident by initiating appropriate treatment including competently administering insulin.
- Awareness is raised among the Heritage community of Type 1 diabetes and its management through education and policy implementation.

## Rationale

Heritage recognises it has a duty of care to take all reasonably practicable steps to provide the Heritage community with a safe and healthy environment (*Work Health and Safety Act, 2011*). In addition, the Heritage Diabetes (Type 1) Policy and Procedures have been developed to comply with:

- *Education and Care Services National Law Act (ACT) 2010*
- *Education and Care Services National Regulations (ACT) 2011*
- *National Quality Standard for Early Childhood Education and Care 2012*.<sup>5</sup>
- *Health Records (Privacy and Access) Act 1997 (ACT)*.
- *Privacy Act 1988 (Cwth)*
- Diabetes Australia guidelines

## Scope

It is understood there is a shared responsibility and accountability between educators (including students and volunteers) and families to implement this policy as a matter of high priority due to the potential health and litigation risks of not doing so.

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<sup>2</sup> Refer to: Definitions

<sup>3</sup> Refer to: Definitions: Risk Minimisation Plan

<sup>4</sup> Refer to: Definitions: Communication Plan

<sup>5</sup> Refer to: Appendix 1: Relevant National Law, Regulations and Standards



## Definitions

The terms defined in this section relate specifically to this policy.

**Medical Condition:** A diagnosed allergy such as bee stings or hay fever, or a food allergy such as nut anaphylaxis or lactose intolerance; or a diagnosed medical condition such as asthma, diabetes, ADHD or epilepsy.<sup>6</sup>

**Type 1 Diabetes:** An autoimmune medical condition that occurs when the immune system destroys the insulin producing cells in the pancreas. Type 1 diabetes is treated with insulin replacement via injections (insulin pen or syringe), or a continuous infusion of insulin via a pump. Without insulin treatment, Type 1 diabetes is fatal.

**Type 2 Diabetes:** A medical condition where insulin is not working effectively (insulin resistance) or the pancreas does not produce sufficient insulin, or a combination of both.

**Blood Glucose Level (BGL):** The amount of glucose in the blood. Glucose is a sugar that comes from eating food (carbohydrate) and is formed and stored inside the body. It is the main source of energy for the cells of the body and is carried to each cell through the bloodstream.

**Hypoglycaemia (Low Blood Glucose):** Often known to as '**Hypo**', hypoglycaemia refers to having a Blood Glucose Level (BGL) that is lower than normal (ie below 4 mmol/L).

Neurological symptoms can occur at a BGL 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. Common causes include but are not limited to: taking too much insulin; delaying a meal; consuming an insufficient quantity of food; undertaking unplanned or unusual exercise. 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 a loss of consciousness and convulsions.

**Hypo Food:** A fast acting oral carbohydrate to treat a 'Hypo' incident (above) such as a specific amount of jellybeans/soft drink (not 'diet')/fruit juice/sugar/honey or Glucose tablets. Or a longer acting carbohydrates which be given following fast acting carbohydrate such as a specific amount of bread/milk/fruit/dried fruit/natural low-fat yoghurt/pasta/rice. Parents/guardians are responsible for providing Hypo Food in a named and sealed container and it will only be given to children according to their child's Diabetes Management Plan.

**Hyperglycaemia (High Blood Glucose).** Often known as '**Hyper**', hyperglycaemia occurs when the Blood Glucose Level rises above 15 mmol/L. Hyperglycaemia symptoms can include increased thirst, tiredness, irritability, urinating more frequently and may also affect thinking, concentration, memory, problem-solving and reasoning. Common causes include but are not limited to: taking insufficient insulin; consuming too much food; common illnesses such as a cold; and stress.

**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 is grouped according to how long it works in the body. The five different types of insulin range are: rapid-acting; short-acting; intermediate-acting; mixed and long-acting. Some types of insulin look clear, while others are cloudy. Rapid and short-acting insulin helps reduce blood glucose levels at mealtimes and intermediate or long-acting insulin helps with managing the body's general needs. Both help manage blood glucose levels.
- Before injecting a cloudy insulin, the pen or vial needs to be gently rolled between the hands to make sure the insulin is evenly mixed (until it looks milky). It is important to never use clear insulin if it appears cloudy.
- Everyone is different and needs different combinations of different types of insulin.

**Basal Rate:** The amount of insulin that is continuously delivered by an insulin pump. It is measured in units per hour (U/hr). The basal rate usually provides about 40% to 60% of the daily total delivery of insulin.

**Bolus Dose:** The amount of insulin delivered at one time, usually before a meal or when blood glucose is high.

**Continuous Glucose Monitor (CGM):** A small wearable device that measures Blood Glucose Levels throughout the day and night. It has alarms to let the user know if the BGL is getting too low or too high, and what the level is at any time, and whether it is stable or on the way up or down.

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<sup>6</sup> Refer to: Allergy and Anaphylaxis Policy; Asthma Policy; Epilepsy Policy.



- The devices reduce the frequency of daily finger prick tests.
- Some models work in conjunction with a compatible insulin pump while others send information to a CGM receiver or smart phone.
- Government subsidies are currently available for CGM devices which have alarms that alert the user when blood glucose levels are getting too low or too high. These include the Dexcom and Medtronic CGM devices. The subsidy covers the full cost of sensors and transmitters but the cost of a receiver, if preferred rather than the use of an insulin pump or smartphone, must be paid for.
- Children under 10 years of age and younger with Type 1 diabetes are currently eligible for subsidised access to CGM with alarms if they fulfil all of the following criteria:
  - The child is expected to benefit clinically from the use of CGM; and
  - The family/carer has the willingness and capability to use CGM; and
  - The family/carer has the commitment to actively participate in a Diabetes Management Plan which incorporates CGM.

**Blood Glucose Meter:** A compact device used to check a small blood drop sample to determine the blood glucose level.

**Insulin Pump:** A small, computerised device to deliver insulin constantly, connected to an individual via an infusion line inserted under the skin.

**Insulin Pen:** An insulin delivery device that offers a more convenient and accurate method of administering insulin than the conventional vial and syringe method. The device may be pre-filled (disposable) or reusable. Insulin manufacturers have specific insulin pen devices available for their insulin type. Insulin pens are free for people registered with the National Diabetes Services Scheme (NDSS).

**Insulin Syringe:** An insulin delivery device consisting of a vial and syringe of varying sizes and lengths and used to inject insulin. **Note:** Most Australian adults no longer use syringes to inject insulin, preferring insulin pens for greater convenience and accuracy.

**Ketones:** Occur when there is insufficient insulin in the body. High levels of ketones can make children very sick. Extra insulin is required when ketone levels are >0.6 mmol/L if insulin is delivered via a pump, or >1.0 mmol/L if on injected insulin.

**Glucagon (Kit):** A hormone that raises the Blood Glucose Level (BGL). It is injected into a muscle to reverse a severe hypoglycaemia in people with diabetes. It is always given by another person. An emergency Glucagon kit allows the timely administration of Glucagon in case of a severe 'Hypo' and must only be administered by a person trained to use it.

**Diabetes Management Plan:** A Diabetes Management Plan is a Medical Condition Management Plan<sup>7</sup> developed in consultation with the affected child's family in partnership with the child's specialist diabetes medical team. It includes a photograph of the child and addresses all requirements relating to the child's care and Type 1 diabetes management for all Heritage activities, including:

- How the child's Type 1 diabetes is managed, eg, with insulin replacement via injections (pen or syringe) or a continuous infusion of insulin via a pump.
- A Risk Management Plan (see below) with guidance on preventing a 'Hypo' or 'Hyper' incident (see above).
- A Communication Plan (see below) on how information will be communicated between parents/guardians and Heritage educators, and review requirements, ie, at least annually, and when there is a change in the child's condition, treatment and/or medication.
- Medication Authorisations.<sup>8</sup>
- Emergency procedures in case of a 'Hypo' or 'Hyper' incident. (See above).
- Those diabetes management tasks the child can undertake themselves and those requiring staff supervision and or action, eg, blood glucose checks, insulin administration.
- Storage and administration requirements for insulin.
- Guidelines for managing excursions and other extracurricular activities.
- **Note:** Action Plans from respected authorities (eg: Diabetes Australia: NSW and ACT) may be used in conjunction with the Heritage Medical Condition Management Plan: <https://as1diabetes.com.au/schools/diabetes-schools-action-management-plans/>

<sup>7</sup> Refer to: Medical Conditions Policy

<sup>8</sup> Refer to: Medication Policy





**Approved First Aid Qualifications:** First aid qualifications that meet the requirements of National Regulation 136(1) and have been approved by the National Authority.

**Duty of Care:** A common law concept that refers to the responsibility of organisations to provide people with an adequate level of protection from harm and hazards and all foreseeable risk of injury.

**Risk Minimisation:** The implementation of a range of strategies to reduce the risk of an adverse effect from the mismanagement of a specific medical condition at Heritage.

**Risk Minimisation Plan:** A plan developed for Heritage by families in consultation with staff for all enrolled children with diagnosed medical conditions that require Medical Management Plans. Developed upon enrolment or diagnosis of the condition as part of the Medical Condition Management Plan, it identifies the risks of the condition, details practical strategies to minimise those risks, and identifies who is responsible for implementing the strategies.

**Communication Plan:** A plan developed for Heritage and families of enrolled children diagnosed with medical conditions that outlines how Heritage will communicate with parents/guardians and staff (including students and volunteers) in relation to a child's Medical Condition Management Plan. It forms part of the Medical Condition Management Plan and includes how parents/guardians and staff will be informed about risk minimisation plans, review procedures and emergency procedures to be followed at Heritage.

**Prescribed Medication:** Medication authorised by a health care professional and dispensed by a pharmacist with a printed label, which includes the child's name, dosage and expiry date. Examples include antibiotics, Ventolin and insulin.

**Non-prescribed Medication:** All medication that does not meet the above criteria, including eczema cream, paracetamol, antihistamine and teething gel.

**Ambulance Card.** A card with guidelines on how to call an ambulance clearly visible by all Heritage phones.

## Strategies and Practices

### Type 1 Diabetes Management Plan

- On enrolment families must provide information on their child's health, medications, allergies, their General Practitioner's name, address and phone number, and emergency contact names and phone numbers.
- For children diagnosed with Type 1 diabetes, the Director will ensure families provide an individual Diabetes Management Plan developed by the child's specialist medical team and signed by a medical practitioner. The Diabetes Management Plan must include an individualised Risk Minimisation Plan, Communication Plan and Medication Authorisations.<sup>9</sup>
- The Diabetes Management Plan must be shared with educators **prior** to the child attending Heritage and strictly adhered to by educators when supervising the child's health and behaviour needs at Heritage; administering medication, planning indoor and outdoor activities and on excursions.
- The Diabetes Management Plan must be updated at least annually on enrolment, when there are changes, on expiry and following a related incident.
- All educators will be informed of the location of children's medication both on the Heritage premises and on excursions and this will be written on the Diabetes Management Plan.
- Diabetes Management Plans will be put on display in relevant rooms where necessary to provide the best possible care of the child's health. Consent must be obtained from families and recorded.<sup>10</sup>
- Diabetes Australia NSW and ACT will be contacted as required for further support.<sup>11</sup>

### Staffing and Supervision Arrangements

- Heritage recognizes that under Section 169 of the *Education and Care National Law*<sup>12</sup>, the Director must ensure staffing arrangements enable all enrolled children to be adequately supervised and protected from harm and hazards as far as practicable.

<sup>9</sup> Refer to: Definitions

<sup>10</sup> Refer to: Privacy and Confidentiality Policy

<sup>11</sup> Refer to: References and Further Reading

<sup>12</sup> Refer to: Appendix 1



- Educators must have appropriate qualifications to meet the health, learning and developmental needs of all enrolled children. National Regulation 136 requires Heritage to ensure at least one educator is on duty and available at all times who holds a current approved first aid qualification. As a demonstration of duty of care and best practice, all Heritage educators are required to have current first aid qualifications.<sup>13</sup>

Where children with diagnosed Type 1 diabetes are enrolled at Heritage, the Director will consider the following to determine appropriate educator to child ratios:

- Do the children require more active one-on-one support?
- Are educators confident with their role in supervising the children – are they new to Heritage or have just undertaken to working towards a qualification?
- Do educators have a strong understanding and awareness of Heritage policies and procedures in relation to educating and caring for children with Type 1 diabetes?
- Have educators been trained in the skills and knowledge to support children with Type 1 diabetes?
- Is there a suitably qualified Early Childhood Teacher and Diploma qualified educators engaged at Heritage to support educators with programming appropriately for children with additional needs including Type 1 diabetes?<sup>14</sup>

### Managing Type 1 Diabetes at Heritage

#### Blood Glucose Monitoring Devices

- Heritage management strongly encourages parents/guardians of enrolled children diagnosed with Type 1 diabetes to utilise Continuous Glucose Monitoring (CGM)<sup>15</sup> to monitor their child's Blood Glucose Levels (BGL) while at Heritage.
- A CGM is a small wearable device that measures glucose levels throughout the day and night. It has alarms to alert the user when glucose levels are getting too low or high, and what their glucose level is at any time, whether it is stable or on the way up or down.
- The devices reduce the frequency of daily finger prick tests using a Blood Glucose Meter<sup>16</sup>.

#### Methods of Administering Insulin

- Low or high Blood Glucose Levels for Type 1 diabetes must be treated with insulin replacement via injections or a continuous infusion of insulin via a pump. Without insulin treatment, Type 1 diabetes is fatal.
- Typical treatment/action plans, depending on the method of insulin delivery utilised by the child (injections or pump), are given on 10 and 11. **Note:** This is for guidance purposes only. **Educators must follow the individual Diabetes Management Plans for each child.**

#### Glucagon Kit

- Parents/guardians may supply an emergency Glucagon kit<sup>17</sup> for storage at Heritage in case of a severe 'Hypo' to enable Glucagon to be administered.
- Only an educator trained in the use of the kit may administer the medication.<sup>18</sup>

#### Educator Procedures - Summary Table

The following table provides background information and sets out the procedures which must be adhered to at all times by educators when educating and caring for enrolled children diagnosed with Type 1 diabetes.

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<sup>13</sup> Refer to: Employment and Staffing Policy

<sup>14</sup> Refer to: Supervision and Water Safety Policy; Supporting Children's Individual and Additional Needs Policy

<sup>15</sup> Refer to: Definitions

<sup>16</sup> Refer to: Definitions

<sup>17</sup> Refer to: Definitions

<sup>18</sup> Refer to: Medication Policy



Procedures Summary Table

Strategy	Action
<b>Monitoring of Blood Glucose Levels (BGL)</b>	<p><b>Background</b></p> <ul style="list-style-type: none"> <li>• Checking of Blood Glucose Levels (BGL) occurs at least 4 times every day to evaluate the insulin dose. Some checks will need to be done while a child is at Heritage.</li> <li>• Routine times for testing at Heritage may include before meals, before rest and sleep and prior to physical activity <del>regularly overnight</del>. Additional checking times will be specified in the child's Diabetes Management Plan. These could include such times as when a 'Hypo' is suspected.<sup>19</sup></li> <li>• Heritage strongly encourages families to use Continuous Glucose Monitoring (CGM) devices.<sup>20</sup></li> <li>• Children will need assistance when performing BGL checks with a Blood Glucose Meter.</li> </ul> <p><b>Procedures</b></p> <ul style="list-style-type: none"> <li>• Educators will check Blood Glucose Levels (BGL) according to the child's Diabetes Management Plan by checking the reading on the child's CGM device or using a Blood Glucose Meter and a finger pricking device.</li> <li>• The child's Diabetes Management Plan must state the times that BGL are to be checked, the method of relaying information to parents/guardians, and any intervention required if the BGL is found to be below or above certain thresholds.</li> <li>• A Communication Book may be used to share information about a child's BGL between parents/guardians and Heritage at the beginning and end of each session.</li> <li>• Parents/guardians will be asked to teach educators about BGL testing.</li> <li>• Parents/guardians are responsible for supplying a CGM product or a Blood Glucose Meter with in-date test strips and a finger pricking device, for use by their child while at Heritage.</li> </ul>
<b>Managing hypoglycaemia (hypos)</b>	<p><b>Procedures</b></p> <ul style="list-style-type: none"> <li>• 'Hypos' or suspected 'Hypos' must be recognised and treated promptly, according to the instructions provided in the child's Diabetes Management Plan.</li> <li>• Parents/guardians are responsible for providing Heritage with oral hypoglycaemia treatment (Hypo Food<sup>21</sup>) for their child in an appropriately labelled container.</li> <li>• The child's Hypo container must be securely stored and readily accessible to all staff.</li> <li>• Where parents/guardians supply an emergency Glucagon<sup>22</sup> kit for use in a severe 'Hypo', an educator trained to use it must be available at all times. Only those educators trained to use the kit may do so.</li> </ul>
<b>Administering insulin</b>	<p><b>Background</b></p> <ul style="list-style-type: none"> <li>• Administration of short acting insulin<sup>23</sup> at Heritage will be required whenever the child consumes carbohydrates (bolus dose<sup>24</sup>). <ul style="list-style-type: none"> <li>○ This is in addition to any long acting insulin<sup>25</sup> that may be being administered outside of Heritage hours if the child is not using an insulin pump.</li> </ul> </li> </ul>

<sup>19</sup> Refer to: Definitions

<sup>20</sup> Refer to: Definitions

<sup>21</sup> Refer to: Definitions

<sup>22</sup> Refer to: Definitions

<sup>23</sup> Refer to: Definitions

<sup>24</sup> Refer to: Definitions

<sup>25</sup> Refer to: Definitions





	<ul style="list-style-type: none"> <li>If the child is using an insulin pump, this bolus dose is in addition to the continuous feed of insulin (basal amount<sup>26</sup>) administered by the pump.</li> </ul> <p><b>Procedures</b></p> <ul style="list-style-type: none"> <li>Procedures for the safe administration<sup>27</sup> of insulin, depending on the type insulin and method of delivery, will be specified in the child's Diabetes Management Plan and followed by educators accordingly.</li> </ul>
<b>Managing Ketones<sup>28</sup></b>	<p><b>Background</b></p> <ul style="list-style-type: none"> <li>Children on an insulin pump will require ketone testing when their BGL is &gt;15.0 mmol/L.</li> </ul> <p><b>Procedures</b></p> <ul style="list-style-type: none"> <li>Educators must refer to the child's Diabetes Management Plan and notify parents if the ketone level is &gt;0.6 mmol/L.</li> </ul>
<b>Off-site excursions and activities</b>	<p><b>Background</b></p> <ul style="list-style-type: none"> <li>With good planning, children with Type 1 diabetes may participate fully in all Heritage activities, including attending excursions.</li> </ul> <p><b>Procedures</b></p> <ul style="list-style-type: none"> <li>The child's Diabetes Management Plan must be reviewed prior to an excursion, with additional advice provided by the child's diabetes medical specialist team and/or parents/guardians, as required.</li> </ul>
<b>Infection Control</b>	<p><b>Procedures</b></p> <ul style="list-style-type: none"> <li>Infection control procedures must be developed and followed to prevent infection and cross-infection when checking BGL with a Blood Glucose Meter or administering insulin.</li> <li>Educators must wash their hands before and after handling insulin devices and Blood Glucose Meter devices; have one device per child; not share devices between individuals; use disposable lancets and safely dispose of all medical waste.<sup>29</sup></li> </ul>
<b>Timing Meals</b>	<p><b>Background</b></p> <ul style="list-style-type: none"> <li>Most meal requirements will fit into regular Heritage routines.</li> <li>Missed or delayed carbohydrate may induce hypoglycaemia (Hypo) in some children, depending on their method of insulin delivery.</li> </ul> <p><b>Procedures</b></p> <ul style="list-style-type: none"> <li>Educators must refer to each child's Diabetes Management Plan for specific requirements in relation to meals.</li> <li>Educators may need to ensure children with diabetes receive extra supervision at meal and snack times to ensure that they eat all their carbohydrates.</li> <li>If an activity is running overtime, it may be important for children with diabetes <del>cannot</del> do not have delayed mealtimes.</li> </ul>
<b>Physical Activity</b>	<p><b>Background</b></p> <ul style="list-style-type: none"> <li>Prior to exercise, BGLs may need to be checked.</li> <li>Exercise is not recommended for children whose BGL is high, as it may cause BGL to become more elevated.</li> <li>If BGL is less than [6] mmol/l, a small serve of carbohydrates may need to be provided prior to exercise.</li> </ul> <p><b>Procedures</b></p> <ul style="list-style-type: none"> <li>Educators must refer to the child's Diabetes Management Plan for specific requirements in relation to physical activity.</li> </ul>
<b>Participation in special events</b>	<p><b>Background</b></p> <ul style="list-style-type: none"> <li>Special events, such as birthdays or social events must not exclude children with Type 1 diabetes.</li> </ul>

<sup>26</sup> Refer to: Definitions

<sup>27</sup> Refer to: Medication Policy

<sup>28</sup> Refer to: Definitions

<sup>29</sup> Refer to: First Aid Policy; Hygiene and Infection Control Policy

	<p><b>Procedures</b></p> <ul style="list-style-type: none"> <li>The Heritage service/families must communicate prior to special events and provide food and drink alternatives when catering for special events, such as low sugar or sugar-free drinks and/or sweets or determine in consultation with parents/guardians the correct amount of insulin to administer depending on the food/drink being consumed.</li> </ul>
<b>Communicating with parents</b>	<p><b>Procedures</b></p> <ul style="list-style-type: none"> <li>Educators must communicate directly and regularly with parents/guardians to ensure that their child's individual Diabetes Management Plan is current.</li> <li>Heritage and families must establish a mutually agreeable means of communication to relay health information.<sup>30</sup></li> <li>Methods of communication which may include a Communication Book and, where appropriate, use of emails and/or text messaging.</li> </ul>

**Source:** Adapted from University of Melbourne Early Learning Centre, 2014

<b>Managing Type 1 Diabetes with Insulin Injections</b>			
<p><b>Will an insulin injection be required at Heritage? For example, the administration of short acting insulin<sup>31</sup> whenever the child consumes carbohydrates (bolus dose<sup>32</sup>). Yes/No.</b>  <b>Will insulin injections be given by syringe or pen?</b> _____  <b>Does the child use Continuous Glucose Monitoring (CGM)?</b> Yes/No  <b>When should BGL be tested?</b></p> <ul style="list-style-type: none"> <li>Prior to lunch</li> <li>Other times _____</li> <li>Any time Hypo is suspected, or child appears unwell</li> <li>Prior to activity</li> </ul> <p><b>Physical activity</b> should be encouraged. If BGL is normal, child can participate immediately. If below, child should have a serve of carbohydrate as per their plan. Check <b>15 mins later</b> and if within their target range, the student can participate as per usual.  <b>Excursions:</b> All planning should be in consultation with the child's parent/guardian.</p>			
<b>Hypo Treatment</b> If BGL is tested and <b>below 4 mmol/L</b>		<b>Hyper Treatment</b> If BGL is tested and <b>above 15 mmol/L</b>	
<ul style="list-style-type: none"> <li><b>TREAT IMMEDIATELY</b></li> <li><b>DO NOT LEAVE CHILD UNATTENDED</b></li> </ul>		<ul style="list-style-type: none"> <li>Not uncommon</li> </ul>	
<p><b>Signs and symptoms</b> - may not always be obvious. May include sweating, tremors, weakness, headache, dizziness, pallor, poor co-ordination, mood changes. Serious symptoms may include:</p> <ul style="list-style-type: none"> <li>Lack of concentration/ behaviour change</li> <li>Confusion, slurred speech</li> <li>Not able to drink or swallow</li> <li>Not able to follow instructions</li> <li>Loss of consciousness/Fitting/seizures</li> </ul>		<p><b>Signs and symptoms</b> - may not always be obvious. May include increased thirst, tiredness, irritability and urinating more frequently.</p>	
<b>If child is conscious, cooperative and able to eat Hypo food</b>	<b>If child is unconscious, drowsy, or at risk of choking or unable to swallow</b>	<b>Student is well</b>	<b>Student is unwell, eg vomiting</b>
<ul style="list-style-type: none"> <li>Give Hypo treatment or fast</li> </ul>	<ul style="list-style-type: none"> <li><b>THIS IS AN EMERGENCY- DO NOT</b></li> </ul>	<ul style="list-style-type: none"> <li>Recheck BGL in 2</li> </ul>	<ul style="list-style-type: none"> <li>Check ketones as per plan. (Extra</li> </ul>

<sup>30</sup> Refer to: Communication Plan

<sup>31</sup> Refer to: Definitions

<sup>32</sup> Refer to: Definitions

<p>acting carbohydrate as supplied/listed on management plan, eg sugar, glucose tablet.</p> <ul style="list-style-type: none"> <li>• Re-check BGL after 15 mins.</li> <li>• If BGL is still below a certain level, repeat fast acting carb</li> </ul>	<p><b>GIVE ANYTHING BY MOUTH</b></p> <ul style="list-style-type: none"> <li>• Commence first aid and place child on side, making sure airway is clear. Stay with child.</li> <li>• Give an injection of Glucagon if available and trained to give it</li> <li>• <b>Call an ambulance</b>, stating child is unconscious AND has Type 1 diabetes</li> <li>• Contact parent /guardian when safe to do so.</li> </ul>	<p>hours</p> <ul style="list-style-type: none"> <li>• Encourage student to return to class and drink water</li> <li>• If after 2 hours, BGL is still high, contact parent/guardian for advice.</li> </ul>	<p>insulin may be required when ketone levels &gt;1.0 mmol/L if on injected insulin).</p> <ul style="list-style-type: none"> <li>• Call parent/guardian to collect child ASAP.</li> </ul>
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Adapted from: <https://as1diabetes.com.au/schools/diabetes-schools-action-management-plans/>

<p align="center"><b>Managing Type 1 Diabetes with an Insulin Pump</b></p>			
<p>The insulin pump continually delivers insulin based on carbohydrate intake and BGL  <b>All BGL results must be entered into pump.</b></p>			
<p><b>Will the administration of short acting insulin<sup>33</sup> at Heritage will be required whenever the child consumes carbohydrates (bolus dose<sup>34</sup>). Yes/No</b>  <b>Does the child use Continuous Glucose Monitoring (CGM)? Yes/No</b>  <b>When should BGL be tested?</b></p> <ul style="list-style-type: none"> <li>• Prior to lunch</li> <li>• Other times _____</li> <li>• Any time Hypo is suspected, or child appears unwell</li> <li>• Prior to activity</li> </ul> <p><b>Physical activity</b> should be encouraged. If BGL is normal, child can participate immediately. If below, the child should have a serve of carbohydrate as per their plan. Check <b>15 minutes later</b> and if within their target range then student can participate as usual.  <b>Excursions:</b> All planning should be in consultation with the child's parent/guardian.</p>			
<p align="center"><b>Hypo Treatment</b> If BGL is tested and below 4 mmol/L</p>		<p align="center"><b>Hyper Treatment</b> If BGL is tested and above 15 mmol/L</p>	
<ul style="list-style-type: none"> <li>• <b>TREAT IMMEDIATELY</b></li> <li>• <b>DO NOT LEAVE CHILD UNATTENDED</b></li> </ul>		<ul style="list-style-type: none"> <li>• Not uncommon</li> </ul>	
<p><b>Signs and symptoms</b> - May not be obvious. May include sweating, tremors, weakness, headache, dizziness, pallor, poor co-ordination, mood changes. Serious signs and symptoms may include:</p> <ul style="list-style-type: none"> <li>• Lack of concentration/ behaviour change</li> <li>• Confusion, slurred speech</li> <li>• Not able to drink or swallow</li> <li>• Not able to follow instructions</li> <li>• Loss of consciousness/Fitting/seizures</li> </ul>		<p><b>Signs and symptoms</b> - May not be obvious but may include increased thirst, tiredness, irritability and urinating more frequently.</p>	
<p><b>If child is conscious, cooperative and</b></p>	<p><b>If child is unconscious or drowsy, or there is a risk of choking or the child is</b></p>	<p><b>Student is well</b></p>	<p><b>Student is unwell, eg vomiting</b></p>

33 Refer to: Definitions  
 34 Refer to: Definitions

can eat Hypo food	unable to swallow		
<ul style="list-style-type: none"> <li>Give Hypo treatment or fast acting carbohydrate as supplied/listed on management plan, eg sugar, glucose tablet.</li> <li>Re-check BGL after 15 mins.</li> <li>If BGL is still below a certain level, repeat fast acting carb</li> </ul>	<ul style="list-style-type: none"> <li><b>THIS IS AN EMERGENCY</b></li> <li><b>DO NOT GIVE ANYTHING BY MOUTH</b></li> <li>Commence first aid and place child on their side, making sure their airway is clear and stay with the child.</li> <li>Give an injection of Glucagon if available and trained to give it</li> <li><b>Call an ambulance</b>, stating the person is unconscious AND has Type 1 diabetes</li> <li>Contact parent or guardian when safe to do so</li> </ul>	<ul style="list-style-type: none"> <li>Recheck BGL in 2 hours</li> <li>Encourage student to return to class and drink water</li> <li>If after 2 hours, BGL is still high, contact parent/guardian for advice.</li> </ul>	<ul style="list-style-type: none"> <li>Check ketones as per plan. (Extra insulin may be required when ketone levels &gt;1.0 mmol/L if on injected insulin).</li> <li>Call parent/guardian to collect child ASAP.</li> </ul>

Adapted from: <https://as1diabetes.com.au/schools/diabetes-schools-action-management-plans/>

### Privacy and Confidentiality

Heritage management and educators understand that health information collected about enrolled children under this policy is regarded as personal and sensitive information and must be treated as confidential, stored securely and disposed of appropriately.<sup>35</sup>

Heritages will ensure that health information collected about enrolled children under this policy is not divulged or communicated, directly or indirectly, to another person other than:

- To the extent necessary for the education and care or medical treatment of the child to whom the information relates; or
- A parent of the child to whom the information relates, or
- The Regulatory Authority or an authorised officer; or
- As expressly authorised, permitted or required to be given by or under any Act or law; or
- With the written consent of the person who provided the information.<sup>36</sup>

### Diabetes Management Plans on Display

- Where it is necessary to display a child’s Diabetes Management/Action Plan for the purpose of the child’s safety, this will be explained to the child’s parents/guardians and their consent obtained and recorded.
- The Heritage community must respect the confidentiality of children’s medical information they see displayed in each room.

### Summary of Responsibilities

The Management Committee (Approved Provider) is responsible for ensuring:

- A Type 1 Diabetes Policy is developed, implemented and regularly updated at Heritage in consultation with the Heritage community.
- The Director, educators, other staff, students and volunteers at Heritage are provided with direct access to a copy of the Type 1 Diabetes Policy, Medical Conditions Policy and Medication Policy including in the Staff Programming Room and Members Section on Heritage website.
- The parents/guardians of an enrolled child diagnosed with Type 1 diabetes are provided with a copy of the Type 1 Diabetes Policy and Medical Conditions Policy (Regulation 91).

<sup>35</sup> Refer to: Privacy and Confidentiality Policy - Security of Personal Information (Australian Privacy Principle 11)

<sup>36</sup> Refer to: Appendix 1: National Regulation 181 and 183



- Staffing and supervision arrangements are adequate to protect enrolled children with additional needs from harm and hazards.
- Children diagnosed with Type 1 diabetes are not discriminated against in any way and the programs delivered at Heritage are inclusive of those children<sup>37</sup>, and they can participate in all activities safely and to their full potential.
- Educators, other staff, students and volunteers at Heritage are aware of the strategies to be implemented for the management of Type 1 diabetes at the service.
- Each enrolled child who is diagnosed with Type 1 diabetes has a current Diabetes Management Plan prepared specifically for that child by their specialist medical team, at or prior to enrolment or upon diagnosis.
- Diabetes Management Plans are put on display in relevant rooms where necessary to provide the best possible care of the child's health. Consent must be obtained from families and recorded.<sup>38</sup>
- The Director, educators, other staff, students and volunteers at Heritage follow the child's Diabetes Management Plan in the event of an incident at Heritage relating to their condition.
- A Risk Minimisation plan is developed for each enrolled child diagnosed with Type 1 diabetes in consultation with the child's parents/guardians, in accordance with Regulation 90(iii).
- A Communication Plan is developed for staff and parents/guardians in accordance with Regulation 90(iv), and ongoing communication is encouraged between parents/guardians and staff regarding the management of the child's diabetes.
- Medication is safely administered and accurately recorded according to Regulation 92 and 93. **Refer to:** Medication Policy.

The Director (or Responsible Person in Charge in their absence) is responsible for:

- Ensuring that the Diabetes Policy is implemented at Heritage.
- Compiling a list of children with Type 1 diabetes and placing it in a secure but readily accessible location known to all educators, together with the Diabetes Management Plan for each child.
- Following the strategies developed for the management of Type 1 diabetes at Heritage.
- Ensuring staffing arrangements are adequate to protect enrolled children with additional needs from harm and hazards.
- Ensuring all educators and other staff, including casual and relief staff, students and volunteers are aware of those children diagnosed with Type 1 diabetes, symptoms of low blood sugar levels, and the location of their medication and Diabetes Management Plans.
- Ensuring Diabetes Management Plans are put on display in relevant rooms where necessary to provide the best possible care of the child's health and consent is obtained from families and recorded.<sup>39</sup>
- Ensuring educators follow the child's Diabetes Management Plan in the event of an incident at Heritage relating to their diabetes.
- Following the Risk Minimisation Plan for each enrolled child diagnosed with Type 1 diabetes.
- Ensuring that programmed activities and experiences take into consideration the individual needs of all children, including children diagnosed with Type 1 diabetes.
- Regularly communicating with parents/guardians regarding the management of their child's diabetes in accordance with the child's Communication Plan.
- Ensuring medication is safely administered and accurately recorded according to Regulation 92 and 93. **Refer to:** Medication Policy.
- Ensuring that children diagnosed with Type 1 diabetes are not discriminated against in any way and are able to participate fully in all programs and activities at Heritage.

Educators are responsible for:

- Reading and complying with policy, the Medical Conditions Policy and Medication Policy.

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<sup>37</sup> Refer to: Creating Inclusion and Equity Policy

<sup>38</sup> Refer to: Privacy and Confidentiality Policy

<sup>39</sup> Refer to: Privacy and Confidentiality Policy





- Following the strategies developed for the management of Type 1 diabetes at Heritage.
- Following the Risk Minimisation plan for each enrolled child diagnosed with diabetes.
- Knowing which children are diagnosed with Type 1 diabetes, and the location of their medication and Diabetes Management Plans.
- Following the child's Diabetes Management Plan in the event of an incident at Heritage relating to their diabetes.
- Communicating with parents/guardians regarding the management of their child's medical condition in accordance with the child's Communication Plan.
- Ensuring medication is safely administered and accurately recorded according to Regulation 92 and 93. **Refer to:** Medication Policy.
- Ensuring 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 Heritage.

### All parents/guardians are responsible for:

- Reading and complying with this policy and the Medical Conditions Policy and the strategies developed by Heritage for managing Type 1 diabetes at the service.
- Informing Heritage, either on enrolment or on initial diagnosis, that their child has Type 1 diabetes.
- Providing a copy of their child's Diabetes Management Plan to Heritage and ensuring it has been prepared in consultation with their child's specialist medical team and signed by, a medical practitioner.
- Ensuring all details on their child's enrolment form and medication record are completed prior to commencement at Heritage.
- Working with the Director and staff to develop a Risk Minimisation Plan and Communication Plan for their child and providing Medication Authorisations as required.
- Providing an adequate supply of appropriate Type 1 diabetes medication, Hypo Food and equipment for their child at all times.
- Notifying Heritage, in writing, of any changes to the information on their child's Diabetes Management Plan, enrolment form or medication record.
- Communicating regularly with Heritage management and educators in relation to the ongoing health and wellbeing of their child, and the management of their child's diabetes in accordance with their Communication Plan.
- Respecting the confidentiality of children's medical information they see displayed in each room.<sup>40</sup>
- Encouraging their child to learn about their Type 1 diabetes and to communicate with educators if they are feeling unwell.

### Volunteers and students

- Volunteer and students are responsible for following this policy and its procedures.

## Policy Review and Evaluation

In order to assess whether the values and purposes of the policy have been achieved, the Management Committee will:

- Regularly seek feedback from educators, other staff, parents/guardians, children, management and all affected by the policy regarding its effectiveness.
- Monitor the implementation, compliance, complaints and incidents in relation to this policy
- Ensure that all information on display and supplied to parents/guardians regarding the management of Type 1 diabetes is current.
- Keep the policy up to date with current legislation, research, policy and best practice.
- Revise the policy and procedures as part of the Heritage policy review cycle, or as required
- Notify parents/guardians at least 14 days before making any change to this policy.

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<sup>40</sup> Refer to: Privacy and Confidentiality Policy



## Related Policies

Name	Location
First Aid for Incidents, Accidents, Trauma and Illness Policy	Policies and Procedures in Members Section on Heritage website.
Employment and Staffing Policy (incl. Students & Volunteers)	
Excursions and Incursions Policy	
Emergency Policy	Policy and Procedures Manuals in the Main Office, Staff Programming Room and Front Entrance.
Enrolment and Graduating Rooms Policy	
First Aid for Incidents, Accidents, Illness and Trauma Policy	
Illness and Infectious Diseases Policy	
Medical Conditions Policy	
Medication Policy	
Supervision and Water Safety Policy	Heritage Family Handbook Educator Handbooks
Supporting Children's Individual and Additional Needs Policy	
Work Health and Safety Policy	
Privacy and Confidentiality Policy	

## Related Forms

- Medical Condition Management Plan - including individual Risk Minimisation Plan, Communication Plan and Medication Authorisation.
- Action Plans from Recognised Authorities may be used in conjunction with above Medical Condition Management Plan, for example:
  - Diabetes Action Plan - Injections - <https://as1diabetes.com.au/schools/diabetes-schools-action-management-plans/>
  - Diabetes Action Plan - Insulin Pump - <https://as1diabetes.com.au/schools/diabetes-schools-action-management-plans/>

## References and Further Readings

**Australian Children's Education and Care Quality Authority (ACECQA). (2018).** *Guide to the National Quality Framework.*

[https://www.acecqa.gov.au/sites/default/files/2018-03/Guide-to-the-NQF\\_0.pdf](https://www.acecqa.gov.au/sites/default/files/2018-03/Guide-to-the-NQF_0.pdf)

**Education and Care Services National Law Act 2011 (ACT).** *Effective: 1 January 2018*

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**Education and Care Services National Regulations 2011 (ACT).** *(Current Version 1 Feb 2018)*

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**Diabetes Australia – NSW and ACT. (2017).** *Teachers and Schools.*

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**Diabetes Australia – NSW and ACT. (2017).** *Diabetes School Action and Management Plans.*

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**Royal Children's Hospital Melbourne.** (n.d.). *Diabetes at the RCH.*

[www.rch.org.au/diabetesmanual/index.cfm?doc\\_id=2352](http://www.rch.org.au/diabetesmanual/index.cfm?doc_id=2352)

**University of Melbourne Early Learning Centre. (2014).** *Diabetes Policy.*

**University Preschool and Childcare Centre. (2017).** *Medical Conditions Policy – Asthma, Anaphylaxis, Diabetes and other Medical Conditions*

<https://www.upccc.com.au/wp-content/uploads/2017/12/Medical-Conditions-Policy-7-11-17.pdf>

### Useful Websites

Diabetes Australia – NSW and ACT - <https://diabetesnsw.com.au/>

National Diabetes Services Scheme: <https://www.ndss.com.au/> NDSS Helpline: 1300 136 588

A1Diabetes - [www.as1diabetes.com.au](http://www.as1diabetes.com.au)

Kids Learn about Diabetes - <https://as1diabetes.com.au/kids-learn-about-diabetes>

MyD - for under 25's with diabetes - <http://myd.ndss.com.au/>

Centre for Community Child Health - [www.rch.org.au/ccch](http://www.rch.org.au/ccch)

HealthInsite - [www.healthinsite.gov.au](http://www.healthinsite.gov.au)

National Health and Medical Research Council - [www.nhmrc.gov.au](http://www.nhmrc.gov.au)

Raising Children Network – [www.raisingchildren.net.au](http://www.raisingchildren.net.au)

### Version Control and Change History

Version Number	Approval Date	Approved by	Author and Amendments
1	14 May 2019	Heritage Committee	Author: Julia Charters. New Policy written to support the Medical Conditions Policy, National Regulation 90 and Section 169 of the National Education and Care Law.

**Appendix:** See over-page



## Appendix 1: Relevant National Law, National Regulations and Quality Standards

### National Law Section 167: Offence relating to protection from harm and hazards

- (1) The approved provider of an education and care service must ensure that every reasonable precaution is taken to protect children being educated and cared for by the service from harm and from any hazard likely to cause injury.
- (2) A nominated supervisor of an education and care service must ensure that every reasonable precaution is taken to protect children being educated and cared for by the service from harm and from any hazard likely to cause injury.

### National Regulation 168: Policies and Procedures

- (2) Policies and procedures are required in relation to the following—
  - (d) dealing with medical conditions in children, including the matters set out in regulation 90;
  - (h) providing a child safe environment

### National Law Section 169: Offence relating to staffing arrangements

- (1) An approved provider of an education and care service must ensure that, whenever children are being educated and cared for by the service, the relevant number of educators educating and caring for the children is no less than the number prescribed for this purpose.
- (2) An approved provider of an education and care service must ensure that each educator educating and caring for children for the service meets the qualification requirements relevant to the educator's role as prescribed by the national regulations.
- (3) A nominated supervisor of an education and care service must ensure that, whenever children are being educated and cared for by the service, the relevant number of educators educating and caring for the children is no less than the number prescribed for this purpose.
- (4) A nominated supervisor of an education and care service must ensure that each educator educating and caring for children for the service meets the qualification requirements relevant to the educator's role as prescribed by the national regulations.

### National Regulation 90: Medical conditions policy

- (1) The medical conditions policy of the education and care service must set out practices in relation to the following—
  - (a) the management of medical conditions, including asthma, diabetes or a diagnosis that a child is at risk of anaphylaxis;
  - (b) informing the nominated supervisor and staff members of, and volunteers at, the service of practices in relation to managing those medical conditions;
  - (c) the requirements arising if a child enrolled at the education and care service has a specific health care need, allergy or relevant medical condition, including—
    - (i) requiring a parent of the child to provide a medical management plan for the child; and
    - (ii) requiring the medical management plan to be followed in the event of an incident relating to the child's specific health care need, allergy or relevant medical condition; and
    - (iii) requiring the development of a **risk-minimisation plan** in consultation with the parents of a child—
      - (A) to ensure that the risks relating to the child's specific health care need, allergy or relevant medical condition are assessed and minimised; and
      - (B) if relevant, to ensure that practices and procedures in relation to the safe handling, preparation, consumption and service of food are developed and implemented; and
      - (C) if relevant, to ensure that practices and procedures to ensure that the parents are notified of any known allergens that pose a risk to a child and strategies for minimising the risk are developed and implemented; and
      - (D) to ensure that practices and procedures ensuring that all staff members and volunteers can identify the child, the child's medical management plan and the location of the child's medication are developed and implemented; and

- (E) if relevant, to ensure that practices and procedures ensuring that the child does not attend the service without medication prescribed by the child's medical practitioner in relation to the child's specific health care need, allergy or relevant medical condition are developed and implemented; and
- (iv) requiring the development of a **communications plan** to ensure that—
- (A) relevant staff members and volunteers are informed about the medical conditions policy and the medical management plan and risk minimisation plan for the child; and
  - (B) a child's parent can communicate any changes to the medical management plan and risk minimisation plan for the child, setting out how that communication can occur.

National Regulation 91: Medical conditions policy to be provided to parents

The approved provider of an education and care service must ensure that a copy of the medical conditions policy document is provided to the parent of a child enrolled at an education and care service if the provider is aware that the child has a specific health care need, allergy or other relevant medical condition.

National Regulation 160: Child enrolment records to be kept by approved provider and family day care educator

- (1) The approved provider of an education and care service must ensure that an enrolment record is kept that includes the information set out in sub-regulation (3) for each child enrolled at the education and care service.
- (3) An enrolment record must include the following information for each child—
- (ii) any person who is to be notified of an emergency involving the child if any parent of the child cannot be immediately contacted; and
  - (iii) any person who is an authorised nominee; and
- Note. Authorised nominee means a person who has been given permission by a parent or family member to collect the child from the education and care service or the family day care educator. See section 170(5) of the Law.
- (iv) any person who is authorised to consent to medical treatment of, or to authorise administration of medication to, the child; and
  - (v) any person who is authorised to authorise an educator to take the child outside the education and care service premises;
  - (h) any special considerations for the child, for example any cultural, religious or dietary requirements or additional needs;
    - (i) the relevant authorisations set out in regulation 161;
    - (j) the relevant health information set out in regulation 162.

National Regulation 161: Authorisations to be kept in enrolment record

- (1) The authorisations to be kept in the enrolment record for each child enrolled at an education and care service are—
- (a) an authorisation, signed by a parent or a person named in the enrolment record as authorised to consent to the medical treatment of the child, for the approved provider, a nominated supervisor or an educator to seek—
    - (i) medical treatment for the child from a registered medical practitioner, hospital or ambulance service; and
    - (ii) transportation of the child by an ambulance service; and

National Regulation 162: Health information to be kept in enrolment record

- The health information to be kept in the enrolment record for each child enrolled at the education and care service is—
- (a) the name, address and telephone number of the child's registered medical practitioner or medical service; and
  - (b) if available, the child's Medicare number; and
  - (c) details of any—
    - (i) specific healthcare needs of the child, including any medical condition; and





- (ii) allergies, including whether the child has been diagnosed as at risk of anaphylaxis; and
- (d) any medical management plan, anaphylaxis medical management plan or risk minimisation plan to be followed with respect to a specific healthcare need, medical condition or allergy referred to in paragraph (c); and
- (e) details of any dietary restrictions for the child; and
- (f) the immunisation status of the child; and
- (g) if the approved provider or a staff member or family day care educator has sighted a child health record for the child, a notation to that effect; and

**Related Regulations:**

National Regulation 85: Incident, injury, trauma and illness policies and procedures

The incident, injury, trauma and illness policies and procedures of an education and care service required under regulation 168 must include procedures to be followed by nominated supervisors and staff members of, and volunteers at, the service in the event that a child—

- (a) is injured; or
- (b) becomes ill; or
- (c) suffers a trauma.

National Regulation 87: Incident, injury, trauma and illness record

- (1) The approved provider of an education and care service must ensure that an incident, injury, trauma and illness record is kept in accordance with this regulation.
- (3) The incident, injury, trauma and illness record must include—
  - (c) details of the action taken by the education and care service or family day care educator in relation to any incident, injury, trauma or illness which a child has suffered while being educated and cared for by the education and care service or family day care educator, including—
    - (i) any medication administered or first aid provided;
    - (f) the name and signature of the person making an entry in the record, and the time and date that the entry was made.
- (4) The information referred to in sub-regulation (3) must be included in the incident, injury, trauma and illness record as soon as practicable, but not later than 24 hours after the incident, injury or trauma, or the onset of the illness.

National Regulation 92: Medication record

- (1) The approved provider of an education and care service must ensure that a medication record is kept that includes the details set out in sub-regulation (3) for each child to whom medication is or is to be administered by the service.
- (3) The details to be recorded are—
  - (a) the name of the child;
  - (b) the authorisation to administer medication (including, if applicable, self-administration), signed by a parent or a person named in the child's enrolment record as authorised to consent to administration of medication;
  - (c) the name of the medication to be administered;
  - (d) the time and date the medication was last administered;
  - (e) the time and date, or the circumstances under which, the medication should be next administered;
  - (f) the dosage of the medication to be administered;
  - (g) the manner in which the medication is to be administered;
  - (h) if the medication is administered to the child—
    - (i) the dosage that was administered; and
    - (ii) the manner in which the medication was administered; and
    - (iii) the time and date the medication was administered; and
    - (iv) the name and signature of the person who administered the medication; and
    - (v) if another person is required under regulation 95 to check the dosage and administration, the name and signature of that person.



National Regulation 93: Administration of medication

- (1) The approved provider of an education and care service must ensure that medication is not administered to a child being educated and cared for by the service unless—
  - (a) that administration is authorised; and
  - (b) the medication is administered in accordance with regulation 95 or 96.
- (2) The approved provider of an education and care service must ensure that written notice is given to a parent or other family member of a child as soon as practicable, if medication is administered to the child under an authorisation referred to in subregulation (5)(b).
- (3) The nominated supervisor of an education and care service must ensure that medication is not administered to a child being educated and cared for by the service unless—
  - (a) that administration is authorised; and
  - (b) the medication is administered in accordance with regulation 95 or 96.
- (5) In this regulation the administration of medication to a child is authorised if an authorisation to administer the medication—
  - (a) is recorded in the medication record for that child under regulation 92; or
  - (b) in the case of an emergency, is given verbally by—
    - (i) a parent or a person named in the child's enrolment record as authorised to consent to administration of medication; or
    - (ii) if a parent or person named in the enrolment record cannot reasonably be contacted in the circumstances, a registered medical practitioner or an emergency service.

National Regulation 94: Exception to authorisation requirement—anaphylaxis or asthma emergency

- (1) Despite regulation 93, medication may be administered to a child without an authorisation in case of an anaphylaxis or asthma emergency.
- (2) If medication is administered under this regulation, the approved provider or nominated supervisor of the education and care service or family day care educator must ensure that the following are notified as soon as practicable—
  - (a) a parent of the child;
  - (b) emergency services.

National Regulation 95: Procedure for administration of medication

Subject to regulation 96, if medication is administered to a child being educated and cared for by an education and care service—

- (a) the medication must be administered—
  - (i) if the medication has been prescribed by a registered medical practitioner, from its original container, bearing the original label with the name of the child to whom the medication is to be administered, and before the expiry or use by date; or
  - (ii) from its original container, bearing the original label and instructions and before the expiry or use by date; and
- (b) the medication must be administered in accordance with any instructions—
  - (i) attached to the medication; or
  - (ii) any written or verbal instructions provided by a registered medical practitioner; and
- (c) except in the case of a family day care service or an education and care service that is permitted to have only 1 educator to educate and care for children, the following must be checked by a person other than the person administering the medication—
  - (i) the dosage of the medication to be administered;
  - (ii) the identity of the child to whom the medication is to be administered.

National Regulation 96: Self-administration of medication

The approved provider of an education and care service may permit a child over preschool age to self-administer medication if—

- (a) an authorisation for the child to self-administer medication is recorded in the medication record for the child under regulation 92; and
- (b) the medical conditions policy of the service includes practices for self-administration of medication.



National Regulation 136: First aid qualifications

(1) The approved provider of a centre-based service must ensure that each of the following persons are in attendance at any place where children are being educated and cared for by the service, and immediately available in an emergency, at all times that children are being educated and cared for by the service--

- (a) at least one staff member or one nominated supervisor of the service who holds a current approved first aid qualification;
- (b) at least one staff member or one nominated supervisor of the service who has undertaken current approved anaphylaxis management training;
- (c) at least one staff member or one nominated supervisor of the service who has undertaken current approved emergency asthma management training.

(4) The same person may hold one or more of the qualifications set out in subregulation (1).

(5) In this regulation--

"approved anaphylaxis management training" means anaphylaxis management training approved by the National Authority in accordance with Division 7;

"approved emergency asthma management training" means emergency asthma management training approved by the National Authority in accordance with Division 7;

"approved first aid qualification" means a qualification that--

- (a) includes training in the following that relates to and is appropriate to children--
  - (i) emergency life support and cardio-pulmonary resuscitation;
  - (ii) convulsions;
  - (iii) poisoning;
  - (iv) respiratory difficulties;
  - (v) management of severe bleeding;
  - (vi) injury and basic wound care;
  - (vii) administration of an auto-immune adrenalin device; and
- (b) has been approved by the National Authority in accordance with Division 7.

National Regulation 177: Prescribed enrolment and other documents to be kept by approved provider

(1) For the purposes of section 175(1) of the Law, the following documents are prescribed in relation to each education and care service operated by the approved provider--

- (b) an incident, injury, trauma and illness record as set out in regulation 87;
- (c) a medication record as set out in regulation 92;
- (l) child enrolment records as set out in regulation 160;

(2) The approved provider of the education and care service must take reasonable steps to ensure the documents referred to in sub-regulation (1) are accurate.

National Regulation 181: Confidentiality of records kept by approved provider

The approved provider of an education and care service must ensure that information kept in a record under these Regulations is not divulged or communicated, directly or indirectly, to another person other than--

- (a) to the extent necessary for the education and care or medical treatment of the child to whom the information relates; or
- (b) a parent of the child to whom the information relates, except in the case of information kept in a staff record; or
- (c) the Regulatory Authority or an authorised officer; or
- (d) as expressly authorised, permitted or required to be given by or under any Act or law; or
- (e) with the written consent of the person who provided the information.

National Regulation 183: Storage of records and other documents

(1) The approved provider of an education and care service must ensure that records and documents set out in regulation 177 are stored--

- (a) in a safe and secure place; and
- (b) for the relevant period set out in sub-regulation (2).



**National Quality Standard**

Quality Area 2: Children's Health and Safety

Standard 2.1: Health: Each child's health is promoted.

Element 2.1.1 Wellbeing and comfort:

Each child's wellbeing and comfort is provided for, including appropriate opportunities to meet each child's need for sleep, rest and relaxation.

Element 2.1.2: Health practices and procedures

Effective illness and injury management and hygiene practices are promoted and implemented.

Standard 2.2: Safety: Each child is protected.

Element 2.2.1 Supervision: At all times, reasonable precautions and adequate supervision ensure children are protected from harm and hazard

Element 2.2.2 Incident and emergency management.

Plans to effectively manage incidents and emergencies are developed in consultation with relevant authorities, practised and implemented

Quality Area 7: Governance and Leadership

Standard 7.1: Governance: Governance supports the operation of a quality service

Element 7.1.2 Management Systems. Systems are in place to manage risk and enable the effective management and operation of a quality service.

Element 7.1.3 Roles and responsibilities: Roles and responsibilities are clearly defined, and understood, and support effective decision making and operation of the service.