

Early Learning

Diabetes Type 1 policy

1. Policy Statement/Purpose

All children and young people have a right to feel safe and be safe. We are committed to providing environments where children and young people are respected, nurtured, and cared for.

The purpose of this policy is to outline Uniting Early Learning’s management of Diabetes Type 1 within its Early Learning Centres.

2. Scope

This policy applies to the following groups working in Uniting Early Learning:

- Approved provider and persons with management or control
- Nominated supervisor and persons in day-to-day charge.
- ECT, Educators, FDC educators and all other staff
- Parents/guardians
- Contractors, volunteers, and students

Type 1 diabetes develops when the pancreas stops producing insulin. Insulin is the hormone which transports glucose from the blood stream to the cells around the body where it is used for energy. Without insulin, glucose builds up in the blood stream and can make a person extremely unwell. If someone is diagnosed with type 1 diabetes, they must be given insulin and check BGLs for life. Insulin is a lifesaving medication (*Mastering Diabetes in preschools and schools*. 2016).

3. Policy

- For each child with pre-existing type 1 diabetes, the early learning service needs to make sure that the enrolled child has a current diabetes action and management plan.
- This plan is completed and signed by the child’s diabetes treating team and parents, will detail the individual health care needs and be reviewed annually or as medical treatment changes.
- Consultation and a good working relationship will often be needed between families, the early learning service and the child’s diabetes team so that the child can be best supported to actively engage and have equal access to the learning and care environment.
- Educators will require professional development opportunities to support children with type 1 diabetes to reduce the risk of emergency situations and complications for the child.
- Parents will also be asked to notify the service immediately about any changes to the child’s individual diabetes action and management plan.

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Self-Administration of Medication OSHC

A child over pre-school age may self-administer medication under the following circumstances:

- A parent or guardian provides written authorisation with consent on the child's enrolment form - administration of medication.
- Medication is stored safely by an Educator, who will provide it to the child when required.
- Supervision is provided by an Educator whilst the child is self-administering.
- A recording is made in the medication record for the child that the medication has been self-administered.
- Discussions with families and educators will occur regarding authorisation for children to carry diabetes equipment with them and the self-administration of Blood Glucose testing and insulin injecting.
- The service must consider if the child is capable of self-administration before accepting or refusing the authorisation.
- 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.

Review

This policy is to be reviewed by: 30/04/2026

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4. Responsibilities relating to the Diabetes Type 1 Policy

| Responsibilities | Approved provider and persons with management or control | Nominated supervisor and persons In day-to-day charge | ECT, Educators, FDC educators and all other staff | Parents/guardians | Contractors, volunteers, and students |
|--|--|---|---|-------------------|---------------------------------------|
| R indicates legislation requirement, and should not be deleted | | | | | |
| Ensure that a Diabetes Type 1 policy is developed, implemented, and complied by all educators, staff, families, students, and volunteers at the service R 90 & 168 | R | ✓ | ✓ | ✓ | |
| Ensure the Nominated Supervisor/Responsible person, educators, staff, students, and volunteers at the service are provided with a copy of the Type 1 <i>Diabetes Policy</i> , <i>Management Strategies</i> , and the <i>Dealing with Medical Conditions Policy</i> , and understand all related procedures and strategies to be implemented R 91, 170 & 171 | R | ✓ | ✓ | | |
| Ensure that parents of an enrolled child who is diagnosed with type 1 diabetes are provided with a copy of the <i>Type 1 Diabetes Policy</i> and the <i>Dealing with Medical Conditions Policy</i> R 91 | R | ✓ | ✓ | | |
| Ensure that prior to commencement, or following diagnosis each enrolled child who is diagnosed with type 1 diabetes has a current diabetes action and management plan and risk and communication plan (refer to Medical-Conditions-Risk-Minimisation-and-Comm-Plan-23.1.pdf & Diabetes-insulin pump-2021-23.3.3.pdf) prepared specifically for that child by their diabetes treating team and family R 90 & 162 | R | ✓ | ✓ | ✓ | |
| Ensure all diabetes action and management plans and risk and communication plans are reviewed and updated annually or when changes have been made by the child's diabetes treating team R 90 & 162 | R | ✓ | ✓ | ✓ | |
| Ensure a specific orientation period be organised at the service for parents/carers/guardians, child with type 1 diabetes, prior to the child starting at the service or newly diagnosed with type 1 diabetes returning to the service | | ✓ | ✓ | | |
| Ensure that the educators, staff, students, volunteers, and others at the service follow the child's diabetes action and management plan, risk minimisation and communication plan in the event of an incident at the service relating to their diabetes R 90 | R | ✓ | ✓ | | |

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| Compile a list of children (including their photograph) living with type 1 diabetes and placing it in a secure but readily accessible location known to all staff. This should include the diabetes action and management plan for each child. R 90 | R | ✓ | ✓ | | |
| Ensure that all educators, including casual and relief educators, can identify children diagnosed with type 1 diabetes, symptoms of low blood glucose levels, i.e., hypoglycaemia and the location of medication, blood glucose equipment and type 1 diabetes action and management plans R 90 | R | ✓ | ✓ | | |
| Ensure the inclusion of diabetes action, management, risk, communication plans and medication required in emergency management plans and off-site excursions and activities | | ✓ | ✓ | | |
| Communicate with the parent/guardians about any special events or excursions within a reasonable timeframe: <ul style="list-style-type: none"> At least 2 weeks' notice – service parties, special celebrations that may involve food or extra physical activity. At least 4 weeks' notice – external excursion. | | ✓ | ✓ | | |
| Make sure that a parent or authorised nominee is contactable by phone at all times or within a reasonable time period (30 minutes) when the child is attending the service | | ✓ | ✓ | ✓ | |
| Ensuring that at least one ECT/educator with current approved first aid qualifications (refer to Definitions) is in attendance and immediately available at all times that children are being educated and cared for by the service. R 136 | R | ✓ | ✓ | | |
| Administer medications as required, in accordance with the procedures outlined in the Administration of Medication Policy R 93 | R | ✓ | ✓ | | |
| Follow appropriate reporting procedures set out in the <i>Incident, Injury, Trauma, and Illness Policy</i> in the event that a child is ill or is involved in a medical emergency or an incident at the service that results in injury or trauma. R 85 & 86 | R | ✓ | ✓ | | |
| Ensure that staff have access to and undertake appropriate training and are adequately resourced to work confidently with children with type 1 diabetes and their families. Diabetes Victoria Diabetes Australia | ✓ | ✓ | ✓ | | |
| Ensure that the programs delivered at the service are inclusive of children diagnosed with type 1 and that children with type 1 diabetes can participate in all activities safely and to their full potential R 155 | R | ✓ | ✓ | | |

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|---|--|---|---|---|---|
| Families, educators, and staff collaborate to provide the most appropriate practical and emotional support to help with learning for their child | | ✓ | ✓ | ✓ | |
| Educators and families communicate daily regarding the management of their child's type 1 diabetes in a timeframe and format agreed in the Communication Plan | | ✓ | ✓ | ✓ | |
| Provide the service with any equipment, medication, or treatment, as specified in the child's individual type 1 diabetes action and management plan | | | | ✓ | |
| Restock diabetes equipment and supplies listed on the child's Diabetes Management Plan as necessary/requested | | | | ✓ | |
| Note: Volunteers and students, while at the service, are responsible for following this policy and its procedures. | | | | | ✓ |

5. Legislation/Regulations

Child Safe Standards 2022

Children's Services Amendment Act 2019

Children's Services Regulations 2020

Education and Care Services National Law Act 2010: Sections 167, 169

Education and Care Services National Regulations 2011: Regulations 90–96, 102, 136, 137, 146, 147, 160–162, 168(2)(d), 173, 177, 181, 183, 184, 246

National Quality Standard, Quality Area 2: Children's Health and Safety

6. Related Documents

Uniting

[Diversity Statement](#)

[Child Safety Commitment Statement](#)

Code of Conduct

Child Safety Policy

Child Safety Code of Conduct

Workplace Health, Safety and Wellbeing Policy

Early Learning

Administration of Medication Policy

Dealing with Medical Conditions Policy

Incident, Injury, Trauma, and Illness Policy

[UF-EL-013-Medical Conditions Risk Minimisation and Comm Plan-23.1.docx](#)

[UF-EL-016-Blood Glucose Levels test 23.3.6.docx](#)

[UF-EL-017-Diabetes-BGL tracking form 23.3.4.docx](#)

[UF-EL-018-Insulin Administration-ongoing 23.3.5.docx](#)

[UPD-EL-004-Management of Type 1 diabetes.pdf](#)

Other Forms available at [Early Learning \(sharepoint.com\)](#)

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External

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|-------------------------------------|---|
| Type 1 Diabetes Action plans | TYPE 1 DIABETES ACTION PLAN 2024 EARLY CHILDHOOD SCHOOL SETTINGS Automated Insulin Pump.pdf TYPE 1 DIABETES ACTION PLAN 2024 EARLY CHILDHOOD SCHOOL SETTINGS Manual Insulin Pump.pdf TYPE 1 DIABETES ACTION PLAN 2024 EARLY CHILDHOOD SCHOOL SETTINGS Multiple Daily Injections.pdf |
| Type 2 Diabetes Action plans | TYPE 2 DIABETES ACTION PLAN 2024 SCHOOL SETTING Insulin Injections.pdf TYPE 2 DIABETES ACTION PLAN 2024 SCHOOL SETTING Medication (Not Insulin Injections).pdf |

Caring for Diabetes in Children and Adolescents, Royal Children's Hospital Melbourne: [click here](#)

Mastering Diabetes in preschools and schools - [click here](#)

Diabetes Victoria, Professional development program for schools and early childhood settings: [Click here](#)

Diabetes Victoria 1300 437 386 (Here to help) – [click here](#)

Diabetes Australia – [click here](#)

Position Statement: A new language for Diabetes Available: [Click here](#)

National Diabetes Services Scheme (NDSS) [click here](#)

National Helpline, consumers call 1300 136 588

Information sheets about diabetes visit National Diabetes Services Scheme website [Click here](#)

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Attachment 1: Diabetes Action Plan example only - (2024-Multiple daily injection MDI) – Click [here](#)

TYPE 1 DIABETES ACTION PLAN 2024 EARLY CHILDHOOD / SCHOOL SETTINGS **Multiple Daily Injections**

Use in conjunction with Diabetes Management Plan. This plan should be reviewed every year.

MCH/CS/SSVIC Diabetes Victoria, RCH, MCH/2024/V.1.1

PHOTO

CHILD / STUDENT NAME _____

DATE OF BIRTH _____ GRADE / YEAR _____

NAME OF EARLY CHILDHOOD SETTINGS / SCHOOL _____

PARENT / CARER NAME _____

CONTACT NO. _____

DIABETES TREATING TEAM _____

HOSPITAL UR NO. _____

CONTACT NO. _____

DATE PLAN CREATED _____

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LOW Hypoglycaemia (Hypo)
Blood Glucose Level (BGL) less than **4.0 mmol/L**

SIGNS AND SYMPTOMS Pale, headache, shaky, sweaty, dizzy, drowsy, changes in behaviour
Note: Check BGL if hypo suspected. Symptoms may not always be obvious

DO NOT LEAVE CHILD/STUDENT ALONE • DO NOT DELAY TREATMENT TREATMENT TO OCCUR WHERE CHILD/STUDENT IS AT TIME OF HYPO HYPO SUPPLIES LOCATED

MILD*

Child/student conscious
(Able to eat hypo food)
* MILD IS COMMON

Step 1: Give fast acting carbohydrate

Step 2: Recheck BGL in 15 mins

- If BGL less than 4.0, repeat **Step 1**
- If BGL greater than or equal to 4.0, go to **Step 3**

Step 3: Give slow acting carbohydrate

Step 3a: If insulin is due & BGL greater than or equal to 4.0, give usual insulin dose & then eat meal immediately.

Step 4: Resume usual activity when BGL 4.0 or higher

SEVERE

Child/student drowsy / unconscious
(Risk of choking / unable to swallow)

First Aid DRSABCD
Stay with child/student

CALL AN AMBULANCE DIAL 000

Contact parent/carer when safe to do so

HIGH Hyperglycaemia (Hyper)
Blood Glucose Level (BGL) greater than or equal to **15.0 mmol/L** is well above target and requires additional action

SIGNS AND SYMPTOMS Increased thirst, extra toilet visits, poor concentration, irritability, tiredness
Note: Symptoms may not always be obvious

Child/student well

- Encourage 1-2 glasses water per hour
- Return to usual activity
- Extra toilet visits may be required
- Re-check BGL in 2 hours

In 2 hours, if BGL still greater than or equal to 15.0,
CALL PARENT/CARER FOR ADVICE

Child/student unwell
(e.g. vomiting)

- Contact parent/carer to collect student ASAP
- Check ketones (if strips supplied)

KETONES

If unable to contact parent/carer **and** blood ketones greater than or equal to 1.0 mmol/L or dark purple on urine strip

CALL AN AMBULANCE DIAL 000

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Attachment 2: Diabetes Action Plan example only - (2024 Automated Insulin pump)- Click [here](#)

TYPE 1 DIABETES ACTION PLAN 2024 EARLY CHILDHOOD / SCHOOL SETTINGS **Automated Insulin Pump**

Use in conjunction with Diabetes Management Plan. This plan should be reviewed every year.

AUTOMATED PUMP: CLASSIC DIABETES VICTORIA, RCH, MOH, 2024V1.1

PHOTO

CHILD / STUDENT NAME

DATE OF BIRTH

GRADE / YEAR

NAME OF EARLY CHILDHOOD SETTING / SCHOOL

PARENT / CARER NAME

CONTACT NO.

DIABETES TREATING TEAM

HOSPITAL UR NO.

CONTACT NO.

DATE PLAN CREATED

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LOW Hypoglycaemia (Hypo)

Blood Glucose Level (BGL) less than **4.0 mmol/L**

SIGNS AND SYMPTOMS Pale, headache, shaky, sweaty, dizzy, drowsy, changes in behaviour

Note: Check BGL if hypo suspected. Symptoms may not always be obvious

DO NOT LEAVE CHILD/STUDENT ALONE • DO NOT DELAY TREATMENT TREATMENT TO OCCUR WHERE CHILD/STUDENT IS AT TIME OF HYPO SUPPLIES LOCATED.

MILD*

Child/student conscious (Able to eat hypo food)

* MILD IS COMMON

Step 1: Give fast acting carbohydrate

Step 2: Recheck BGL in 15 mins

- If BGL less than 4.0, repeat **Step 1**
- If BGL greater than or equal to 4.0 go to **Step 3**

Step 3: Resume usual activity when BGL 4.0 or higher.

SEVERE

Child/student drowsy / unconscious (Risk of choking / unable to swallow)

First Aid DRSABCD

Stay with child/student

CALL AN AMBULANCE

DIAL 000

Contact parent/carer when safe to do so

HIGH Hyperglycaemia (Hyper)

Blood Glucose Level (BGL) greater than or equal to **15.0 mmol/L** is well above target and requires additional action

SIGNS AND SYMPTOMS increased thirst, extra toilet visits, poor concentration, irritability, tiredness

Note: Symptoms may not always be obvious

IF UNWELL (e.g. VOMITING), CONTACT PARENT/CARER TO COLLECT CHILD/STUDENT

Check blood ketones

Blood ketones greater than or equal to **0.6 mmol/L** requires immediate treatment

Blood ketones less than 0.6

- Correction bolus is automatically delivered by pump
- 1-2 glasses water per hour, extra toilet visits may be required
- Recheck BGL in 2 hours

BGL less than 15.0 and ketones less than 0.6
No further action


BGL still greater than or equal to 15.0 and ketones less than 0.6
CONTACT PARENT/CARER

Blood ketones greater than or equal to 0.6
POTENTIAL LINE FAILURE

- Will need injected insulin and line change

CONTACT PARENT/CARER

If unable to contact parent/carer
CALL AN AMBULANCE DIAL 000



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Attachment 3: Diabetes Action Plan example only - (2024 Manual Insulin pump)- Click [here](#)

TYPE 1 DIABETES ACTION PLAN 2024 EARLY CHILDHOOD / SCHOOL SETTINGS **Manual Insulin Pump**

Use in conjunction with Diabetes Management Plan. This plan should be reviewed every year.

MANUAL PUMP (C78) M/C Diabetes/Child Health/MSCH/2024/V1.1

PHOTO

CHILD / STUDENT NAME _____

DATE OF BIRTH _____ GRADE / YEAR _____

NAME OF EARLY CHILDHOOD SETTING / SCHOOL _____

PARENT / CARER NAME _____

CONTACT NO. _____

DIABETES TREATING TEAM _____

HOSPITAL UR NO. _____

CONTACT NO. _____

DATE PLAN CREATED _____

LOW Hypoglycaemia (Hypo)

Blood Glucose Level (BGL) less than **4.0 mmol/L**

SIGNS AND SYMPTOMS Pale, headache, shaky, sweaty, dizzy, drowsy, changes in behaviour

Note: Check BGL if hypo suspected. Symptoms may not always be obvious

DO NOT LEAVE CHILD/STUDENT ALONE • DO NOT DELAY TREATMENT TREATMENT TO OCCUR WHERE CHILD/STUDENT IS AT TIME OF HYPO. HYPO SUPPLIES LOCATED.

MILD*

Child/student conscious
(Able to eat hypo food)
* MILD IS COMMON

Step 1: Give fast acting carbohydrate

Step 2: Recheck BGL in 15 mins

- If BGL less than 4.0, repeat **Step 1**
- If BGL greater than or equal to 4.0, go to **Step 3**

Step 3: If starting BGL between 2.0-4.0
No follow up slow acting carbohydrate required

Step 3a: If starting BGL less than 2.0
Give slow acting carbohydrate

Step 4: Resume usual activity when BGL 4.0 or higher. No BGL into pump 1 hour post hypo.

SEVERE

Child/student drowsy / unconscious
(Risk of choking / unable to swallow)

First Aid DRSABCD
Stay with child/student

CALL AN AMBULANCE
DIAL 000

Contact parent/ carer when safe to do so

HIGH Hyperglycaemia (Hyper)

Blood Glucose Level (BGL) greater than or equal to **15.0 mmol/L** is well above target and requires additional action

SIGNS AND SYMPTOMS Increased thirst, extra toilet visits, poor concentration, irritability, tiredness

Note: Symptoms may not always be obvious

IF UNWELL (e.g. VOMITING), CONTACT PARENT/ CARER TO COLLECT CHILD/STUDENT

Check blood ketones
Blood ketones greater than or equal to **0.6 mmol/L** requires immediate treatment

Blood ketones less than 0.6

- Enter BGL into pump
- Accept Correction bolus
- 1-2 glasses water per hour, extra toilet visits may be required
- Recheck BGL in 2 hours

BGL less than 15.0 and ketones less than 0.6
No further action

Blood ketones greater than or equal to 0.6
POTENTIAL LINE FAILURE

- Will need injected insulin and line change
- This is the parent/ carer responsibility or student (if they have the required insulin pump skills)

BGL still greater than or equal to 15.0 and ketones less than 0.6
CONTACT PARENT/ CARER

If unable to contact parent/carer
CALL AN AMBULANCE DIAL 000

MANUAL PUMP (C78) M/C Diabetes/Child Health/MSCH/2024/V1.1

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