Medical Conditions

INTRODUCTION

Medical conditions include, but are not limited to asthma, diabetes or a diagnosis that a child is at risk of anaphylaxis. In many cases these can be life threatening. Our service is committed to a planned approach to the management of medical conditions to ensure the safety and well- being of all children at this service. Our service is also committed to ensuring our educators and staff are equipped with the knowledge and skills to manage situations to ensure all children receive the highest level of care and to ensure their needs are considered at all times. Providing families with ongoing information about medical conditions and the management conditions is a key priority.

AIM

KAZ Early Learning Centre will minimise the risks around medical conditions of children by:

- Collaborating with families of children with diagnosed medial conditions to develop a risk minimisation plan for their child;
- Informing all staff, including casual staff, educators and volunteers, of all children diagnosed with a medical condition and the risk minimisation procedures for these;
- Providing all families with current information about identified medical conditions of children enrolled at the service with strategies to support the implementation of the risk minimisation plan;
- Ensuring all children with diagnosed medical conditions have a current risk minimisation plan that is accessible to all educators and staff; and
- Ensuring all educators and staff are adequately trained in the administration of emergency medication.

PROCEDURE

The Approved Provider will:

- Ensure the Nominated Supervisor fulfills responsibilities in the management of medical conditions.

Enrolment of children into the Service

The Nominated Supervisor will:

- Ensure that any parent/guardian with a child enrolled at the service that has a specific health care need, allergy or other relevant medical condition is provided with a copy of this Medical Conditions policy;
- Inform parents/guardians of the requirement to provide the service with a medical management plan of their child's condition;
- Collaborate with families of children with medical conditions to develop a risk minimisation plan to ensure the child's safety and wellbeing:
  - to ensure that the risks relating to the child's specific health care need, allergy or relevant medical condition are assessed and minimised; and
  - 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
  - if relevant, to ensure that practices and procedures to ensure that the parents/guardians are notified of any known allergens that pose a risk to a child and strategies for minimising the risk are developed and implemented; and
  - to ensure that practices and procedures ensuring that all educators/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

- 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
- Ensure that all staff and educators are aware of the medical management plan and risk minimisation plan;
- Ensure that educators/staff are adequately trained in procedures contained in the medical management plan; and
- Inform other families enrolled at the Service of the need to prohibit any items which may present a hazard to children with diagnosed medical conditions.

Communication and display of medical information

The Nominated Supervisor will:

- Ensure all medical management and risk minimisation plans are accessible to all educators/staff;
- Ensure that all plans are current and kept up to date;
- Develop a communication plan to ensure that relevant educators/staff members and volunteers are informed of the medical conditions policy, the medical management plan and risk minimisation plan for the child;
- Develop a communication plan to ensure that parents/guardians can communicate any changes to the medical management plan and risk minimisation plan; and
- Update the communication plan as needed;

Educators and staff will:

- Ensure they are aware of enrolled children with medical conditions and be familiar with the medical management and risk minimisation plans of each child diagnosed with a medical condition; and
- Will consult the communication plan to ensure they are aware of their communication responsibilities.

Management of asthma and anaphylaxis

The Nominated Supervisor will:

- Ensure that all educators/staff are adequately trained in the management of asthma and anaphylaxis, and that training includes identifying medical emergencies; and
- Ensure that all educators/staff are adequately trained in the administration of emergency medication such as the Epi-Pen or asthma medication.

Educators and staff will:

- Be alert to the immediate needs of children who present with symptoms of anaphylaxis and asthma; and
- Administer emergency medication in accordance with their training, as required.

Documentation and record keeping

The Approved Provider will:

- Ensure records are confidentially stored for the specified period of time as required by the Regulation.

The Nominated Supervisor will:

- Provide a copy of the Medication Record to medical staff in the event further medical intervention is required.

Educators and staff will:

- Complete a Medication Record when a child receives emergency medication; and
- Will provide parents/guardians with a copy of the Medication Record.

Policy Availability

- The medical conditions policy will be readily accessible to all educators, staff, families and visitors, and ongoing feedback on this policy will be invited.

Evaluation

- Educators respond in an effective manner to any medical conditions incident, and documentation is completed, shared, and stored as appropriate;
- Plans to effectively manage medical are developed in consultation with families, and implemented; and
- Regular reviews of procedures and policy are implemented.

Asthma Management Policy

RATIONALE:

'Approximately 1 in 9 Australian children have currently diagnosed asthma.' (www.asthmansw.org.au)

AIM:

To raise awareness and educate all those involved with KAZ Early Learning Centre about Asthma.

To provide the necessary procedures to facilitate effective care and health management of children and educators/staff with asthma, both within the Service and whilst on excursions.

To provide procedures and training for the prevention and management of acute episodes of illness and medical emergencies.

To ensure educators/staff are aware of the individual *Child Asthma Record and Plan* for managing children who have been diagnosed with asthma.

To enable all children enrolled at KAZ Early Learning Centre that have been diagnosed with asthma to be fully involved and participate in all areas of the program and receive appropriate attention as required.

To support families as they seek to manage their child's asthma.

For KAZ Early Learning Centre educators/staff to have the knowledge and skills to respond to the needs of children who have not been diagnosed with asthma and who have an asthma attack or difficulty breathing at the service.

Symptoms of Asthma

The symptoms of asthma may vary from person to person, and from time to time. Some people may have all these symptoms while other people may only have a wheeze or cough.

- Tightness in the chest
- Shortness of breath
- Wheezing – a high pitched raspy sound on breathing
- Coughing

Children often describe their symptoms as a sore tummy, sore chest or a frog in their throat. (Asthma Australia, Asthma in the under 5s Information for parents and carers of young children with asthma)Some Asthma Triggers Include (refer to www.asthmansw.org.au for complete list of triggers):

- Colds and flu
- Cigarette smoke
- Exercise/activity
- Inhaled allergens (e.g. dust, moulds, animal dander and dust mites)
- Environmental factors (e.g. dust, pollution, wood smoke and bush fires)
- Changes in temperature and weather
- Certain medications
- Chemicals and strong smells (e.g. Perfumes, cleaners)
- Emotional factors

PROCEDURE

Parents/guardians of children who are identified as having Asthma during the enrolment process will be provided with a *Child Asthma Record* and a copy of this *Asthma Management Policy*. The completed C*hild Asthma Record* is to be returned prior to the child starting care, reviewed annually or when there are changes to the child's health care management and kept in a central location.

If a child is diagnosed with Asthma after the initial- enrolment parent/guardians are responsible for informing the Nominated Supervisor who will provide the family with a *Child Asthma Record* and a copy of this *Asthma Management Policy*. The *Child Asthma Record* is to be completed and returned to the service prior to the child's next day of attendance.

Educators/Staff must ensure the child's parents/guardians provide appropriate medication with the child's name on it that is within it's used by date. Medication should always be handed to an educator and not left in a child's bag. Parents/guardians must also complete a *Medication Authorisation & Record Form*. Educators/Staff will ensure that all regularly prescribed Asthma medication is administered in accordance with the information on the *Child's Asthma Record* and *Medication Authorisation & Record Form*.

The Nominated Supervisor is to complete the *Medical Risk Minimisation Plan* in consultation with the child's parent/ guardian. Educators/staff must be vigilant in ensuring the plan is followed and that they monitor the health status of the child with Asthma.

The Nominated Supervisor will ensure that all educators/staff and volunteers are informed of the children with Asthma in their care.

Educators/staff will be required to read the *Asthma Management Policy* and be made aware of all Asthma procedures for children with Asthma in the service upon their employment.

Educators/staff to will attend regular Asthma training and ensure that at least one educators/staff member responsible for First Aid and who has completed Emergency Asthma Management recognised under the Education and Care Services National Regulations is on duty whenever children are in attendance, including off site excursions.

An *Asthma First Aid Poster* is displayed in a key location and educators/staff are made aware of this procedure.

Educators/staff will administer emergency Asthma medication if required according to the child's *Asthma Record*. If no *Asthma Record* is available the Standard Asthma First Aid Plan should be followed immediately.

The service will maintain an Asthma Emergency Kit containing a blue reliever puffer (e.g. Airomir, Asmol, Epaq or Ventolin), a spacer device, child mask and concise written instructions on Asthma First Aid procedures. A mobile Asthma Emergency Kit must also be kept in the service and taken on activities outside the Service. Educators/staff must regularly check that medication is in date and replace when required.

Asthma medication may be administered to a child in an emergency where a child has difficulty breathing or has a first attack of Asthma symptoms. Medication will be

administered by a staff member or educator trained in Emergency Asthma Management and does not require parent/guardian authorisation in the case of an Asthma emergency. Educators/staff will follow the recommended Asthma First Aid guidelines to administer medication and first aid.

If medication is administered in an emergency educators/staff must ensure that they notify, as soon as practicable, emergency services (000), a parent/ guardian of the child, and the Approved Provider.

Educators/staff must ensure the parents/guardians have given staff permission to obtain medical information on the child's condition and treatment from the child's doctor, should an emergency situation arise where the child experiences a severe Asthma attack and for some reason the Service needs more information and advice than was available on the *Child Asthma Record*.

The Nominated Supervisor and Parent/Guardian must ensure the *Enrolment Form* records are kept up-to-date including child's contacts – parents/guardians, emergency contacts and the child's doctor.

Educators/staff will encourage open communication between families and the service regarding the status and impact of a child's Asthma. Families are asked to communicate all relevant information and concerns regarding their child's Asthma with educators as the need arises e.g. if Asthma symptoms were present during the night.
Educators will promptly communicate any concerns to families should a child's Asthma be limiting his/her ability to participate fully in all activities.
Families are required to notify the Nominated Supervisor immediately, in writing, of any changes to the *Asthma Record* during the year. The service requires the child's *Asthma Record* to be reviewed annually. Parents/guardians will be given at this time and requested to return, the *Asthma Record* to the service. The Nominated Supervisor will note when a child's Asthma Plan is due for renewal.
Educators will work to identify and, where practicable, minimise Asthma triggers within the service environment and activities the children take part in.
The service will provide families with the contact details of the Asthma Foundation if further Asthma advice is needed.
Interpretation of peak flow meter* readings would not normally be part of the training of teaching staff.

The well-being and Asthma management of a child with Asthma is the primary responsibility of the child's parent/guardian.

Please note: if a child is extremely unwell or educators/staff are particularly concerned, an ambulance will always be called immediately.

* **Peak flow meter** - a small hand-held device that measures how fast air comes out of the lungs when a person exhales forcefully. This measurement is called a peak expiratory flow (PEF) and is measured in litres per minute. Readings from the meter can help you recognise early changes that may be signs of worsening asthma.

KAZ Related Policies and Procedures:
Health Medication and Illness Policy
Procedure for Child Requiring an Ambulance

Appendices:
Asthma First Aid Poster
Child Asthma Record
Medication Authorisation Form
Medical Risk Minimisation Plan

Statutory Legislation and Considerations
Children (Education and Care Services National Law Application) Act 2010
Education and Care Services National Regulations 2011

Sources:
The Asthma Foundation of NSW: Asthma Friendly Children's Services Guidelines.
Australian Government Department of Health and Ageing: Asthma at School for School Staff.
Asthma in under 5's http://www.Asthmafoundation.org.au/
Asthma in Childcare http://www.Asthmafoundation.org.au/
www.acecqa.gov.au

Anaphylaxis and Allergy Policy

RATIONALE

KAZ Early Learning Centre is committed to working with families in managing the environment and the program to provide a safe place for children who have been identified by a medical practitioner as being at risk of anaphylaxis or severe allergies.

KAZ Early Learning Centre is committed to the day to day management of the service to reduce the likelihood of exposure to relevant allergens.

INFORMATION

Anaphylaxis is the most severe form of allergic reaction and potentially life threatening. Anaphylactic shock is a medical emergency that requires immediate treatment with adrenaline.

This allergic reaction can produce such severe swelling of the air passages that suffocation and death may occur within minutes.

Anaphylaxis can occur after exposure to a "trigger" such as food allergies, insect stings and medication. Foods that most commonly trigger anaphylaxis and other allergic reactions are nuts; peanuts; eggs; seafood; sesame and milk products. Even trace levels of these foods can cause anaphylactic reactions.

The severity of an anaphylactic reaction can be influenced by a number of factors including exercise, hot weather and in the case of food allergies the amount eaten.

It is estimated that approximately 1 in 100 children are affected by food-induced anaphylaxis (as per Anaphylaxis Australia Inc Medical Advisory Board). Children with anaphylaxis and their families can experience high levels of stress, isolation, rejection and discrimination.

Signs and symptoms of a mild to moderate reaction may include:

- swelling of the face, lips and eyes
- rapid appearance of hives, itchy raised rash or welts on the skin
- abdominal pain and vomiting.

The signs and symptoms of anaphylaxis may include one or more of the following:

- difficulty breathing; noisy breathing
- difficulty talking and/or hoarse voice
- swelling/tightness of the throat
- wheezing or persistent cough
- paleness and floppiness (in young children)
- collapse and/or unconsciousness.

Note: Although most food reactions are mild or moderate, a minority of reactions will require an emergency response.

AIMS

To ensure that educators/staff take appropriate action to prevent contact with known allergens/triggers for a child with an allergy or anaphylaxis.

To ensure that the service has appropriate and safe procedures and strategies in place to manage an allergic or anaphylactic reaction should one occur.

PROCEDURE

The four steps in the prevention of anaphylactic reactions in KAZ Early Learning Centre are:

1. Obtain accurate and up to date medical information about children at risk.
2. Educate those responsible for the care of children concerning the risk of anaphylaxis.
3. Implement practical strategies to avoid exposure to triggers.
4. Age appropriate education of children with severe food allergies.

Management of anaphylaxis is by strict avoidance of the allergen. There needs to be a major emphasis on prevention by avoiding the possibility that the child could come into contact with the offending allergen.

1. Obtain Medical Information

On Enrolment

1. KAZ Early Learning Centre's E*nrolment Form* asks parents/guardians whether the child has diagnosed allergy (mild, moderate or severe). If the answer is yes, the parents/guardians will be asked to have their Doctor complete an *Action Plan for Allergic Reactions* (for mild to moderate allergic reactions) or an *Action Plan for Anaphylaxis* (for severe allergic reactions) outlining the plan of action to avoid and treat a reaction. These forms are to be reviewed by the child's doctor every 12 months or each time the child's condition or treatment changes within this period.

   The *Action Plan for Allergic Reactions* (for mild to moderate allergic reactions) or an *Action Plan for Anaphylaxis* (for severe allergic reactions) clearly states signs and symptoms of a mild to moderate reaction and the signs and symptoms of a severe allergic reaction and the actions to be taken. The child is likely to exhibit if they come into contact with the allergen. The *Action Plans* include a direction to educators/staff to dial 000.

   Action Plan for Allergic Reaction and *Action Plan for* Anaphylaxis forms must be printed in **colour**, signed **by the child's Doctor** and include **current photo** of the child. A copy will be kept with the child's medication at all times so that the plan is always at the scene of an emergency along with the medication. It may also be displayed in an accessible location within the Service to ensure that all educators/staff (including casuals and volunteers) can recognise and are aware of the child and the potential serious nature of the child's condition. The issue of confidentiality must be addressed and discussed with families within this context to achieve a satisfactory balance with the child's safety. All copies of the Action Plan must be copied in colour to allow educators/staff to easily determine the correct actions to be taken.

   Note: There are two *Action Plan for Anaphylaxis* forms specific for the adrenaline auto injector the child uses. Parents/guardians must inform the Manager if they require the Action Plan for Anaphylaxis for use with Anapen or Action Plan for Anaphylaxis for use with EpiPen.

2. Educators/staff must ensure the child's parents/guardians provide appropriate medication with the child's name on it that is within it's used by date. Parents/guardians must also complete a *Medication Authorisation & Record* Form.

3. Parents/guardians are asked to assist educators/staff by offering information and answering any questions regarding their child's allergies.

4. Educators/staff ensure the parents/guardians have given educators/staff **permission to obtain medical information** on the child's condition and treatment from the child's doctor, should an emergency situation arise where the child experiences a severe allergic reaction and for some reason the Service needs more information and advice than was available on the child's *Action Plan*.

5. The Nominated Supervisor must ensure the *Enrolment Form* records are **up-to-date** including child's contacts – parents/guardians, emergency contacts and the child's doctor.

6. Parents/guardians shall comply with the service's policy that no child who has been prescribed an adrenaline auto-injection device is permitted to attend the service or its programs without that device.

2. Educate those responsible for the care of children concerning the risk of Anaphylaxis

All educators/staff will be aware of what anaphylaxis is, prevention strategies, signs and symptoms of a reaction and how to manage a reaction. This is important not only for children who have a diagnosed condition, but for the care of all children, as some children may experience their first allergic reaction while in the Service. The child may not have been exposed to the allergen before or the allergen may have produced a minor reaction in the past.

All educators/staff within the service must recognise the risk and understand the steps that can be taken to minimise anaphylaxis for each individual child.

At least one educator/staff member will be on the premises at all times who has undertaken anaphylaxis management training at the service. Anaphylaxis training will be provided by appropriately qualified professional training organisations such as recognised under the Education and Care Services National Regulations and be reinforced at 2 yearly intervals or when the needs of the service or the child/ren change.

The cook and educators will keep a list of what the children are allergic to, and their attendance days.

Parents/guardians are asked to provide a list of food brands that are eaten by the child e.g. Organ Biscuits.

3. Implement practical strategies to avoid exposure to known triggers

Managing the Child Care Environment

On enrolling a child with a known allergy or trigger of anaphylaxis, the Service has a responsibility to ensure that the possibility of contact with that allergen is removed. The parent/guardian of the child involved must be included in this process to ensure that all possible allergen sources are identified and managed appropriately. The Manager or their delegate is to complete the *Medical Risk Minimisation Plan* in consultation with the child's parent/ guardian. Educators/staff must be vigilant in ensuring the plan is followed and that they monitor the health status of the child with anaphylaxis.

<u>Prevention of contact with known food allergen</u>

1. The Service may exclude **offending allergens** from the Service altogether however this decision is made in consultation with the identified child's medical specialist and the child's parents/guardians. KAZ Early Learning Centre is an Allergy Aware Environment as we aim to reduce the risk of inadvertent exposure as far as practicable; however parents/guardians must be aware it is not a guarantee that the service will be a completely allergen-free environment. For some allergens e.g. milk or eggs, a substitute product may be available. Educators/staff will check with the parents/guardians as food products/ingredients can be listed under a number of different names. The service will display appropriate signage informing parents/guardians the service is Allergy Aware. In the case where a child attends the service that is at risk of Anaphylaxis a **Medical Alert Sign** will be displayed in a prominent position.
2. **All** educators/staff must be careful to use separate, clean utensils to avoid contamination with the allergen when food is being prepared for the child with anaphylaxis. Whenever food is being prepared for other children, which includes the allergen; it should be **prepared, cooked and served completely separately** to food for the child who may experience an anaphylactic reaction.
3. Educators/staff will be mindful when shopping for food, taking care to **read labels** carefully. Educators/staff will check food labels and know the different names that the common food is called.
4. During mealtimes, care will be taken to ensure that trigger foods are not dropped onto floor areas or touched by children or make contact with table surfaces, chairs or equipment whilst trace elements are still on a child's hands or face. Educators/staff will need to be vigilant **in cleaning after every meal**, ensuring that trace elements are not spread to other surfaces.
5. Educators/staff will be aware of the risks to children coming into contact with trigger foods, but will also be sensitive to the **need for inclusion** of the child.
6. Care will be taken with **craft materials** used for play, construction, painting, collage and cooking, etc., where recycled empty food containers are being used. Egg cartons or peanut butter jars, muesli bar boxes, etc., can have traces of the food left on them and for some children this will be sufficient to trigger a reaction.
7. Educators/staff will carefully consider plans for **managing special events** and discuss these with the parents/guardians of the child with anaphylaxis or allergic reaction, prior to the event.
8. Educators/staff, students, volunteers and visitors must not bring allergen food into the service. Educators/staff will be aware of visitors to the service who bring allergens into the service and if necessary take appropriate steps to minimise the risk.

<u>In an emergency</u>

KAZ Early Learning Centre has an emergency EpiPen Jnr® and Action Plan for Anaphylaxis (General) EpiPen on the premises to be used in emergencies where a child displays symptoms of an anaphylactic reaction.

1. In an emergency all educators/staff have a duty of care, so medication may be administered to a child without an authorisation in the case of an anaphylaxis emergency. Educators/staff will follow recommended procedures either in the child's individual action plan or the Action Plan for Anaphylaxis (general). While they should not act beyond their capabilities and qualifications they are expected to do what they can to take appropriate action.

Seek medical attention as soon as possible as the child may experience a repeat reaction. **Dial 000** and request an intensive care ambulance. On the arrival of a qualified medical person, educators/staff should inform them of the medication given to the child and all medication should be handed to the medical person. Fill in form *Child Requiring an Ambulance* as per the Procedure for *Child Requiring an Ambulance* procedure.

2. Educators/staff will immediately notify the Nominated Supervisor.

Medication & Adrenaline (e.g. EpiPen ®)

The parent/guardian will give the medication and Adrenaline Pen to a certified supervisor who will:

- Check that the medication is in its original container, bearing the child's name.
- Check the currency of the use-by date of medication.
- Check the details on the medication correspond with the information on the *Medication Authorisation Form and* the appropriate *Action Plan*.

The children's medication and emergency medication will be kept in a medical bag out of reach of children with a copy of the appropriate Action Plan.
When medication needs to be administered two staff members will be present. The educators/staff administering the Medication must be a permanent educator/staff member with training in anaphylaxis and hold a current first aid certificate.

Both staff will:

- Recheck the Medication details i.e. the correct pen for the child.
- Follow the appropriate Action Plan.
- Discard any disposable equipment, as described by the medical practitioner.

Educators and parents/guardians are to regularly check that the child's medication is current within it's used by date.

4. Age appropriate education of children with severe food allergies.

Educators/staff will educate children where age appropriate within the service about food allergies enabling them to begin to understand what it means to have a food allergy, what the allergic child may be feeling and what they can do to support their friends with allergies.

KAZ Early Learning Centre Related Policies and Procedures:
Health Medication and Illness Policy
Enrolment and Orientation Policy

Appendices:
Medication Authorisation & Record Form
Medical Risk Management Plan
Action Plan for Allergic Reactions (Personal)
Action Plan for Anaphylaxis (Personal) EpiPen
Action Plan for Anaphylaxis (Personal) AnaPen

Sources:
Facts (Food Anaphylactic Children Training Support) organisation has a number of kits, books and videos available for purchase. Phone (99137793)

Anaphylaxis Australia, Guidelines for Children's Services 2007 Anaphylaxis, www.allergyfacts.org.au

Anaphylaxis: Guidelines for schools severe allergic reactions. NSW Health, NSW Department of Education and Training

ASCIA Guidelines for the prevention of food anaphylactic reactions in schools, preschools and childcare centres (2010) http://www.allergy.org.au/content/view/31/258/

Diabetes Management

INTRODUCTION

The management of a child's diabetic condition is dependent upon coordination between our service, the child's family and the child's doctor. Our service recognises the need to facilitate effective care and health management of children who have diabetes, and the prevention and management of acute episodes of illness and medical emergencies.

AIM

This Diabetes Management Policy aims to:

- Raise awareness of diabetes management amongst those involved with the service;
- Provide the necessary strategies to ensure the health and safety of all children with diabetes enrolled at the service;
- Provide an environment in which children with diabetes can participate in all activities to the full extent of their capabilities; and
- Provide a clear set of guidelines and expectations to be followed with regard to the management of diabetes.
- To ensure that education and care services support enrolled children with type 1 diabetes and their families, while the children are being educated and cared for.

PROCEDURE

The Approved provider will:

- Encourage all educators/staff to complete first aid training.

The Nominated Supervisor will:

- Provide educators/staff/volunteers with a copy of this policy and brief them on diabetes procedures upon their appointment;
- Ensure at least one educator/staff member who has completed accredited first aid training is on duty whenever children are being cared for or educated;
- Ensure all enrolment forms contain the question: "Does your child have a continuing medical condition?";
- Identify children with diabetes during the enrolment process and inform educators/staff;
- Provide families thus identified with a copy of this policy and Diabetes Care Plan upon enrolment or diagnosis; (a Diabetes Care Plan template can be downloaded from http://www.decd.sa.gov.au/speced2/pages/health/healthresources/
- Ensure that each Diabetes Care Plans prepared by a medical specialist are received for each child with a diagnosis of diabetes that contain information for the child's Diabetic Management and outline what to do in relation to any Diabetic Emergency the child might face;
- Ensure families provide the service with the child's testing kit and hypo pack if required;
- Store Diabetes Care Plans in the child's enrolment record;
- Formalise and document the internal procedures for emergency Diabetes treatment;
- Encourage open communication between families and educators/staff regarding the status and impact of a child's diabetes; and
- Promptly communicate any concerns to families should it be considered that a child's diabetes is limiting his/her ability to participate fully in all activities.

Educators/Staff will:

- Ensure that they maintain current accreditation in first aid;
- Ensure that they are aware of the children in their care with diabetes;

- Ensure that they are familiar with the symptoms of signs and symptoms and the emergency treatment of a low blood glucose level;
- Call an ambulance if they feel emergency treatment is required;
- Ensure, in consultation with the family, the health and safety of each child through supervised management of the child's diabetes;
- Where necessary, modify activities in accordance with a child's needs and abilities;
- Ensure that a child's Diabetes Care Plan is followed at all times;
- Promptly communicate, to management or parents/guardians, any concerns should it be considered that a child's diabetes is limiting his/her ability to participate fully in all activities; and
- Ensure that children with diabetes are treated the same as all other children.

Families will:

- Inform educators/staff, either upon enrolment or on initial diagnosis, that their child has diabetes;
- Provide all relevant information regarding their child's diabetes via a written Diabetes Care Plan, which should be provided to the Service within seven (7) days of enrolment;
- Keep the child's testing kit and hypo pack updated as required;
- Notify the Nominated Supervisor, in writing, of any changes to the Diabetes Care Plan during the year;
- Ensure that they comply with all requirements and procedures in relation to the Medications Record;
- Communicate all relevant information and concerns to educators as the need arises; and
- Ensure, in consultation with the educators/staff, the health and safety of their child through supervised management of the child's diabetes.

Key Definitions

Term	**Description**
Type 1 diabetes:	• An auto immune condition which occurs when the immune system damages the insulin producing cells in the pancreas. This condition is treated with insulin replacement via injections or a continuous infusion of insulin via a pump. • Without insulin treatment, type 1diabetes is life threatening.
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 affects between 85 and 90 per cent of all cases of diabetes and usually develops in adults over the age of 45 years, but it is increasingly occurring at a younger age. • Type 2 diabetes is unlikely to be seen in children under the age of 4 years old.
Hypoglycaemia or hypo (low blood	• Hypoglycaemia is a blood glucose level that is lower than normal,

glucose):	i.e.below 4mmol/l, even if there are no symptoms. Neurological symptoms can occur at levels below 4mmol/l and can include sweating, tremor, 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. • Hypoglycaemia is often referred to as a 'hypo'. It can be caused by: ▪ too much insulin ▪ delaying a meal ▪ not enough food ▪ 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 loss of consciousness and convulsions. • The child's diabetes management plan will provide specific guidance for preventing and treating a 'hypo'.
Hyperglycaemia (high blood glucose levels):	• Hyperglycaemia occurs when blood glucose levels rise above 15mmol/L Hyperglycaemia symptoms can include increased thirst, tiredness, irritability, urinating more frequently. High blood glucose levels can also affect thinking, concentration, memory, problem solving and reasoning. It can be caused by: ▪ insufficient insulin ▪ too much food ▪ common illness such as a cold ▪ stress
Insulin:	• Medication prescribed and administered by injection or continuously by a pump device • Lowers blood glucose levels • Allows glucose from food (carbohydrate) to be used as energy • Essential for life
Blood Glucose Meter:	• A small device used to check a small blood drop sample for blood glucose level
Insulin pump:	• A small computerised device, connected to the child via an infusion line inserted under the skin, to deliver insulin constantly
Ketones:	• Occur when there is insufficient insulin in body

	• At high levels can make children very sick • Extra insulin required (given by parent) when ketone levels>0.6 mmol/L on pump, or >1.0 mmol/L if on injected insulin

Key points for education and care service educators/staff members to support children with type 1 diabetes are:

- Follow the education and care service medical conditions policy and procedures for medical emergencies for children with type 1 diabetes.
- Parents/guardians should notify the Service immediately about any changes to the child's individual diabetes management plan.
- The child's Diabetes Medical Specialist Team may consist of an endocrinologist, diabetes nurse educator, and other allied health professionals.
- This team will provide the parents/guardians with a diabetes management plan for the education and care service
- Contact Diabetes Australia Victoria for further support or information

Most children with type 1 diabetes can enjoy and participate in education and care service activities to the full. Most children will require additional support from educators/staff members to manage their diabetes and while attendance at KAZ Early Learning Centre should not be an issue, they may require some time away to attend medical appointments.

STRATEGIES

Strategy	Action
Monitoring of blood glucose (BG) levels:	• Checking of blood glucose levels is performed using a blood glucose meter and finger pricking device. The child's diabetes management plan should state the times and the method of relaying information to the parents about the blood glucose levels, and interventions required if BGL below or above certain thresholds. A communication book can be used to provide information about the child's BG levels between parents/guardians and the education and care service at the end of each session. • Checking of BG occurs at least four times every day to evaluate the insulin dose. Some of these checks may need to be done at the education and care service at least once, but often twice. Pre meals, pre bed and regularly overnight are the routine times. • Additional checking times will be specified in the child's diabetes management plan. These could include such times as a suspected hypo. • Children are likely to need assistance with performing BG checks.

	• Parents/guardians should be asked to teach educators/staff members about BG testing. • Parents/guardians are responsible for supplying an BG meter, in-date test strips and a finger pricking device for use by their child while at the education and care service.
Managing Hypos:	• Hypos or suspected hypos should be recognised and treated PROMPTLY according to the instructions provided in the child's diabetes management plan. • Parents/guardians are responsible for providing the Service with oral hypoglycaemia treatment (hypo food) for their child in an appropriately labeled container. • The hypo container must be securely stored and readily accessible to all educators/staff members.
Administering insulin:	• Administration of insulin during education and care service operating hours is unlikely to be required; this will be specified in the child's diabetes management plan. • As a guide, insulin for preschool aged children is commonly administered: ▪ twice a day, before breakfast and dinner at home ▪ by a small insulin pump worn by the child.
Managing ketones:	• Children on an insulin pump will require ketone testing when BGL >15.0 mmol/L • Educators/Staff members are to notify parents/guardians if the ketone level is>0.6 mmol/L (refer to the child's management plan)
Off-site activities such as excursions:	• With good planning children should be able to participate fully in all Service activities including excursions. • The child's diabetes management plan should be reviewed prior to an excursion with additional advice provided by the Diabetes Medical Specialist Team and/or parents/guardians as required.
Infection control:	• Infection control procedures must be followed. These include having instruction about ways to prevent infection and cross infection when checking blood glucose levels, hand washing, one student/child one device, disposable lancets and the safe disposal of all medical waste
Timing meals:	• Most meal requirements will fit into regular child care routines.

	• Children will require extra supervision at meal and snack times to ensure they eat all their carbohydrate. It needs to be recognised that if an activity is running overtime, students with diabetes cannot delay meal times. Missed or delayed carbohydrate is likely to induce hypoglycaemia
Physical activity:	• Exercise should be preceded by a serve of carbohydrates. • Exercise is not recommended for students whose BG levels are high as it may cause them to become even more elevated. • Refer to the child's diabetes management plan for specific requirements
Special event participation:	• Special event participation including class parties can include children with type 1 diabetes in consultation with their parents/guardians. • Education and care services need to provide alternatives when catering for special events, such as offering low sugar or sugar-free drinks and/or sweets at class parties in consultation with parents/guardians.
Communicating with parents:	• Education and care services should communicate directly with the parents/guardians to ensure the child's individual diabetes management plan is current. • Establish a mutually agreed means of communication between home and the education and care service to relay health information and any health changes or concerns. • Setting up a communication book is recommended and where appropriate also make use of e-mails and/or text messaging.

Appendices:
First Aid Guide- Diabetes- High Blood Glucose- Insulin Pump
First Aid Guide- Diabetes- High Blood Glucose- Without Insulin Pump
First Aid Guide- Diabetes- Low Blood Glucose- Insulin Pump
First Aid Guide- Diabetes- Low Blood Glucose- Without Insulin Pump
Diabetes Care Plan- Insulin Injections
Diabetes Care Plan- Insulin Pump

Sources:

SA Department for Education and Child Development
http://www.decd.sa.gov.au/speced2/pages/health/healthresources/

Diabetes Australia Victoria
http://www.diabetesvic.org.au/type-1-diabetes/children-a-adolescents/diabetes-and-early-childhood