

DIABETES POLICY

Mandatory Quality Area 2



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The content of this policy was developed for ELAA by advocacy and diabetes educators at Diabetes Australia
diabetes education in Australia

PURPOSE

To ensure that enrolled children with type 1 diabetes and their families are supported while children are being educated and cared for by the service

This *Diabetes Policy* should be read in conjunction with the *Dealing with Medical Conditions Policy* of Plenty Kids Early Learning Centre

POLICY STATEMENT

Values

Plenty Kids Early Learning Centre believes in ensuring the safety and wellbeing of children with type 1 diabetes, and is committed to:

- providing a safe and healthy environment in which children can participate fully in all aspects of the program

- actively involving the families in developing a risk minimisation plan for the service for each child to minimise health risk

- ensuring that all staff members and other adults at the service have adequate knowledge of diabetes and procedures to be followed

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Background and legislation

Background

Services that are subject to the [National Quality Framework](#) must have a policy for managing medical conditions in accordance with the [Education and Care Services National Law Act 2010](#) and the [Education and Care Services National Regulations 2011](#). This policy must define practices in relation to:

- the management of medical conditions including administration of prescribed medications
- procedures requiring families to provide a medical management plan if an eligible child has a relevant medical condition (including diabetes)
- development of a risk minimisation plan in consultation with family
- development of a communication plan in consultation with staff members and

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Legislation and standards

Relevant legislation and standards include but are not limited to:

Education and Care Services National Law 2010
Education and Care Services National Regulations 2011
Health Records Act 2001 (Vic)

Occupational Health and Safety Act 2004 (Vic)
Privacy and Data Protection Act 2014 (Vic)
Privacy Act 1988 (Cth)
Public Health and Wellbeing Act 2008
Public Health and Wellbeing Regulations 2009 (Vic)

Definitions

The terms defined in this section relate specifically to this policy. Regularly used terms e.g. Approved Provider, Nominated Supervisor, Notifiable Complaints, Serious Incidents, Duty of Care, etc. refer to the *General Definitions* section located on the PVCC website

The terms defined below have been reviewed in comparison with their definition as per the Diabetes Australia website. To find more information or an updated definition of the below terms please

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Infection control	<p>Infection control procedures must be developed and followed. Infection control measures include being informed about ways to prevent infection and cross-infection when checking BG levels, handwashing having one device per child and not sharing devices between individuals using disposable lancets and safe disposal of all medical waste</p>
Timing meals	<p>Most meal requirements will fit into regular service routines. Children with diabetes require extra supervision at meal and snack times to ensure that they eat all their carbohydrates. If an activity is running overtime children with diabetes cannot have delayed meal times. Missed or delayed carbohydrate is likely to induce hypoglycaemia (hypo).</p>
Physical activity	<p>Exercise in excess of the normal day to day activities of play should be preceded by a serve of carbohydrates. Exercise is not recommended for children whose BG levels are high, as it may cause BG levels to become more elevated. Refer to action and management plan for specific requirements in relation to physical activity.</p>
Participation in special events	<p>Special events, such as class parties, can include children with type 1 diabetes in consultation with their parents/guardians. Services should provide food and drink alternatives when catering for special events, such as low sugar or sugar free drinks and/or sweets. This should be planned in consultation with parents/guardians.</p>
Communicating with parents	<p>Services should communicate directly and regularly with parents/guardians to ensure that their action and management plan is current. Services should establish a mutually agreeable home-to-service means of communication to relay health information and any health changes or concerns. Setting up a communication book is recommended and where appropriate make use of emails and/or text messaging.</p>

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DOCUMENT HISTORY AND VERSION CONTROL RECORD

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