Policy Statement

Affinity Education Group is committed to ensuring that every child and employee with a medical condition is safe, supported, and able to participate fully in the service environment. Medical conditions will be managed through individualised planning, risk reduction strategies, clear communication, and timely response to symptoms or emergencies.

We collaborate with families, follow advice from medical professionals, and comply with all relevant National Law and Regulations to uphold each person's safety, dignity, rights, and wellbeing. Educators are equipped with the knowledge, training, and resources necessary to recognise symptoms, implement plans, administer medication safely, and respond confidently in an emergency.

Policy Objective

The objective of the Medical Conditions policy and supporting procedures are to ensure that medical conditions are:

- Identified early and managed through appropriate planning;
- Documented clearly and consistently through approved templates;
- Supported by effective risk minimisation strategies;
- Communicated to all relevant educators, volunteers, and families;
- Monitored regularly, with plans updated when circumstances change;
- Managed in compliance with the Education and Care Services National Law and Regulations;
- Addressed in a way that promotes inclusion, safety, and child wellbeing.

This should be read in conjunction with POL2-P4 Medical Conditions Policy and Procedure which details the below process.

Diabetes Procedure

Diabetes can have a significant impact on children and their families and the care that they receive while attending the centre. The steps outlined in this procedure assist educators and families to understand the important care and safety considerations, legislative requirements and approvals needed when educating and caring for children with diabetes. It aims to work in partnership with families and medical professionals to minimise the risk of diabetic emergency and the long-term complications from the illness.

Definitions

Type-1 Diabetes is an autoimmune condition in which the immune system is activated to destroy the cells in the pancreas which produce insulin. It is not known what causes this autoimmune reaction. Type 1 diabetes is not linked to modifiable lifestyle factors. There is no cure and it cannot be prevented.

Type 1 diabetes:

- Occurs when the pancreas does not produce insulin
- Represents around 10 per cent of all cases of diabetes and is one of the most common chronic childhood conditions
- Onset is usually abrupt and the symptoms obvious
- Symptoms can include excessive thirst and urination, unexplained weight loss, weakness and fatigue and blurred vision
- Is managed with insulin injections several times a day or the use of an insulin pump.

Type-2 Diabetes is often a progressive condition in which the body becomes resistant to the normal effects of insulin and/or gradually loses the capacity to produce enough insulin in the pancreas. It is not known what causes type 2 diabetes. Type 2 diabetes is associated with modifiable lifestyle risk factors. Some people may be able to significantly slow the progression of the condition through changes to diet and increasing the amount of physical activity they do. Type 2 diabetes also has strong genetic and family-related risk factors.

Type 2 diabetes:

- Is diagnosed when the pancreas does not produce enough insulin (reduced insulin production) and/or the insulin does not work effectively and/or the cells of the body do not respond to insulin effectively (known as insulin resistance)
- Represents 85–90 percent of all cases of diabetes
- Usually develops in adults over the age of 45 years but is increasingly occurring in younger age groups including children, adolescents, and young adults
- Is more likely in people with a family history of type 2 diabetes or from particular ethnic backgrounds
- Is managed with a combination of physical activity, healthy eating and weight reduction. As type 2 diabetes is often progressive, many people will need oral medications and/or insulin injections in addition to lifestyle changes over time.
  Source: Diabetes Australia (2020)

A diabetic emergency may result from too much or too little insulin in the blood. There are two types of diabetic emergency

a) very **low** blood sugar - HYPO - (hypoglycaemia, usually due to excessive insulin), and
b) very **high** blood sugar - HYPER - (hyperglycaemia, due to insufficient insulin).

The more common emergency is hypoglycaemia. This can result from:

- too much insulin or other medication
- not having eaten enough carbohydrate or other correct food
- a meal or snack has been delayed or missed
- unaccustomed or unplanned physical exercise or
- the young person has been more stressed or excited than usual

Diabetic Management plans

The first aid, prevention or initial treatment required may include:

- blood glucose testing- BG meter
- insulin administration
- food, carbohydrate counting
- managing diabetes during physical activities and excursions

Diabetic Medication

Follow 2.2 Medications in POL2P4 Medical Conditions Policy and Procedure. Any medication required including medication to be administered along with administration instructions;

- how to store insulin correctly
- how the insulin is delivered to the child- as an injection or via an insulin pump/ Continuous Glucose Monitoring CGM
- oral medicine the child may be prescribed
- Daily routine requirements, if necessary,
- appropriate meals, snacks and drinks
- eating times, and flexible eating times
- physical activity limitations

For children over preschool age, only after consultation with Centre Manager, family and the child, it may be agreed and documented that the child can self-administer necessary medication, for example; an insulin injection. This agreement must be recorded and communicated with all educators and volunteers. Procedures will need to be developed and implemented to adequately store and record the self-administration dosage and time. Self-administration must be done in the presence of two qualified educators (See Staff Training in POL2-P4 Medical Conditions) and recorded on the long-term medication form or emergency medication form – whichever is relevant to the purpose of administration. Qualified Educators are those that have had the appropriate staff training detailed in POL 2-P4 Medical Conditions Policy and Procedure.

Responding to a Diabetic Emergency

Staff will maintain supervision at all times and be aware and alert to symptoms. If a child is wearing a CGM device, it will sound an alert. Other symptoms to look for may include:

If caused by low blood sugar, the child may:
- feel dizzy, weak, tremble and feel hungry
- look pale and have a rapid pulse (palpitations)
- sweat profusely
- feel numb around lips and fingers
- change in behaviour- angry, quiet, confused, crying
- become unconsciousness or have a seizure

If caused by high blood sugar, the child may:
- feel excessively thirsty
- have a frequent need to urinate
- feeling tired or lethargic
- feel sick
- be irritable
- complain of blurred vision
- lack concentration
- have hot dry skin, a rapid pulse, drowsiness
- have the smell of acetone (like nail polish remover) on the breath
- become unconsciousness

Staff will refer to, and follow, the child's medical management plan and call 000 if the child doesn't respond to treatment. Staff will continue treatment measures and notify the family or other emergency contact. All medication administered and treatment will be documented.

Report any incidents via Compliance, Risk and Safety portal in ServiceNow as soon as possible and within 24 hours. The provider will notify the Regulatory Authority within 24 hours. Follow POL2-24 Incident Management policy and procedure

References

- National Diabetes Services Scheme Helpline: 1300637 700
- State and Territory specific information Diabetes
- NSW & ACT: https://www.diabetesaustralia.com.au/nsw-act/
- Diabetes Victoria: https://diabetesvic.org.au/
- Diabetes Queensland: https://www.health.gov.au/contacts/diabetes-queensland
- Diabetes Western Australia: https://diabeteswa.com.au/
- Healthy Living, Northern Territory: https://healthylivingnt.org.au/our-services/diabetes/
- Education and Care Services National Regulations 2011
- Education and Care Services National Regulations WA 2012
- The Australian Children's Education & Care Quality Authority: http://www.acecqa.gov.au
- Fair Work Act 2009 Diabetes Australia.
- Managing Your Diabetes. https://www.diabetesaustralia.com.au/managing-diabetes/

Version History

Version Control	Date	Author	Description of Change
3.21	3.21	AEG	New procedure
12.22	12.22	AEG	Scheduled Review
V3.23	Mar 2023	AEG	Scheduled Review
V12.23	Dec 2023	AEG	Added RACI table and reference
V3.24	Mar 2024	AEG	Scheduled review, extended on training
V5.0	Mar 2026	AEG	Scheduled review – updated to new template minor changes made. Supporting Policy POL2-P4 Medical Conditions Policy and Procedure uplifted with overarching medical conditions process.