

DIABETES POLICY

Mandatory – Quality Area 2

Precious Gems Childcare Pty Ltd trading as "Kids Haven Childcare"

- Quality Area 2.1.1** Wellbeing and comfort – Child's wellbeing and comfort
- Quality Area 2.1.2** Health practices and procedures – illness, management & hygiene practices
- Quality Area 2.2** Safety – Each child is protected
- Quality Area 2.2.1** Supervision – Reasonable precaution & Adequate Supervision
- Quality Area 2.2.2** Incident & Emergency management- manage incidents & emergencies

Legislative Requirements/ Educational & Care National Regulation

National Law Section 51(1)(a) Ensures the safety, health and wellbeing of the children being educated and cared for by the service

National Law Section 167 - Offence relating to protection of children from harm and hazards

National Law Section 169(2) (4) Offence relating to staffing arrangements - An approved provider and 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 Law Section 174(2)(b) You must notify the regulatory authority within 24 hours of any complaint alleging that a serious incident has occurred while the child is educated and cared for or complaints alleging that the Law has been contravened.

National Law Section 175 Offence relating to requirement to keep enrolment and other documents

- Regulation 12** Meaning of serious incident
- Regulation 77** Health, hygiene and safe food practices
- Regulation 85** Incident, injury, trauma and illness policies and procedures
- Regulation 86** Notification to parents of incident, injury, trauma and illness
- Regulation 87** Incident, injury, trauma and illness record
- Regulation 88** Infectious diseases
- Regulation 90** Medical conditions policy
- Regulation 91** Medical conditions policy to be provided to parents
- Regulation 92** Medication record
- Regulation 93** Administration of medication
- Regulation 136(1)(a)** First aid qualifications
- Regulation 161** Authorisations to be kept in enrolment record
- Regulation 162** Health information to be kept in enrolment record
- Regulation 168** Education and care services must have policies and procedures
- Regulation 174** Prescribed information to be notified to Regulatory Authority
- Regulation 176** Time to notify certain information Regulatory Authority

(1) For the purposes of section 174(3) of the Law, a notice must be provided within 7 days of the relevant event or within 7 days of the approved provider becoming aware of the relevant information.

(2) For the purposes of section 174(4) of the Law, a notice must be provided—

(a) in the case of a notice under section 174(2)(a)—

(i) in the case of the death of a child, as soon as practicable but within 24 hours of the death, or the time that the person becomes aware of the death; and

(ii) in the case of any other serious incident, within 24 hours of the incident or the time that the person becomes aware of the incident;

(b) in case of a notice under section 174(2)(b) or a notice of a matter referred to in regulation 175(2)(b), within 24 hours of the complaint or incident;

(ba) in the case of a notice under regulation 175(2)(ca), within 24 hours of the commencement of the attendance of the child or children at the education and care service;

(c) in any other case, within 7 days of the relevant event or within 7 days of the approved provider becoming aware of the relevant information.

Regulation 183(2) Storage of records and other documents

a) if the record relates to an **incident, illness, injury or trauma suffered by a child** while being educated and cared for by the education and care service, until the child is aged **25 years**;

(b) if the record relates to an incident, illness, injury or trauma suffered by a child that may have occurred following an incident while being educated and cared for by the education and care service, until the child is aged **25 years**;

(c) if the record relates to the death of a child while being educated and cared for by the education and care service or that may have occurred as a result of an incident while being educated and cared for, until the end of **7 years after the death**;

(d) in the case of any other record relating to a child enrolled at the education and care service, until the end of **3 years after the last date** on which the child was educated and cared for by the service;

(e) if the record relates to the approved provider, until the end of 3 years after the last date on which the approved provider operated the education and care service;

(f) if the record relates to a nominated supervisor or staff member of an education and care service, until the end of **3 years** after the last date on which the nominated supervisor or staff member provided education and care on behalf of the service;

(g) in case of any other record, until the end of 3 years after the date on which the record was made.

Related Policies

Administration of Medication Policy

Asthma Management Policy

Epilepsy Policy

Health and Safety Policy

Responsible Person Policy

Supervision Policy

Occupational Health and Safety Act 2004

Anaphylaxis Management Policy

Diabetes Management Policy

Family Communication Policy

Incident, Illness, Accident and Trauma Policy

Sick Child Policy

Work Health and Safety Policy

PURPOSE

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

This Diabetes Policy should be read in conjunction with the Dealing with Medical Conditions Policy of Kids Haven Childcare.

POLICY STATEMENT

1. VALUES

Kids Haven Childcare believes in ensuring the safety and wellbeing of children living 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 parents/guardians 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 in the event of a diabetes-related emergency
- Facilitating ongoing communication between the service and family to ensure the safety and wellbeing of children living with type 1 diabetes.

2. SCOPE

This policy applies to the approved provider, persons with management or control, nominated supervisor, persons in day-to-day charge, early childhood teachers, educators, staff, students, volunteers, parents/guardians, children, and others attending the programs and activities of Kids Haven Childcare, including during offsite excursions and activities.

3. RESPONSIBILITIES

RESPONSIBILITIES	Approved provider and persons with management or control	Nominated supervisor and persons in day-to-day charge	Early childhood teacher, educators and all other staff	Parents/guardians	Contractors, volunteers and students
R indicates legislation requirement, and should not be deleted					
Ensuring that a <i>Diabetes Policy</i> is developed, implemented and complied all staff, parents/guardians, students and volunteers by at Kids Haven Childcare <i>Regulation 90</i>	R	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ensuring that at least one ECT/educator with current approved first aid qualifications (<i>refer to Definitions</i>) is in attendance and immediately available at all times that children are being educated and cared for by the service (<i>Regulation 136(1) (a)</i>). This can be the same person who has anaphylaxis management training and emergency asthma management training	R	<input type="checkbox"/>			
Ensuring that the nominated supervisor, early childhood teachers, educators, staff, parents/guardians, students and volunteers at the service are provided with a copy of the <i>Diabetes Policy</i> , including the section on management strategies (<i>refer to Attachment 1</i>), and the <i>Dealing with Medical Conditions Policy</i> (<i>Regulation 91</i>)	R	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ensuring that all staff members and volunteers can identify the child living with diabetes, the child's medical management plan and the location of the child's medication are developed and implemented (<i>Regulation 90</i>)	R	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Ensuring that the programs delivered at the service are inclusive of children living with type 1 diabetes (<i>refer to Inclusion and Equity Policy</i>), and can participate in all activities safely and to their full potential	R	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Ensuring that the nominated supervisor, staff and volunteers at the service are aware and have discussed the child's diabetes action and management plan with their parents/guardians. This plan details the strategies to be implemented for the child's diabetes management at the service (<i>refer to Attachment 1</i>)	R	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Following and implementing the diabetes management strategies detailed on the child's diabetes action and management plan while at the service (<i>refer to Attachment 1</i>)		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Administering medications as required, in accordance with the procedures outlined in the <i>Administration of Medication Policy</i> (<i>Regulation 93</i>)	R	R	<input type="checkbox"/>		

Ensuring that staff have access to appropriate professional development opportunities and are adequately resourced to work with children living with type 1 diabetes and their families	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Organising appropriate professional development for early childhood teacher, educators and staff to enable them to work effectively with children living with type 1 diabetes and their families	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Compiling 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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ensuring that each enrolled child who is diagnosed with diabetes has a current diabetes action and management plan prepared specifically for that child by their diabetes medical specialist team, at enrolment or prior to commencement and signed off by all relevant parties	R	<input type="checkbox"/>		<input type="checkbox"/>	
Ensuring that the nominated supervisor, early childhood teacher, educators, staff, students, volunteers and others at the service follow the child's diabetes action and management plan in the event of an incident at the service relating to their diabetes	R	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Ensuring that a risk minimisation plan is developed for each enrolled child living with type 1 diabetes in consultation with the child's parents/guardians, in accordance with Regulation 90(iii)	R	<input type="checkbox"/>		<input type="checkbox"/>	
Providing the service with a current diabetes action and management plan prepared specifically for their child by their diabetes medical specialist team and signed off by all relevant parties				<input type="checkbox"/>	
Working with the approved provider to develop a risk minimisation plan for their child				<input type="checkbox"/>	
Ensuring that a communication plan is developed for staff and parents/guardians at enrolment in accordance with Regulation 90(iv) , and encouraging ongoing communication between parents/guardians and staff regarding the management of the child's medical condition	R	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Working with the approved provider to develop a communication plan				<input type="checkbox"/>	
Communicating daily with parents/guardians regarding the management of their child's diabetes		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ensuring that parents/guardians provide the service with any equipment, medication or treatment, as specified in the child's individual diabetes action and management plan.	R	<input type="checkbox"/>		<input type="checkbox"/>	
Ensuring that programmed activities and experiences take into consideration the individual needs of all children, including children living with type 1 diabetes		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>

Ensuring that children living with type 1 diabetes are not discriminated against in any way and are able to participate fully in all programs and activities at the service	R	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Following 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 (<i>Regulation 86</i>).	R	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>

4. 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 parents/guardians to provide a medical management plan if an enrolled child has a relevant medical condition (including diabetes)
- Development of a risk minimisation plan in consultation with a child's parents/guardians
- Development of a communication plan in consultation with staff members and the child's parents/guardians.

Diabetes is considered a disability under the [Disability Standards for Education 2005 \(Cth\)](#) and the [Equal Opportunity Act 2010 \(Vic\)](#).

Staff members and volunteers must be informed about the practices to be followed in the management of specific medical conditions at the service. Parents/guardians of an enrolled child with a specific health care need, allergy or other relevant medical condition must be provided with a copy of the *Dealing with Medical Conditions Policy* (in addition to any other relevant service policies). The *Education and Care Services National Regulations 2011* states that an approved provider must ensure that at least one educator with current approved first aid qualifications is in attendance and immediately available at all times that children are being educated and cared for by the service.

Services must ensure that each child with pre-existing type 1 diabetes has a current diabetes action and management plan prepared specifically for that child by their diabetes medical specialist team, at or prior to enrolment, and must implement strategies to assist children with type 1 diabetes. A child's diabetes action and management plan provide staff members with all required information about that child's diabetes care needs while attending the service.

The following lists key points to assist service staff to support children with type 1 diabetes:

- Follow the service's *Dealing with Medical Conditions Policy* (and this *Diabetes Policy*) and procedures for medical emergencies involving children with type 1 diabetes.
- Parents/guardians should notify the service immediately about any changes to the child's individual diabetes action and management plan.
- The child's diabetes medical specialist team may include an endocrinologist, diabetes nurse educator and other allied health professionals. This team will provide parents/guardians with a diabetes action and management plan to supply to the service. Examples can be found here: www.diabetesvic.org.au/resources
- Contact Diabetes Victoria for further support, information and professional development sessions.

Most children with type 1 diabetes can enjoy and participate in service programs and activities to their full potential but are likely to require additional support from service staff to manage their diabetes. While attendance at the service should not be an issue for children with type 1 diabetes, they may require time away to attend medical appointments.

5. LEGISLATION AND STANDARDS

Relevant legislation and standards include but are not limited to:

- Education and Care Services National Law Act 2010
- Education and Care Services National Regulations 2011
- Health Records Act 2001 (Vic)
- National Quality Standard, Quality Area 2: Children's Health and Safety
- 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)

The most current amendments to listed legislation can be found at:

- Victorian Legislation – Victorian Law Today: www.legislation.vic.gov.au
- Commonwealth Legislation – Federal Register of Legislation: www.legislation.gov.au

DEFINITIONS

The terms defined in this section relate specifically to this policy. For regularly used terms e.g. Approved provider, Nominated supervisor, Notifiable complaints, Serious incidents, Duty of care, etc. refer to the Definitions file of the PolicyWorks catalogue.

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 refer to the [Diabetes Australia website](http://www.diabetesaustralia.com.au)

Type 1 diabetes: An autoimmune condition that occurs when the immune system damages the insulin producing cells in the pancreas. Type 1 diabetes is treated with insulin replacement via injections or a continuous infusion of insulin via a pump. Type 1 diabetes is not linked to modifiable lifestyle factors. Currently there is no cure nor can be prevented. Type 1 diabetes can be life threatening. - [Type 1 diabetes - Diabetes Australia](http://www.diabetesaustralia.com.au)

Type 2 diabetes: Type 2 diabetes in children is a chronic disease that affects the way your child's body processes sugar (glucose) for fuel. Type 2 diabetes occurs more commonly in adults. If a child at your service is diagnosed with type 2 diabetes, please refer to the *Dealing with Medical Conditions Policy*. For more information about type 2 diabetes visit: [Type 2 Diabetes - Diabetes Australia](http://www.diabetesaustralia.com.au)

Hypoglycaemia or hypo (low blood glucose): Hypoglycaemia refers to having a blood glucose level that is lower than normal i.e., below 4 mmol/L, even if there are no symptoms. Neurological symptoms can occur at blood glucose levels 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.

Causes of hypoglycaemia (hypo) are:

- taking too much insulin
- delaying a meal
- consuming an insufficient quantity of carbohydrate at a meal
- undertaking unplanned or unusual exercise
- illness

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 possibly convulsions. Never leave the child alone during a hypo episode.

The child's diabetes action and management plan will provide specific guidance for services in preventing and treating a hypo. - [Hypoglycaemia - Diabetes Australia](http://www.diabetesaustralia.com.au)

Hyperglycaemia (high blood glucose): Hyperglycaemia occurs when the blood glucose level rises above 15 mmol/L. Hyperglycaemia symptoms can include increased thirst, tiredness, irritability and

extra toilet visits, affect thinking, concentration, memory, problem-solving and reasoning. Common causes include but are not limited to:

- taking insufficient insulin/or missed insulin doses
- eating more carbohydrate than planned
- common illnesses or infections such as a cold
- excitement of stress.

The child's diabetes action and management plan will provide specific guidance in preventing and treating a high glucose level (hyperglycaemia). - [Hyperglycaemia - Diabetes Australia](#)

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 - Diabetes Australia](#)

Blood glucose meter: A compact device used to check a small blood drop sample to determine the blood glucose level. - [Blood glucose monitors - Diabetes Australia](#)

Continuous Glucose Monitor: Continuous Glucose Monitoring (CGM) is a means of measuring glucose levels continuously, in contrast to a blood glucose meter that measures a single point in time. A Continuous Glucose Monitoring System sensor is inserted into the skin separately to the insulin pump and measures the level of glucose in the interstitial fluid (fluid in the tissue).

The sensor continuously sends real-time glucose readings wirelessly to a receiver (the insulin pump, a smart phone or dedicated device) so the user can view the information. The CGM receiver and/or compatible smart device can usually be set to send custom alerts to the user when certain glucose thresholds are reached or if levels are changing rapidly, reducing or eliminating the need for blood glucose finger prick tests and enabling early intervention to prevent the person becoming 'hypo' or 'hyper'. Children in Australia with type 1 diabetes have free access to CGM technology. - [Continuous glucose monitoring - Diabetes Australia](#)

Flash Glucose Monitor: Flash Glucose Monitoring (FGM) uses a sensor attached to the skin, much like a continuous glucose monitor, to measure glucose levels without finger pricks. In contrast to CGM, the FGM sensor will not continuously send readings to a device. The reader (certain blood glucose monitors and smart phones) is scanned over the sensor to obtain the data. [Flash glucose monitoring - Diabetes Australia](#)

Insulin pump: An insulin pump is a small battery-operated electronic device that holds a reservoir of insulin. It is about the size of a mobile phone and is worn 24 hours a day. The pump is programmed to deliver insulin into the body through thin plastic tubing known as the infusion set or giving set. The pump is Included more detail from the Diabetes Australia website to have a similar level of detail to other areas

worn outside the body, in a pouch or on your belt. The infusion set has a fine needle or flexible cannula that is inserted just below the skin where it stays in place. - [Insulin pumps - Diabetes Australia](#)

Ketoacidosis: Ketoacidosis is related to hyperglycaemia, it is a serious condition associated with illness or very high blood glucose levels in type 1 diabetes. It develops gradually over hours or days. It is a sign of insufficient insulin. High levels of ketones can make children very sick. Extra insulin is required (given to children by parents/guardians) when ketone levels are >0.6 mmol/L if insulin is delivered via a pump, or >1.0 mmol/L if on injected insulin.

Symptoms of ketoacidosis may include high blood glucose levels and moderate to heavy ketones in the urine with rapid breathing, flushed cheeks, abdominal pain, sweet acetone (similar to paint thinner or nail polish remover) smell on the breath, vomiting and/or dehydration.

This is a serious medical emergency and can be life threatening if not treated properly. If the symptoms are present, contact a doctor or call an ambulance immediately. - [Ketoacidosis - Diabetes Australia](#)

6. SOURCES

- [Caring for Diabetes in Children and Adolescents, Royal Children's Hospital Melbourne: http://www.rch.org.au/diabetesmanual/](http://www.rch.org.au/diabetesmanual/)

- Diabetes Victoria, multiple resources available to download here:
www.diabetesvic.org.au/resources
- Information about professional learning for teachers (i.e. *Diabetes in Schools* one day seminars for teachers and early childhood staff), sample management plans and online resources.
- Diabetes Victoria, Professional development program for schools and early childhood settings:
https://www.diabetesvic.org.au/how-we-help-detail?tags=Left-Mega-Nav%2FSchools&content_id=a1R9000000HsgqyEAB&bdc=1
- [Diabetes in Schools - Resources and Information:](https://www.diabetesinschools.com.au/resources-and-information/)
<https://www.diabetesinschools.com.au/resources-and-information/>

EVALUATION

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

- selectively audit enrolment checklists (for example, annually) to ensure that documentation is current and complete
- regularly seek feedback from everyone affected by the policy regarding its effectiveness
- monitor the implementation, compliance, complaints and incidents in relation to this policy
- keep the policy up to date with current legislation, research, policy and best practice
- revise the policy and procedures as part of the service's policy review cycle, or following a hypo emergency at the service, to identify any changes required
- notifying all stakeholders affected by this policy at least 14 days before making any significant changes to this policy or its procedures, unless a lesser period is necessary due to risk
(*Regulation 172 (2)*).

ATTACHMENTS

- Attachment 1: Strategies for the management of diabetes in children at the service

AUTHORISATION

This policy was adopted by the Approved Provider of Precious Gems Childcare on 1st December 2022.

REVIEW DATE: 01/01/2024

ATTACHMENT 1. STRATEGIES FOR THE MANAGEMENT OF DIABETES IN CHILDREN AT THE SERVICE

Strategy	Action
Monitoring of glucose levels	<ul style="list-style-type: none"> • Checking of glucose levels is performed using either a fingerpick blood glucose monitor, continuous glucose monitoring or a flash glucose monitoring (refer to Definitions). The child's diabetes action and management plan should state the times that glucose levels should be checked, the method of relaying information to parents/guardians about glucose levels and any intervention required if the glucose level is found to be below or above the child's target glucose range. A communication book can be used to provide information about the child's glucose levels between parents/guardians and the service at the end of each session. • Children will need assistance with checking their glucose levels and if required to do a fingerpick blood glucose check. • Parents/guardians should be asked to teach service staff about glucose checking procedures. • Parents/guardians are responsible for supplying a fingerpick blood glucose monitor and in-date test strips if required for their child while at the service.
Managing hypoglycaemia (hypos)	<ul style="list-style-type: none"> • Hypos should be recognised and treated promptly, according to the instructions provided in the child's diabetes action and management plan. • Parents/guardians are responsible for providing the service with oral hypoglycaemia treatment (hypo food) for their child in an appropriately labelled container. • This hypo container must be securely stored and readily accessible to all staff.
Administering insulin	<ul style="list-style-type: none"> • Administration of insulin during service hours may be required; this will be specified in the child's diabetes action and management plan. • As a guide, insulin for service-aged children may be administered via: <ul style="list-style-type: none"> ○ Twice daily injections: before breakfast and dinner at home ○ multiple daily injections: either before meals or other specified times as indicated on the child's diabetes management plan ○ by a small insulin pump worn by the child ○ If insulin is required to be administered by the staff, then it is recommended that they receive skills-based training from the child's diabetes treating team.
Managing ketones	<ul style="list-style-type: none"> • Fingerpick blood ketone checking may be required when their blood glucose level is greater than or equals 15.0 mmol/L. • Refer to the child's diabetes action and management plan.
Off-site excursions and activities	<ul style="list-style-type: none"> • With good planning, children should be able to participate fully in all service activities, including attending excursions. • The child's diabetes action and management plan should be reviewed prior to an excursion, with additional advice provided by the child's parents/guardians, as required.
Infection control	<ul style="list-style-type: none"> • Infection control procedures must be developed and followed. Infection control measures include being informed about ways to

	<p>prevent infection and cross-infection when checking fingerpick blood glucose levels ensure child's hands are washed and dried prior to check</p> <p>Ensure staff checking fingerpick blood glucose level:</p> <ul style="list-style-type: none"> • wear disposable gloves • use the child's own lancet device • ensure it is stored safely so it cannot be used by other children; if more than one child living with type 1 diabetes at the service, never share lancet devices; staff should not remove the lancet from the device • safely disposing of all medical waste. • if insulin injections are administered at the service, staff should be instructed on the safe removal of the pen needle (without manually handling it) by the child's diabetes treating team, to avoid a possible needlestick injury. • a sharps' container to be supplied by parents/guardians if insulin injections are administered at the service, for the disposal of used pen needles.
Timing meals	<ul style="list-style-type: none"> • Most meal requirements will fit into regular service routines. • Children living with type 1 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 <u>cannot have delayed mealtimes. Missed or delayed carbohydrate is likely to induce hypoglycaemia (hypo).</u>
Physical activity	<ul style="list-style-type: none"> • Some children living with diabetes may require carbohydrate food before planned extra physical activity. Their diabetes management plan will provide specific guidance • Refer to the child's diabetes action and management plan for specific requirements in relation to physical activity.
Participation in special events	<ul style="list-style-type: none"> • The service should seek parents/guardians' advice regarding foods for special events such as parties/celebrations
Communicating with parents	<ul style="list-style-type: none"> • Services should communicate directly and regularly with parents/guardians to ensure that their child's individual diabetes 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.