## Attachment 2: Strategies for the management of type 1 diabetes in children

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| Strategy | Action |
| Monitoring of blood glucose levels | Checking of blood glucose (BG) levels is performed using a blood glucose meter (see Definitions) and a finger-pricking device. The child’s Diabetes Action and Management Plan should state the times that BG levels should be checked, the method of relaying information to parents/carers about BG levels and any intervention required if the BG level is found to be below or above certain thresholds. A communication book can be used to provide information about the child’s BG levels between parents/carers and the service at the end of each session.  Checking of BG occurs at least 4 times every day to evaluate the insulin dose. Some of these checks may need to be done while a child is at the service – at least once, but often twice. Routine times for checking include before meals, before bed and regularly overnight.  Additional checking times will be specified in the child’s Diabetes Action and Management Plan. These could include when a ‘hypo’ is suspected.  Children are likely to need assistance with performing BG checks.  Families should be asked to teach service staff about BG checking procedures.  Families are responsible for supplying a BG meter, in-date test strips and a finger-pricking device for use by their child while at the service. |
| Managing hypoglycaemia (hypos) | Hypos or suspected hypos should be recognised and treated promptly, according to the instructions in the child’s Diabetes Action and Management Plan.  Families 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 | 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 is commonly administered:   * twice a day – before breakfast and dinner at home * by a small insulin pump worn by the child.   If insulin is required, please seek specific advice from the child’s diabetes treatment team. |
| Managing ketones | Ketone checking may be required when the child’s blood glucose level is >15.0 mmol/L.  Refer to the child’s Diabetes Action and Management Plan. |
| Offsite excursions and activities | 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 diabetes medical specialist team and/or parents/carers, as required. |
| Infection control | 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 safely disposing of all medical waste.  Ensure staff checking finger-pick BG levels:   * wear disposable gloves * use the child’s own lancet device * ensure it is stored safely so it cannot be used by other children (if there is 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 dispose of all medical waste. |
| Timing meals | 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 cannot have delayed meal times. Missed or delayed carbohydrate is likely to induce hypoglycaemia (hypo). |
| Physical activity | Some children living with diabetes may require carbohydrate food before planned extra physical activity. Their Diabetes Action and Management Plan will provide specific guidance. |
| Participation in special events | Special events, such as class parties, can include children with type 1 diabetes in consultation with their parents/carers.  Centres 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/carers. |
| Communicating with parents | Centres should communicate directly and regularly with parents/carers to ensure that their child’s individual Diabetes Action and Management Plan is current.  Centres 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, the use of emails and/or text messaging. |