Neerim South Primary School **Outside School Hours Care Service**
Address: 180 Main Rd, Neerim South VIC 3831
Phone: 03 5628 1254 | Mobile: 0408 812 072
Email: neerim.south.ps@education.vic.gov.au
Website: https://www.neerimsouthps.vic.edu.au/

OSHC POLICY: MEDICAL CONDITIONS - DIABETES

HELP FOR THOSE WITH LIMITED ENGLISH LANGUAGE SKILLS



Neerim South Primary School Outside School Hours Care Service offers support to stakeholders who have limited English language skills, including access to interpreting and translation services, to communicate key information about service policies and procedures.

If you need assistance to understand the information in this policy, please contact the Neerim South Primary School OSHC Service Coordinator or the School Administration Office and ask for language assistance.

POLICY STATEMENT & PRINCIPLES

Neerim South Primary School Outside School Hours Care Service (NSPS OSHC Service) is committed to the safety, health and wellbeing of children in its education and care, including children with diabetes. We are committed to providing all staff with the information, training and skills they need to support children with diabetes and respond effectively in an emergency.

This policy describes procedures to be implemented at NSPS OSHC Service to:

- Ensure that staff know how to safely and effectively manage diabetes, including administering medication
- Raise awareness of diabetes and appropriate management among all staff through education and policy implementation
- Ensure that staff have professional development opportunities to specifically support children with diabetes and reduce the risk of emergency situations and complications for the child
- Work with families to ensure each child enrolled at NSPS OSHC Service with diabetes has a current Diabetes Action and Management Plan, Risk Minimisation Plan and Communication Plan to keep them safe.

BACKGROUND & SCOPE

Under the National Regulations, the service ensures that policies and procedures are in place for supporting children with Type 1 Diabetes (r.90 and r.168) and takes reasonable steps to ensure those policies and procedures are followed (r. 170). This policy applies when a child diagnosed with diabetes by a qualified medical practitioner is enrolled at the Service. It applies to the child, their parents/guardians, educators, and the OSHC Management team. It also applies to other relevant members of the community, such as students, volunteers and visitors to the service.

Neerim South Primary School **Outside School Hours Care Service**
Address: 180 Main Rd, Neerim South VIC 3831
Phone: 03 5628 1254 | Mobile: 0408 812 072
Email: neerim.south.ps@education.vic.gov.au
Website: https://www.neerimsouthps.vic.edu.au/

ABOUT DIABETES

Type 1 Diabetes	**Type 1 diabetes** is an autoimmune condition that occurs when the body's own immune system is activated to destroy the insulin-producing beta cells in the pancreas, leading to a life-long deficiency of insulin. Without insulin, sugar (glucose) cannot enter the body's cells for energy and instead builds up in the blood, causing hyperglycaemia. The condition is treated with insulin replacement via injections or a continuous infusion of insulin via a pump. Without insulin treatment, type 1 diabetes is life-threatening. Glucose builds up in the body, and the kidneys attempt to wash the excess glucose out through the urine, resulting in dehydration. The body burns its own fat reserves to supply energy which releases chemical substances in the blood called ketone bodies. Without ongoing injections of insulin, these ketone bodies accumulate. The high glucose and ketone levels along with dehydration can be life threatening if it is not treated. This is a life-threatening condition called diabetic ketoacidosis (DKA) requiring hospital admission.	Source: https://www.diabetesaustralia.com.au/about-diabetes/type-1-diabetes/
Type 2 Diabetes	Type 2 diabetes is a condition in which the body becomes resistant to the normal effects of insulin and gradually loses the capacity to produce enough insulin in the pancreas. Type 2 diabetes is managed with a combination of regular physical activity, healthy eating, and weight reduction. In some instances, people with type 2 diabetes may also need oral medications and/or insulin supplementation.	Source: https://www.diabetesaustralia.com.au/about-diabetes/type-2-diabetes/
Hypoglaecemia	Hypoglaecemia is low blood glucose level, also called a 'hypo'. This occurs when a person's blood glucose level drops below their target range leading to symptoms such as hunger, trembling, sweating, confusion, and dizziness. It is the more common and dangerous type of diabetic emergency. If a hypo goes untreated, the child may become confused, and have difficulty speaking and taking care of themself. They are also at increased risk of having a fall or losing consciousness, as well as cognitive damage or a heart attack or stroke. A child's hypo kit must always be available when attending OSHC.	Source: https://www.ndss.com.au/living-with-diabetes/healthy-ageing/blood-glucose-monitoring/
Hyperglaecemia	**Hyperglaecemia** is when a person's blood glucose level starts to climb causing symptoms like extreme thirst, frequent urination, fatigue, and blurred vision. It develops slowly and can make a person ill over days or weeks. High blood glucose levels are common for people with diabetes, and must be treated with insulin administration.	Source: https://www.ndss.com.au/living-with-diabetes/healthy-ageing/blood-glucose-monitoring/

DUTY OF CARE

NSPS OHSC Service has a duty of care to all children enrolled. This includes a legal obligation to ensure a safe environment free from foreseeable hazard and harm, where educators can address the individual health needs of each child, and always provide appropriate and adequate supervision.

The National Law requires the Neerim South Primary School Council to ensure that there is always at least one educator on duty and immediately available who has a current approved first aid qualification and who has undertaken appropriate training to manage specific diabetic health care needs whenever a child who has been diagnosed with diabetes is in attendance. As a demonstration of duty of care and best practice, all NSPS OSHC educators hold current and approved first aid qualifications and receive regular training in children's diabetic health care needs, when a child diagnosed with diabetes enrols.

Duty of care obligations under the National Law requires educators to know enough about diabetes to ensure the safety and wellbeing of children. Service leadership and management ensure that all staff (including relief staff (including volunteers and students on practicum placement) have adequate knowledge of the service's diabetes policy and procedures to be followed in a medical emergency, including an awareness of children's diabetes management and/or action plans and risk management plans.

Educator training must be completed with a recognized authority and updated as required. Evidence of appropriate training is held by the service in a staff record, and it is the responsibility of the individual Educator to ensure that they maintain currency as required.

The Diabetes in Schools program provides nationally consistent information and training for parents and families, principals and school (including outside school hours care) staff and health professionals to ensure students with type 1 diabetes are supported to manage their condition while at school. The training includes three 5-minute online modules:

1. Module 1: Diabetes 101 provides a basic overview of what type 1 diabetes is and how it is managed.
2. Module 2: Lows and Highs (First Aid) explains the signs and symptoms of hypoglycaemia (low blood glucose) and hyperglycaemia (high blood glucose), and how to respond in an emergency.
3. Module 3: Roles and Responsibilities explains the roles and responsibilities of school staff in supporting and managing students with type 1 diabetes.

All nominated supervisors and OSHC Educators will be required to complete these modules if a child diagnosed with type 1 diabetes is enrolled and attending the program.

National Diabetes in Schools Online Learning Modules online at https://www.diabetesinschools.com.au/

Any Educator who has completed training in diabetes management is made aware that they are responsible for the administration of first aid and emergency procedures (including implementation of an epilepsy/seizure action plan) in the event of a diabetes-related medical emergency.

While it is not possible for NSPS OSHC service to provide a completely risk-free environment, a range of procedures and risk minimisation strategies are in place to reduce the possibility of a child experiencing a medical emergency in relation to diabetes while attending the OSHC service.

Children diagnosed with diabetes are not discriminated against in any way and are able to participate fully in all programs and activities at NSPS OSHC Service.

PROCEDURES

PROCEDURES FOR ENROLLING A CHILD DIAGNOSED WITH DIABETES

NSPS OSHC Service enrolment forms include a request for information about a child, including whether they have been diagnosed with diabetes. The OSHC Coordinator will complete a service specific *Diabetes Enrolment Checklist* to ensure that the enrolment of children diagnosed with diabetes is comprehensive, and includes sharing of information about the child's Management or Action Plan, and implementation of this policy.

When a child diagnosed with type 1 or type 2 diabetes enrolls in OSHC, or when an already enrolled child is first diagnosed with type 1 or type 2 diabetes, the enrolling parent/guardian is required to:

- Inform the OSHC Coordinator, either upon enrolment or upon diagnosis, of their child's diabetes including type, medical risks, and medications including equipment and devices.
- Assist Educators by offering information and answering any questions regarding their child's diabetes and share information about their general health and wellbeing.
- Provide the OSHC Service with a Diabetes Management and/or Action Plan signed by the child's registered medical practitioner and written consent to use the child's medication in line with this action plan, in accordance with the NSPS OSHC Service policy on Dealing with Medical Conditions & Medication.
- Provide the OSHC Service with all prescribed medications including equipment and devices.
- Contribute to the services risk minimisation planning process in collaboration with the OSHC Coordinator.

DIABETES MANAGEMENT AND ACTION PLANS

All children with a diagnosis of diabetes or who are undergoing medical assessment for symptoms must have an Diabetes Action Plan completed by their treating doctor before enrolment at NSPS OSHC Service, or after an episode of diabetes-related medical emergency for children already enrolled.

NSPS OSHC Service in conjunction with parents or guardians and the child's treating medical team must develop a clear, tailored Diabetes Action Plan and/or Medical Management Plan to support the child's diabetes care needs.

The Diabetes Action and Management Plan must be completed and signed by the child's diabetes treating team before being provided to NSPS OSHC Service by the child's parent or guardian. The plan will include all information on how to manage the child's diabetes on a day-to-day basis as well as the emergency management of the child's medical condition. Information may include:

- Blood glucose testing- BG meter
- Insulin administration
- Food, carbohydrate counting
- 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
- Managing diabetes during physical activities and excursions
- Permission for the child to self-administer blood glucose testing and insulin injecting

There are different types of management and action plans for different diabetic health care needs. The following Diabetes Action and Management Plans have been developed by Diabetes Victoria, The Royal Children's Hospital and Monash Children's Hospital diabetes treating teams; and are based on current best practice paediatric guidelines and are reviewed annually.

MANAGEMENT PLANS FOR TYPE 1 DIABETES	MANAGEMENT PLANS FOR TYPE 2 DIABETES
Multiple Daily Injections (MDI) Manual Insulin Pump Automated Insulin Pump	Medication (not insulin injections) Insulin Injections

Download management plans from Diabetes Victoria online at:
https://www.diabetesvic.org.au/support-services/diabetes-in-youth/diabetes-action-and-management-plans/

The child's diabetes action and management plans must be inserted into the enrolment record for each child. To ensure all relevant parties have been consulted and agree with the stated plan of care, the Diabetes Action and Management Plan must be signed by the parent or guardians, diabetes treating medical team and the nominated supervisor.

DIABETIC CARE KIT (MEDICATION, INSULIN, GLUCOSE-BASED PRODUCTS)

Children diagnosed with diabetes must have their own diabetes care products (including a diabetic care kit) available to them whenever they are attending OSHC, particularly if they are required to monitor blood glucose and/or are likely to need to have insulin administered while attending. The child's Diabetes Action Plan including emergency first aid procedures will be stored with the child's diabetes care kit , in accordance with the service policies on medical conditions and medication.

Administering medication to a child is considered a high risk practice, and legislative requirements contained within the Education and Care Services National Law Act 2010 (including the Education and Care Services National Regulations) are to be strictly adhered to by the Service, including educators, students and volunteers.

Educators responsible for children with diabetes ensure that all regular prescribed medication (including glucose based products and insulin) is administered in accordance with the information on the child's written Diabetes Action Plan, and only those Educators trained in Diabetes management and First Aid/Emergency Life Support will be responsible for medical care and health support of a child diagnosed with diabetes.

Families are encouraged to regularly check their child's diabetic care kit to ensure that it is not empty, expiry dates have not passed, and

Electronic devices and equipment

NSPS OSHC Service adheres to a National Model Code that restricts the use of personal electronic devices (staff and children) at the service. The National Model Code addresses child safety with digital devices and is not directly related to storing and managing diabetes equipment in OSHC.

Families are encouraged to ensure that their child's diabetic care kit contains spare batteries for electronic devices and equipment related to diabetes care (e.g. blood glucose monitoring)

NSPS OSHC Service will develop specific medical management and risk minimisation plans with families to ensure equipment and devices are accessible, staff are trained, and children can receive care as required.

Blood glucose monitoring and insulin injecting

NSPS OSHC Service understands that while many young children will require additional support from the service and educators to manage and monitor their diabetes whilst in attendance, some children may be working towards independence and learning to self-monitor blood glucose and insulin injecting.

The OSHC Coordinator (or nominated supervisor) and the family will discuss authorisation for children to carry diabetes equipment with them and the self-administration of blood glucose testing and insulin injecting. Any authorisations for self-administration must be documented in the child's medical management plan and approved by the OSHC Service, parents/guardian, and the child's diabetes team.

Staff working at NSPS OSHC Service are not legally obligated to assist in giving insulin. If the young person needs assistance, arrangements need to be made with staff members responsible for their care while attending. Planning arrangements may involve the School Principal (or approved nominee), the OSHC coordinator (or nominated supervisor) , the family and child, and possibly the diabetes team where appropriate.

RISK MINIMISATION

The OSHC Coordinator (or the nominated supervisor) will consult with families to determine which strategies are appropriate for reducing risks related to the child's diabetes, including triggers which may lead to diabetic emergency. This may also include planning for physical activity and sport.

The nominated supervisor, in partnership with the parent or carers, must develop a Risk Minimisation Plan using Attachment 1. Separate risk management plans should be developed for day-to-day diabetes management onsite at the OSHC service and for excursions, as the risks are likely different.

The risk minimisation plan acts to identify and, where practical, minimise triggers, and where necessary, modify activities in accordance with a child's needs and abilities to ensure that they can safely participate in all elements of the educational program.

Educators aim to plan and implement learning experiences and activities that complement the diabetes risk minimisation plan, and ensure that children who have been diagnosed with diabetes can participate in activities while being treated the same as other children attending the program.

Increased supervision requirements of children diagnosed with diabetes will be considered during routine outings, excursions, in-house activities, when visitors are attending, or special events where the environment can unintentionally become unpredictable.

COMMUNICATION PLAN

At enrolment, or upon diagnosis, the nominated supervisor must develop a Communication Plan in consultation with families to encourage and ensure ongoing communication between families and staff about the management of the child's medical condition (see Attachment 2).

NSPS OHSC Service will negotiate with the child and family information to be displayed about their child's diabetes, and will obtain consent from the family to display their child's personal information.

INFORMATION TO DISPLAY

The service displays clear, simple descriptions of the signs of hyperglycaemia (high) and hypoglycaemia (low) in various locations, including near the kitchen, inside the main entrance, administration office, and staff break areas.

Educators refers to recognised authorities for printable resources with current information to display on diabetes first aid, such as the *St John Ambulance First Aid Fact Sheet, Diabetes Emergency* available for download from https://stjohn.org.au/app/uploads/2025/08/Fact-sheets_diabetes.pdf

Diabetes Action Plans for individual children will be displayed in the Orana centre where they are visible to all staff (including tertiary students, volunteers and visitors) as well as children and families. Consent will be obtained from the enrolling parent/guardian prior to the display of the plan which will include a photo of the child.

Each child's own emergency medical/healthcare kit is stored in a clearly labelled area that is easily identifiable to staff (including tertiary students, volunteers and visitors).

The service displays an Ambulance Contact Card by all OSHC Service telephones.

This policy, and service policies on medical conditions, medication, and emergency procedures will be accessible at all times the service is in operation, and by request.

PROCEDURES - MANAGING DIABETES WHILE ATTENDING OSHC

EDUCATORS TRAINED IN DIABETES

When a child who has been diagnosed with diabetes is enrolled at NSPS OSHC Service, each session they attend will operate with Educators who:

- Hold current first aid certification including emergency life support and cardiopulmonary resuscitation as approved by the Australian Children's Education and Care Quality Authority.
- Have undertaken training with a recognised authority for managing diabetes and emergency first aid and medication for highs and lows.
- Know what to do in an emergency to ensure the health and safety of children (especially regarding hypoglycaemia and safety in sport).
- Have been briefed on emergency first aid and diabetic emergency procedures and responsibilities upon their employment or engagement at the Service.
- Are aware of the children in their care who have diabetes and are familiar with their Diabetes Management and Action plan including awareness of blood glucose monitoring strategies and care requirements, as well as routine or emergency medication.
- Have knowledge of the child's blood glucose monitoring and insulin administration strategies as well as the location of their Action and Management Plan including any routine or emergency medication.
- Ensure that all relieving/causal/temporary Educators as well as students and visitors are aware of symptoms of a diabetic emergency and of any children attending who are at risk of a diabetes-related medical emergency
- Have been provided with a copy of this Diabetes Policy and the OSHC policy on Medication Conditions and Medication.

RESPONSIBILITIES OF EDUCATORS WHO ARE TRAINED IN DIABETES

Any Educator who has completed diabetic health care training is made aware that they are responsible for overseeing the child's blood glucose monitoring strategies and care requirements, as well as routine or emergency medication administration.

Their responsibilities include:

- Ensuring a copy of the child's Diabetes Action Plan is visible to all Educators, including tertiary students and volunteers.
- Following the child's Diabetes Action Plan in the event of exposure to triggers and experiencing symptoms, which may progress to a diabetic emergency..
- Ensuring that each child's own Diabetes health care kit (including monitoring equipment)) is stored in a clearly labelled area that is easily identifiable to all Educators, including relief staff; easily accessible to adults (not locked away); inaccessible to children, and away from direct sources of heat.
- Ensuring that the Diabetes health care kit for each child diagnosed with Diabetes is carried by a trained Educator on routine outings and excursions that this child attends.
- Regularly checking the expiry date on all medications at the Service.
- Complying with the practices outlined in the procedures and any risk minimisation plans to protect children with Diabetes from exposure to their triggers.
- Maintaining current first aid training, including CPR, Asthma and Anaphylaxis, in compliance with the National Law.
- Encouraging open communication between families and educators about the status and impact of a child's experience with Diabetes
- Communicating any concerns to families should it be considered that their child's experience with Diabetes is limiting their ability to participate fully in all activities.

FIRST AID KITS

NSPS OSHC Service is required to have a suitably equipped First Aid Kit under the Education and Care Services National Law.

There is no specific legal requirement for a dedicated "diabetic first aid kit". Families are responsible for providing a diabetes kit for the child inclusive of any devices, equipment or medication/edibles required to care for the child, as provided as included in the action or management plan.

The OSHC Coordinator maintains the first aid kit (including regular checks of expiry dates on medication) and ensures that Diabetes First Aid posters are displayed in all rooms where children are provided education and care in OSHC.

PHYSICAL ACTIVITY AND SPORT

In general, exercise lowers blood glucose levels (BGLs). This is because the body uses glucose as an energy fuel, and muscle cells become more active. Everyone is individual and the response to exercise can vary from person to person. Management of diabetes during exercise will depend on the type, duration and intensity of the exercise.

The majority of people with type 1 diabetes are able to enjoy all kinds of physical activity including participating in physical activity and sport. They just need to plan for physical activity because all forms of activity use up glucose. This can mean that their BGL falls low and they might have a hypo.

Children with diabetes will be encouraged to participate in sports and physical activity when attending OSHC. It's important for them to have a management plan that includes checking blood glucose levels, adjusting insulin and snacks, and carrying a "diabetes-to-go" kit with fast-acting glucose. Collaboration between the child, family, and educators is essential to ensure a safe and positive experience.

REASONABLE ADJUSTMENTS

Reasonable adjustments are supportive actions that the OSHC service can make to support a child with their diabetes management so they can fully participate in OSHC life.

Examples of reasonable adjustments for managing low and high glucose levels may include:

- Having a hypo kit and glucose monitoring equipment always close by to where the child is.
- Always treating the child''s low glucose level where they are, and not walking them to any other location.
- Never leaving the child alone if they have a low glucose level.

IN THE EVENT OF AN EMERGENCY - DIABETES

A diabetic emergency may result from too much or too little insulin in the blood. Children may need support from OSHC Educators to treat a low or high glucose level. The aim of treating a low or high glucose is to return the child's glucose level back into their target range.

In the event of a diabetic emergency, the emergency response procedures specified in this policy must be followed, together with the child's Diabetes Action Plan. Policies on the administration of first aid, medical conditions and medications, and emergency response procedures also apply.

There are two types of diabetic emergency:

HYPOGLYCAEMIA (or 'hypo') **Very low blood sugar usually due to excessive insulin.**	**HYPERGLYCAEMIA (or 'hyper')** **Very high blood sugar due to insufficient insulin.**
Symptoms can vary between each young person. If caused by low blood sugar, the child may: - tremble, or feel dizzy, weak or hungry - look pale and have a rapid pulse - sweat profusely - feel numb around their lips and fingers	Symptoms can vary between each young person. If caused by high blood sugar, the child may: - feel excessively thirsty - need to urinate frequently - feel tired or lethargic - feel sick - be irritable

- have a change in behaviour – becoming angry, quiet or confused, or be crying - become unconscious or have a seizure. If a child or staff member is wearing a continuous glucose monitoring (CGM) device, it will sound an alert when they are below their target range.	- complain of blurred vision - lack concentration - have hot dry skin, a rapid pulse or feel drowsy - have the smell of acetone (like nail polish remover) on their breath - become unconscious.

In the event that a child who has been diagnosed with diabetes appears to be having a diabetic medical emergency, a trained educator will:

Commence administration of first aid, including emergency response procedures, and implement the child's individual Diabetes Action/Management Plan which may include administration of medication.

If an ambulance is required

Call an ambulance immediately by dialling 000 if

_ the child not responding to steps in Diabetes Action and Management Plan

_ emergency medicine/medical equipment or devices not available/not working

_ increase in severity of symptoms or signs of life-threatening symptoms

Follow any instructions provided over the phone by emergency services, which may include the recommendation to administer emergency medication.

Contact the child's enrolling parent or guardian (without disconnecting the call with emergency services). If the parent/guardian cannot be contacted, contact the person nominated to be notified in the event of a medical emergency as per the child's enrolment record.

If an ambulance is not required, or does not attend

Contact the child's enrolling parent or guardian. If the family cannot be contacted, contact the person nominated to be notified in the event of a medical emergency as per the child's enrolment record.

Arrange for collection of the child from the service, and encourage family to seek medical assistance. Continue supervision of the child until they are collected from the service.

REPORTING REQUIREMENTS

Any incident involving serious illness of a child while the child is being educated and cared for at the OSHC service for which the child attended, or ought reasonably to have attended a hospital e.g., anaphylaxis, is considered a serious incident within the context of the National Law (r.12).

Staff members involved in the incident are to complete an Incident, Injury, Trauma and Illness Record which will be countersigned by the Nominated Supervisor of the Service at the time of the incident

Families (authorised persons) will be required to sign the Incident, Injury, Trauma and Illness Record, and a copy of this will be stored in the child's file.

The OSHC Coordinator (or nominated supervisor) will inform the School Principal (as a representative of the school council as the approved provider) about the incident, and together they will inform the regulatory authority of the incident within 24 hours of it occurring through the NQA IT System (as per regulations).

AFTER A SERIOUS INCIDENT

Staff will be offered a debrief after each incident. An emergency can cause distress not only for the child, but for staff and other children, especially if the event was life-threatening.

The child's individual Diabetes Action Plan and Risk Minimisation Plan will be evaluated by the OSHC Coordinator in collaboration with all staff, and the child's family. This will include discussion of the effectiveness of the procedure used.

Staff will discuss the child's risks and experience in OSHC with the family, and consider strategies that need to be implemented and maintained to prevent further incidents and emergencies.

The OSHC Coordinator and School Principal (as a representative of the school council as the approved provider) will undertake review and development of the service's Diabetes policy and procedures as required.

RESPONSIBILITIES

Responsibilities of the School Council (as the Approved Provider) and the OSHC Management Sub-Committee:

- Review and develop this policy at least annually, and when the need arises.
- Authorise any changes to this policy.
- Ensure this policy is implemented.
- Monitor complaints and incidents regarding this policy.
- Ensure that copies of the policy and procedures are readily accessible to nominated supervisors, coordinators, educators, staff, volunteers and families, and available for inspection.
- Notify families at least 14 days before changing the policy or procedures if the changes will affect the fees charged or the way they are collected or; significantly impact the service's education and care of children or; significantly impact the family's ability to utilise the service.

Responsibilities of the OSHC Coordinator (or in the absence of the OSHC Coordinator, the Nominated supervisor/ Responsible person present):

- Liaise with the approved provider about anaphylaxis management, communication and risk minimization, including notification of serious incidents and currency of staff training.
- Ensure at least one educator who has completed Emergency anaphylaxis Management training is working with children each session of OSHC, and evidence of currency is maintained in the staff record.
- Discuss with educators their knowledge of issues following educators' participation in emergency anaphylaxis management training
- Ensure that a staff member accompanying children outside the Service carries a copy of each child's individual anaphylaxis medical management action plan and required medication
- Ensure an Administration of Medication Record is kept for each child to whom medication is to be administered by the Service; and ensure that any authorisations for self-administration must be

documented in the child's Anaphylaxis Action Plan and approved by the OSHC Service, parents/guardian and the child's medical management team.

- Ensure families of children who are at risk of anaphylaxis have been provided with a copy of this policy, and the service policy on medical conditions and medication.
- Discuss this policy and its implementation with parents/guardians of children with anaphylaxis to gauge their satisfaction with both the policy and its implementation in relation to their child.
- Develop and document a risk minimisation plan in collaboration with parents/guardian, and ensure the risk minimisation plan is specific to our Service environment, activities, incursions and excursions, and the individual child and is reviewed annually
- Routinely review the first aid kit to ensure that it is complete and that anaphylaxis medication provided by families has not expired.
- Conduct 'anaphylaxis response scenarios' and supervise practise sessions in medication (including adrenaline auto-injector) administration procedures to determine the levels of educators competence and confidence in locating and using emergency first aid anaphylaxis kits.
- Selectively audit enrolment checklists to ensure that documentation is current and complete.
- Obtain from families an AnaphylaxisAction Plan and emergency medication prior to permitting attendance.
- Request parental authorisation to display a child's Anaphylaxis Action Plan in key locations at the Service, where educators and staff are able to view these easily whilst ensuring the privacy, safety and wellbeing of the child (for example, in the Orana Centre, the staff room, kitchen, and / or near the medication cabinet)
- Review the adequacy of the response of the Service if a child has an anaphylactic reaction and consider the need for additional training and other corrective action.
- Keep a copy of the child's Anaphylaxis Action Plan and risk minimisation plan in the enrolment record
- Ensure families provide emergency medication (including adrenaline auto-injector) whilst their child attends the OSHC Service, Children are not permitted to attend without their emergency medication.
- Collaborate with parents/guardians to develop and implement a communication plan and communicate any concerns with parents/guardians regarding the management of their child's anaphylaxis whilst at the Service
- Ensure families update their child's anaphylaxis Action Plan regularly or whenever a change to the child's management of anaphylaxis occurs.
- Contribute to the review and development of this policy at least annually, and when the need arises.
- Ensure this policy is implemented.
- Monitor complaints and incidents regarding this policy.
- Take reasonable steps to ensure that nominated supervisors, educators, staff and volunteers actively implement this policy.
- Ensure that copies of the policy and procedures are readily accessible to nominated supervisors, coordinators, educators, staff, volunteers and families, and available for inspection.
- Communicate openly with families and stakeholders about this policy and its implementation.
- Assess the needs of staff and families and, where required, provide policies and procedures in multiple languages or an appropriate alternative such as online translation software and/or in audio versions.

- Consider the needs of any temporary or casual staff and how they will access the policies and procedures.

Responsibilities of Educators:

- Be familiar with this Allergy and Anaphylaxis Policy, as well as the service policy for dealing with Medical Conditions Policy and Administration of Medication Policy.
- Support families to approach service management with questions or concerns about the implementation of this policy.
- Maintain certification for approved first aid (including asthma and anaphylaxis) training as required.
- Know which child/ren are diagnosed as being at risk of anaphylaxis and the location of their Anaphylaxis Action Plan and risk management plans and any prescribed medications.
- Be able to identify and, where possible, minimise allergens and triggers as outlined in the child's Anaphylaxis Action Plan and risk minimisation plan.
- Ensure the first aid kit, children's personal anaphylaxis medication and anaphylaxis Action Plans are taken on excursions or other offsite events, including emergency evacuations and drills.
- Administer prescribed allergy and anaphylaxis medication in accordance with the child's Anaphylaxis Action Plan and the Service's Administration of Medication Policy
- Ensure any medical emergencies including anaphylaxis are clearly documented in the Incident, Injury, Trauma or Illness Record and advise parents as a matter of priority, when practicable.
- Consult with the parents/guardians of children at risk of anaphylaxis in relation to the health and safety of their child, and the supervised management of the child's risk of anaphylaxis.
- Communicate any concerns to parents/guardians if a child's risk of anaphylaxis is limiting their ability to participate fully in all activities.
- Ensure that children who are at risk of anaphylaxis can participate in all activities safely and to their full potential, ensuring an inclusive program.

Responsibilities of Families:

- Reading and complying with the Medical conditions: diabetes policy and procedure and the Administering medication policy and procedure
- Informing staff, either on enrolment or on initial diagnosis, that their child is diagnosed with diabetes
- Providing a completed enrolment form for their child that includes medical information and written authorisations for medical treatment and ambulance transportation
- Providing NSPS OHSC Service with a current Diabetes Action and Management Plan prepared specifically for their child by their diabetes treating team. This should be updated annually, or more often if the treatment regimen changes
- Working with the nominated supervisor to develop a Risk Minimisation Plan and Communication Plan for their child
- Working with educators and staff to assist them to provide the most appropriate support for their child
- Providing NSPS OSHC Service with any equipment, medication or treatment, as specified in the child's individual Diabetes Action and Management Plan

- Ensuring that all prescribed medication is always available to their child when attending NSPS OSHC Service, noting the child will be unable to attend if their prescribed medication has not been provided
- Ensuring that a parent or authorised nominee is always contactable by phone or within a reasonable time (30 minutes) when the child is attending the centre.
- Ask questions about implementation, and raise concerns with leadership or service management.
- Notify the OSHC Service in writing via email or through the Notification of Changed Medical Status

  form of any changes to their child's medical condition status and provide a new Management or Action Plan in accordance with these changes
- Communicate regularly with educators/staff in relation to the ongoing health and wellbeing of their child, and the management of their child's diabetes.
- Encourage their child to learn about their diabetes and to communicate with Service staff if they are feeling unwell or experiencing symptoms that may be related to blood sugar levels.

INDUCTION AND ONGOING TRAINING

The NSPS School Council the Approved Provider acknowledges the important role played by our service leaders, educators and staff. They are provided with the necessary support to implement Outside School Hours Care service policies and procedures.

To ensure that all NSPS OSHC service stakeholders are given adequate induction and ongoing support to develop a thorough understanding of these procedures, this policy will be provided in accordance with induction processes for the OSHC Service staff team

During indication, educators who will be responsible for the administration of first aid and emergency procedures (including implementation of a Diabetes Action Plan) in the event of a Diabetes-related medical emergency will be supported by the OSHC Coordinator to explore their responsibilities and access any informal learning opportunities that may add value to the knowledge and skills learned in certified training, and enhance the educators confidence in Diabetes Management in OSHC.

NSPS OSHC Service supports educators responsible for the administration of emergency Diabetes first aid through ongoing guidance, regular refreshers, and access to clear procedures. Educators are encouraged to seek support, participate in brief practice and discussions during team meetings, and debrief following Diabetes first aid incidents. This approach promotes confidence, consistency, and safe responses in line with training, service policies, and individual medical management plans.

KEY TERMS

TERM	MEANING
Ambulance contact card	A card that NSPS OSHC Service has completed, containing all the information that the Ambulance Service will request when phoned on 000. For example, the 'How to call' card published by Ambulance Victoria. The Service will display an ambulance contact card by any telephone from which a 000 phone call could be made. https://www.ambulance.vic.gov.au/wp-content/uploads/2019/08/How-To-Call-Card.pdf
BG and BGLs	Blood glucose and blood glucose levels.

CGM	Continuous Glucose Monitor, a device worn by the person which continually monitors their glucose levels and can give alerts if levels are too low or too high
Diabetes team	Health professionals involved in the young person's diabetes care (paediatrician or endocrinologist, diabetes educator, dietitian, social worker)
Duty of care	A legal concept that refers to the responsibility of all staff members at any Victorian early childhood service to take reasonable steps to protect children in their care from harm that is foreseeable.
High	Hyperglycaemia or blood glucose levels above target
Hypo	Hypoglycaemia or blood glucose levels below target
Insulin pen	Pen-like devices used to inject insulin under the skin.
Insulin pump	A device used to deliver insulin, as an alternative to injections
Ketoacidosis	Dangerously high level of ketones in the blood
Management Plan	A plan written by the diabetes team and the person's family/guardian to provide diabetes management information and guidance specific to the person
Medication	Medicine within the meaning of the Therapeutic Goods Act 1989 (Cth). Medicine includes prescription, over-the-counter and complementary medicines. All therapeutic goods in Australia are listed on the Australian Register of Therapeutic Goods, available on the Therapeutic Goods Administration website www.tga.gov.au
Medical attention	Includes a visit to a registered medical practitioner or attendance at a hospital.
Medical emergency	An injury or illness that is acute and poses an immediate risk to a person's life or long-term health.
Medication record	The approved provider must keep a medication record for each child to whom medication is administered by the service. This record must include: ● the child's name ● signed authorisation to administer medication ● a record of the medication administered, including time, date, dosage, manner of administration, name and signature of the person administering the medication and of the person checking the medication, if required. A medication record template is available on the ACECQA website: www.acecqa.gov.au/media/22731
Risk minimisation plan	Risk minimisation is the practice of reducing risks to a child of diabetic emergency. as far as is practicable, while attending the service. A risk minimisation plan is a plan specific to NSPS OSHC Service that specifies each child's risks, the ways that each child diagnosed with diabetes could experience a high or a hypo (or ketoacidosis) while in the care of NSPS OSHC Service, practical strategies to minimise those risks, and who is responsible for implementing the strategies. The risk minimisation plan is developed by the NSPS OSHC staff team in collaboration with families of children diagnosed with diabetes. The plan is reviewed at least annually, and always upon the

	enrolment or diagnosis of each child who has diabetes. Risk minimisation planning considerations are outlined in this policy.
Serious incident	An incident resulting in the death of a child, or an injury, trauma or illness for which the attention of a registered medical practitioner, emergency services or hospital is sought or should have been sought. This also includes an incident in which a child appears to be missing, cannot be accounted for, is removed from the centre in contravention of the Regulations or is mistakenly locked in/out of the centre premises.
Trained Educator	For the purposes of this policy, this refers to those Educators who have received relevant, professionally run training in the treatment or technique required to administer medication, including training in the care and management of diabetes. In addition, trained educators hold first-aid qualifications and have undertaken current, approved anaphylaxis management training and emergency asthma management training approved by ACECQA, as prescribed in the Education and Care Services National Law Act 2010 in accordance with regulation 137 (1) (e).

LINKS TO OTHER NSPS OSHC SERVICE POLICIES

In compliance with r.171, copies of the current policies and procedures required under r.90 and r.168 (including this policy) are available for inspection at the OSHC Service at all times that the service is operating, or otherwise on request.

Associated NSPS OSHC Service health and medical policies and procedures include:

- Administration of first aid policy and procedure
- Blood-borne viruses
- Infection control and immunisation policy
- Illness and infectious diseases
- Incident, injury, trauma and illness policy
- Medical conditions and the administration of medication

Other relevant policies and procedures:

- Acceptance and Refusal of Authorisations
- Enrolment and orientation
- The Educational Program
- Health, nutrition and food safety policy and procedure
- Evacuations and emergency management policy
- Excursions and routine outings
- Privacy and confidentiality of records policy

SOURCES

Australian Children's Education and Care Quality Authority (2021) ***Dealing with medical conditions in children***
https://www.acecqa.gov.au/sites/default/files/2021-08/DealingMedicalConditionsChildrenGuidelines.pdf

Australian Children's Education and Care Quality Authority (2022) ***Six reasonable steps to ensure staff follow policies and procedures***
https://www.acecqa.gov.au/sites/default/files/2022-11/13-Six-steps-staff-policies-procedures%20v3.pdf

Diabetes Australia (n.d. accessed October 2025) ***Mastering Diabetes in preschool and school***
https://www.diabetesaustralia.com.au/wp-content/uploads/mastering-diabetes-preschool.pdf

Diabetes Australia (n.d. accessed October 2025) ***Type 1 Diabetes*** https://www.diabetesaustralia.com.au/about-diabetes/type-1-diabetes/
Diabetes Australia (n.d. accessed October 2025) ***Type 2 Diabetes*** https://www.diabetesaustralia.com.au/about-diabetes/type-2-diabetes/
Royal Children's Hospital Melbourne (accessed Oct 2025) ***Diabetes Toolkit*** https://www.rch.org.au/diabetes/type-1-diabetes-toolkit/Type_1_diabetes_toolkit/
Commission for Children and Young People (July 2022); ***Child Safe Standards.*** https://ccyp.vic.gov.au/child-safe-standards/
National Diabetes Services Scheme (n.d. accessed October 2025) ***Diabetes in Schools Online Learning Modules*** https://www.diabetesinschools.com.au/
Victorian government Department of Education (Accessed October 2025) ***Managing children's medical conditions in early childhood services*** https://www.vic.gov.au/managing-childrens-medical-conditions-early-childhood-services

NATIONAL QUALITY FRAMEWORK

Education and Care Services National Law https://www.acecqa.gov.au/nqf/national-law-regulations/national-law
The National Quality Framework operates under an applied law system, comprising the Education and Care Services National Law and the Education and Care Services National Regulations. The purpose of the applied law system is to set a national standard for children's education and care across Australia. The following regulations inform the implementation of this policy.

Regulation	Description
Regulation 4	Definitions
Regulation 8	National Quality Standard
Regulation 12	Meaning of serious incident
Regulation 13	Meaning of working directly with children
Regulation 73	Educational program
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 89	First aid kits
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 94	Exception to authorisation requirement – anaphylaxis or asthma emergency
Regulation 95	Procedure for administration of medication
Regulation 97	Emergency and evacuation procedures
Regulation 98	Telephone or other communication equipment
Regulation 136	First aid qualifications
Regulation 137	Approval of 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 service must have policies and procedures
Regulation 170	Policies and procedures to be followed
Regulation 171	Policies and procedures to be kept available
Regulation 172	Notification of change to policies or procedures
Regulation 173	Prescribed information to be displayed
Regulation 174	Time to notify certain circumstances to Regulatory Authority
Regulation 174A	Prescribed information to accompany notice
Regulation 175	Prescribed information to be notified to Regulatory Authority
Regulation 176	Time to notify certain information to Regulatory Authority
Regulation 183	Storage of records and other documents

Regulation 185	Law and regulations to be available

National Quality Standard https://www.acecqa.gov.au/nqf/national-quality-standard
The National Quality Standard (NQS) sets a high national benchmark for early childhood education and care and outside school hours care services in Australia. The NQS includes 7 quality areas that are important to outcomes for children. NSPS OSHC Service is assessed and rated by the Victorian Government Department of Education against the NQS and given a rating for each of the 7 quality areas and an overall rating based on these results. The following quality areas, standards and elements support the implementation of this policy.

Standard/Element	Item
Element 1.3.3	Information for families
Quality Area 2	Children's Health and Safety
Standard 4.1	Staffing arrangements
Element 4.1.1	Organisation of Educators
Element 5.1.2	Dignity and rights of the child
Standard 6.1	Supportive relationships with families
Element 6.1.1	Engagement with the service
Element 6.2.2	Access and participation
Element 7.1.2	Management systems
Element 7.1.3	Roles and responsibilities
Standard 7.2	Leadership
Element 7.2.3	Development of professionals

Framework for School Age Care in Australia https://www.acecqa.gov.au/sites/default/files/2023-01/MTOP-V2.0.pdf
Under the National Law, services must deliver an educational program to all children being educated and cared for that is based on an approved learning framework, delivered in accordance with that approved learning framework, based on the developmental needs, interests and experiences of each child , and designed to take into account the individual differences of each child. The following principles, practices and learning outcomes support the implementation of this policy.

Principle/Outcome	Description
Principles	Partnerships
	Equity, inclusion, and high expectations
Practices	Holistic, integrated and interconnected approaches
	Collaboration with children and young people
	Play leisure and intentionality
	Assessment and evaluation for wellbeing, learning and development
Learning outcomes	Children and young people have a strong sense of identity
	Children and young people and connected with and contribute to their world
	Children and young people have a strong sense of wellbeing

POLICY EVALUATION, REVIEW AND DEVELOPMENT

This policy will be reviewed and developed accordingly as part of the NSPS OSHC Service annual review process, or more often if necessary due to changes in regulations, circumstances, or operational matters.

In response to the event of a serious incident involving a medical emergency (including anaphylaxis), this policy and procedures will be reviewed and developed to ensure the effectiveness of its implementation.

NSPS OSHC Service ensures that all relevant stakeholders are notified at least 14 days before making any change to this policy, unless that notice period would pose a risk to the safety, health or wellbeing of any child enrolled at the service. In this instance, stakeholders will be notified as soon as practicable after making a change in accordance with requirements under the National Law.

Neerim South Primary School **Outside School Hours Care Service**
Address: 180 Main Rd, Neerim South VIC 3831
Phone: 03 5628 1254 | Mobile: 0408 812 072
Email: neerim.south.ps@education.vic.gov.au
Website: https://www.neerimsouthps.vic.edu.au/

Date	Description	Author
01/01/2026	New draft finalised, informed by recommendations by and resources from recognised authorities on diabetes health care and emergency management.	OSHC Sub-Committee
02/03/2026	Finalised for leadership/management review, prepare to present at April School Council meeting with recommendation of approval.	School Principal, OSHC Coordinator, and OSHC Sub-Committee
18/05/2026	Approved	School Council