

Name :

Date/s :

Location :

Closest medical facility to camp & Contact Number:

Type 1 Diabetes and School Camp Management Plan: Insulin Injections



SCHOOL CAMP MANAGEMENT PLAN AND CHECKLISTS FOR TYPE 1 DIABETES: INSULIN INJECTIONS

Understandably, most students will want and should be given every opportunity to attend school camps or overnight excursions, as a part of the school's learning program. Camps and excursions will vary from school to school and camp situations will vary between year groups and schools. Most camps for younger students may be close to medical facilities, and some schools will encourage or allow parent participation and support. For older students, camps may involve greater independence, no parents, perhaps no nursing staff, more remote locations and often physically demanding situations over an extended time period. For this reason, preparation requirements for camps will vary. In all cases, schools should refer to their education sector's camp/excursion policy in conjunction with this Camp Management Plan and Checklists.

Students with Type 1 Diabetes can participate fully in a camp program. It is recommended that schools preparing for camp undertake appropriate education. This can be accessed at DiabetesInSchools.com.au

This education will include:

- Blood Glucose Monitoring
- Continuous Glucose Monitoring
- Insulin Administration
- Glucagon Administration
- Type 1 Diabetes and School Camp

PLANNING FOR SCHOOL CAMPS

KEY MESSAGES

- Pre-planning is essential for the student with type 1 diabetes to safely attend camp.
- A camp meeting with parents/carers and school staff should be held well in advance.
- A School Camp Management Plan and a Camp Checklist will assist in planning.
- There are extra specific responsibilities for school staff at camp.
- Camp activities, different foods and changes in routine can have a significant impact on student's glucose levels.
- The student's individualised camp diabetes management plan is specific to that student and that camp.
- It is developed by their diabetes treating team in collaboration with the parents/carers and student, in consultation with the school.
- Good communication between all parties is vital both before and during camp.

SCHOOL CAMP MANAGEMENT PLAN FOR TYPE 1 DIABETES: INSULIN INJECTIONS

- This document is to be read in conjunction with the School Camp Checklists for Type 1 Diabetes **and your education sector's camp/excursion policy.**
- It is recommended the schools arrange a meeting between relevant school staff and the family to discuss the contents of this document well in advance of the camp.
- This form is to be completed in consultation with the family. If needed, families should speak to their clinical treating team for assistance.

The use of this camp management plan is to assist in risk management when supervising a student with Type 1 Diabetes while on excursion from the regular school environment.

Diabetes WA and PCH do not accept any liability for any injury, loss or damage incurred by use or misuse of this plan.

Diabetes Camp Management Plan – Insulin Injections

School:

click to
add photo

First name:

Last name:

Date of birth:

School Year:

Target range for glucose level is 3.9 - 8 mmol/L

Never leave alone if UNWELL . Treat on the spot

Contact Details : Parent/Carer

Contact 1 :

Contact 2 :

Contact 3 :

PCH Diabetes Contact Details

PCH Clinic : 6456 1111 Opt 2

Afterhours on call
diabetes consultant : 6456 5993

PCH Switchboard : 6456 2222

GLUCOSE MONITORING

In addition to the daily schedule, monitoring of glucose levels and **Blood Ketone Levels** should be performed if the student is unwell.

Low glucose levels to be confirmed by :

DAILY SCHEDULE // PLEASE GIVE INSULIN MINUTES BEFORE FOOD

A bolus calculator is used to determine insulin doses :

Type of bolus calculator:

Glucose levels will be checked routinely during the following times:

- Before breakfast, lunch, dinner and snacks.
- Before bed.
- At midnight and 3 am (supervised by an adult).
- Any time student is showing or feeling signs of a “hypo”, “hyper” or illness.

Staff member/s allocated to supervise:

When	Glucose Check	Insulin	Action	Responsible Person

Preferred pre-bedtime and overnight glucose level range:

GLUCOSE MONITORING AND MANAGEMENT

LOW GLUCOSE LEVELS (Hypoglycaemia / Hypo)

ACTION is needed if the glucose level is less than 3.9 mmol/L.

Low glucose levels to be confirmed by :

LOW (HYPO) // Glucose level less than 3.9 mmol/L // DO NOT DELAY TREATMENT.				
Symptoms: ☐ Feeling sick ☐ Pale ☐ Headache ☐ Shaky ☐ Sweaty ☐ Drowsy ☐				
Student Conscious (Able to eat hypo food)	STEP 1: Give fast acting carbs: _____	STEP 2: Recheck glucose level in n If Glucose: • Less than 3.9 repeat step 1. • 3.9 or more, go to step 3.	STEP 3 Give sustaining carbs: _____	
Student Drowsy / Unconscious (Unable to swallow/ choking risk).	FIRST AID DRS ABCD Stay with student.	CALL AN AMBULANCE DIAL 000	ADMINISTER GLUCAGON YES ☐ NO ☐ Dose: _____	CONTACT PARENT WHEN SAFE TO DO SO. When student conscious/alert, follow above steps.

HYPO KIT – Hypo kit should be kept with student at all times

FAST ACTING CARBOHYDRATE FOOD	AMOUNT TO BE GIVEN
SUSTAINING CARBOHYDRATE FOOD	AMOUNT TO BE GIVEN

- If the student requires more than 2 consecutive fast acting carbohydrate treatments, as per the instructions above, call the student's parent/carer. Continue hypo treatment if needed while awaiting further advice.
- All hypo treatment foods should be provided by the parent/carer.
- Ideally, packaging should be in serve size bags or containers and labelled as fast acting carbohydrate food and sustaining carbohydrate food.

Mild hypoglycaemia is common.

SEVERE LOW/HYPO MANAGEMENT

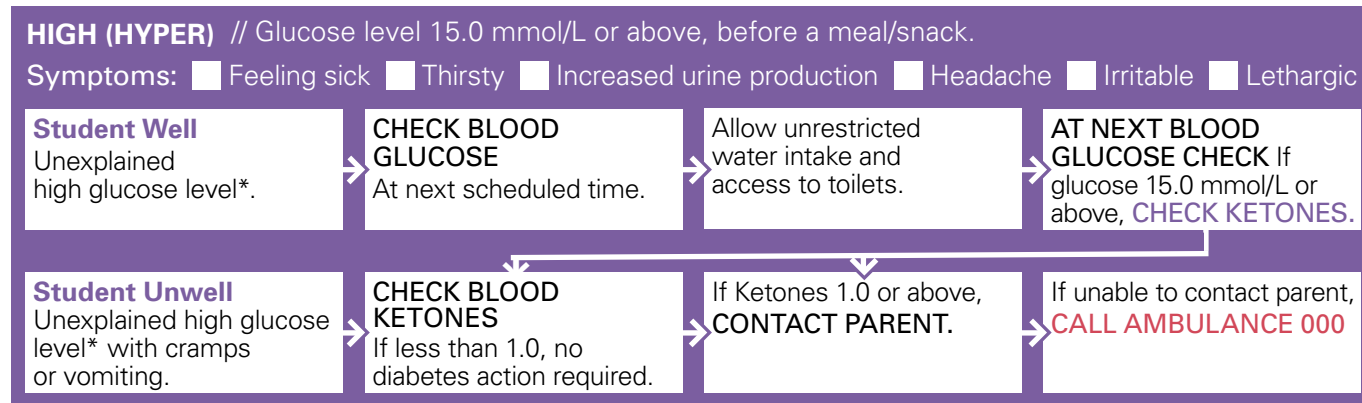
Severe hypoglycaemia is not common.

Follow the instructions as above page for any episodes of severe hypoglycaemia.

DO NOT attempt to give anything by mouth to the student or rub anything onto the gums as this may lead to choking.

HIGH GLUCOSE LEVELS (Hyperglycaemia / Hyper)

ACTION is needed if the glucose level is 15mmol/L or above.



- * Although not ideal, glucose levels above target range are not unusual.
- * Glucose levels may be above target if food has been consumed within the last two hours.
- * If insulin has been given, allow two hours for glucose levels to return to target.
- * Remember, if the student is frequently above 15mmol/L to contact the parent/carer.

KETONES

- * Ketones occur most commonly when there is not enough insulin in the body.
- * Ketones are produced when the body breaks down fat for energy.
- * Ketones can be dangerous in high levels.

Check blood ketone level if:

- * Student is unwell **or**
- * Glucose levels remain at 15.0 mmol/L or above for two or more consecutive glucose checks.

ACTION: If ketones are **1.0 mmol/L or above**, follow action for ketones as above.

GLUCOSE MONITORING

Glucose levels outside of the target range are common.

Glucose levels will vary day-to-day and be dependent on a number of factors such as:

- * Insulin dose
- * Type/quantity of food
- * Level/duration/type of activity
- * Illness/ infection
- * Excitement / stress
- * Growth spurts

FINGER PRICKS

The student should always wash and dry their hands before doing a finger prick check.

Is the student able to do their own glucose check independently?

If NO, the responsible staff member needs to:

A finger prick is needed when:

- * TAG (Trend, Arrow, Glucose) unavailable
- * Symptoms don't match the sensor reading
- * Sensor has fallen off

- * Further action is required if glucose level is less than 3.9 mmol/L or 15.0 mmol/L or above.
- * If the meter reads 'LO' this means the glucose level is too low to be measured by the meter - see page 4
- * If the meter reads 'HI' this means the glucose level is too high to be measured by the meter - see page 5

SENSOR GLUCOSE CHECKING

The student is wearing a sensor :

- * CGM and FGM consist of a small sensor that sits under the skin and measures glucose levels in the fluid surrounding the cells (interstitial fluid).
- * **These devices are NOT compulsory management tools.**
- * With CGM, a transmitter sends data to either a receiver, phone app or insulin pump.
- * With FGM, the device will only give a glucose reading when the sensor disc is scanned by a reader or phone app.
- * A sensor glucose reading can differ from a finger prick blood glucose reading during times of rapidly changing glucose levels e.g. eating, after insulin administration, during exercise.

- * Will the sensor need changing during camp?

It is recommended that families change the sensor prior to camp.

PHYSICAL ACTIVITY

A blood glucose meter and hypo treatment should always be available.

- * Physical activity may alter glucose levels.
- * Physical activity should not be undertaken if glucose levels are less than 5.0 mmol/L. Refer to diagram below.
- * Vigorous activity should not be undertaken if the student is unwell or ketones are 1.0 mmol/L or above.
- * The student may require an extra serve of carbohydrate food before every 30 minutes of planned physical activity or swimming as provided by the family.

Please check glucose levels 10 - 15 minutes prior to the activity

3.9 - 5.0 mmols/L

5.1 - 8.0 mmols/L

Once above 5 exercise can start.

Exercise can be started.

8.1 - 14.9 mmol/L

15.0 mmols/L or above

Exercise can be started.

Check Blood Ketone Levels

Ketones less than 1.0 mmol/L, exercise can start
Ketones 1.0 mmol/L or above, CONTACT PARENT

If glucose levels are consistently below 4.0mmol/L or above 15.0mmol/L parents should be contacted to discuss a change to insulin doses.

INSULIN ADMINISTRATION – INJECTION

Does the student require an insulin dose at meal time/s?

Is staff involvement required?

If yes, the responsible staff need to:

Responsible staff will need to receive training on how to administer insulin injections.

INSULIN ADJUSTMENTS/CORRECTIONS WHILST ON CAMP:

The student's insulin needs will change on camp due to the change in exercise, eating and sleep patterns.

If you wish, please note any changes in dose that your child may implement.

Long acting insulin (Insulin Glargine) dose needs to be given at the same time each day however the dose may need to be reduced whilst on camp.

CHECKLIST FOR FAMILIES

CAMP MEALS AND SNACKS

Discuss food and meal needs with schools so that they can make necessary arrangements with camp catering staff. Arrange for extra fast and slow acting carbohydrate food to be available to treat hypos and prepare for exercise.

Overnight access to carbohydrate containing foods will also be necessary. For example: If access to food is limited during an extended activity the student will need to carry or have access to additional carbohydrates at all times.

SUPPLIES

Arrange for the supplies your child will need whilst on camp. In most cases, they will need:

Long acting insulin pens x 2	Fast acting insulin pens x 2	Glucagon
Hypo foods and snacks	A blood glucose meter	A blood ketone meter
Glucose test strips	Ketone test strips	Lancets / finger pricker
Extra batteries / charging cable	A water proof pouch for the smart phone, if required	
A means to keep the insulin cool in hot weather if a refrigerator is not available.		

Make arrangements so your child or staff can contact you. The family will be the contact point to discuss glucose levels and insulin doses while at camp. The family can contact PCH as needed for advice.

REMOTE LOCATIONS

In cases where camps are in remote locations, you will need to discuss with the Principal whether there is a need for additional staff training. In cases where no medical staff are attending camp and/or the camp is not near medical facilities, extra training will be necessary. Usually in cases of severe hypoglycaemia, the Ambulance Service would be called and ambulance officers would give glucagon or a glucose infusion. However, on a remote camp where medical help may be delayed, staff will need to be trained in how to administer a glucagon injection in cases of severe hypoglycaemia.

CHECKLIST FOR SCHOOLS

SKILLS REFRESHER

Revise and refresh diabetes management skills for staff. Check that all staff responsible for the student's care on camp know when to call for help, the emergency medical evacuation procedures, and are familiar with correct injection technique so they can appropriately supervise the student.

Are staff:

Familiar with blood glucose monitoring	☐ Yes	☐ No
Familiar with injection technique	☐ Yes	☐ No
Confident to treat a hypo	☐ Yes	☐ No
Familiar with blood ketone testing	☐ Yes	☐ No
Familiar with medical emergency procedures	☐ Yes	☐ No

REMOTE LOCATIONS

In cases where camps are in remote locations you will need to discuss with the Principal the process of calling for help in an emergency.

Consider the use of a satellite phone.

Is there limited access to emergency medical care?	☐ Yes	☐ No
Has a staff member(s) completed Glucagon training?	☐ Yes	☐ No

CAMP MEALS AND SNACKS

Does the student have coeliac disease? ☐ Yes ☐ No

*Seek parent/carer advice regarding appropriate food and hypo treatments.

Provide the family with a detailed meal program (including estimated timing of meals and access to food outside of these times). Carbohydrate foods should be served at every meal and snack time. For example; if meal times fluctuate each day of the camp, some additional planning may be required. Additional carbohydrate foods are needed for exercise and must be readily available where the exercise is taking place.

CAMP PROGRAM

Provide the family with a detailed activity program. The extra exercise at camps increases the risks of hypos. Insulin dosages are usually reduced by a quarter to a third.

HYPO KIT

A hypo kit is a pack containing fast acting and sustaining carbohydrates. Arrange for a hypo kit/s to be available at the camp. In cases of severe hypo, follow the Diabetes Camp Management Plan "Low Glucose Levels" on page 3.

The student should have a hypo kit on their person at all times. On a remote camp where medical help may be delayed, a trained staff member must be available to give a glucagon injection in cases of emergency. As per page 3.

CONTACT DETAILS

Make arrangements so staff can contact the child's parents to discuss glucose levels and insulin doses while at camp if required.

AGREEMENTS

PARENT/CARER

- ☐ I have read, understood and agree with this plan.
- ☐ I give consent to the school to communicate with the Diabetes Treating Team about my child's diabetes management at camp.
- ☐ I acknowledge that school staff who administer insulin and / or glucagon do so:
- 1) after receiving training from their clinical treating team.
 - 2) to the best of their ability.

NAME

FIRST NAME (PLEASE NOTE)

FAMILY NAME (PLEASE NOTE)

SIGNATURE

DATE

SCHOOL REPRESENTATIVE

- ☐ I have read, understood and agree with this plan.

NAME

FIRST NAME (PLEASE NOTE)

FAMILY NAME (PLEASE NOTE)

ROLE

- ☐ Principal ☐ Associate principal
- ☐ Other (please specify)

SIGNATURE

DATE

DIABETES TREATING MEDICAL TEAM

NAME

FIRST NAME (PLEASE NOTE)

FAMILY NAME (PLEASE NOTE)

SIGNATURE

DATE