PREPARING FOR SCHOOL CAMP
FOR STUDENTS WITH DIABETES

As kaitiaki (carers/guardians) of diabetes related services, it is a collective responsibility to establish an environment that facilitates a pathway for people with diabetes to navigate te ao mate huka - the world of diabetes[1].

It is important that any child with diabetes can fully participate in the school curriculum. This involves school camps and excursions, regardless of whether it is a day event or overnight. For these to be successful, preparation is paramount. The following guideline includes checklists of things that whānau need to consider as well as the school. Alongside this guide is a Diabetes Management Plan for School Camps that relates to a ***specific*** camp or excursion. A Camp Management Plan is intended to address challenges that can arise on camps, primarily around activity levels, different meal plans, and overnight management. It is anticipated that a different management plan is needed for each event. These should be used in conjunction with the student's

- **Diabetes Action Plan (hypo- and hyper-management) that will already be in place.**

Camp staff (volunteer and/or school personnel) need to be familiar with diabetes and the needs of the student prior to the camp or excursion. This education can be carried out by parent/caregiver or health professionals. Parents need to meet with school staff several weeks prior to the event to discuss these documents and an adult must be nominated to be in charge of the safety and health needs of the student with diabetes.

Key areas for consideration and discussion between whānau and schools include:

- Diabetes Education
- Camp Activities – Programme
- Camp Meal Plan
- Diabetes Supplies and Additional Food Supplies
- Contact Details
- Diabetes Emergencies
- School Action Plan

[1] Te Kaiwhakahaere Māori te Roopu mate huka
Debbie Rawiri - Te Whatu Ora
Waitaha Canterbury

Students name:

PRE-CAMP CHECKLIST FOR WHĀNAU

DOES THE STUDENT KNOW:			
Glucose Levels	**Yes**	**No**	**With Support**
How to check glucose levels using their meter and CGM device? E.g. using their CareSens Dual BGL meter and a Libre or Dexcom or Guardian if they are using one?	☐	☐	☐
How to check ketone levels?	☐	☐	☐
Do they recognise their own hypoglycaemia symptoms?	☐	☐	
How to treat/manage hypoglycaemia?	☐	☐	☐
How to treat/manage high glucose levels?	☐	☐	☐
Further information or comments:			
Insulin	**Yes**	**No**	**With Support**
How to count carbohydrates?	☐	☐	☐
How to calculate a food bolus?	☐	☐	☐
How to calculate a correction bolus?	☐	☐	☐
How to dial up and give insulin using pens/syringes?	☐	☐	☐
Further information or comments:			

If using a glucose monitoring device does the student know:	Yes	No	With Support
How to respond to arrows?	☐	☐	☐
When a finger prick is required?	☐	☐	☐
How to troubleshoot alarms?	☐	☐	☐
How to insert a new sensor?	☐	☐	☐
Further information or comments:			

If a pump user does the student know:	Yes	No	With Support
How to suspend and/or disconnect their pump?	☐	☐	☐
How to give a food or correction bolus on their pump?	☐	☐	☐
Troubleshoot pump alarms or errors?	☐	☐	☐
Change infusion set?	☐	☐	☐
How to use temporary basals?	☐	☐	☐
(If using hybrid close loop) when and how to use “exercise mode” and/or “temp target”	☐	☐	☐
Further information or comments:			

If “No” or “With Support”, consider whether the student can be upskilled to be able to do these skills or how these may be managed in a camp setting.

PRE-CAMP CONSIDERATIONS FOR WHĀNAU

Camps require additional planning for families and whānau. This ensures that the student can enjoy a camp in a safe manner and parents, caregivers, and camp staff can be confident with the plan in place.

DIABETES EDUCATION

Staff attending the camp need to have an understanding of diabetes prior to the camp. They don't need to know the same amount of information as a parent does, but the more information they have the more confident everyone will feel. Identifying some friends/classmate who also know that the student has diabetes and can seek help when needed can be helpful. An adult does need to be identified for additional supervision that is required.

CAMP ACTIVITIES – PROGRAMME

Ask the school to obtain the camp programme. This will typically have been established well prior to the camp occurring (unless of significant weather changes). Activity levels are usually much higher than usual when at camp, and therefore adjustments to insulin doses will be required. If you have the programme, you can discuss with your diabetes team for specific recommendations.

CAMP MEAL PLAN

Similarly to the programme, the camp menu will likely have been established prior to the camp. If you have a menu you can make informed and educated decisions about carbohydrate amounts and portion sizes as well as whether adjustments may need to be made (e.g., know your child won't eat a meal but will require carbohydrates). If you can provide a pictorial carbohydrate counter or an "app" this can reduce the pressure for everyone.

DIABETES SUPPLIES AND ADDITIONAL FOOD SUPPLIES

It is important that you provide all diabetes supplies (and spares) including hypo management supplies. As well as hypo management, supplies you may need to provide additional carbohydrate containing foods for activities or to maintain overnight glucose levels.

CONTACT DETAILS

The camp staff need to know how to contact all relevant parties when at camp. This includes parents and caregivers as well as the diabetes team and after-hours support numbers if available. Does the camp have cellular reception at all times? If not, have you got a backup plan for maintaining contact?

DIABETES EMERGENCIES

There needs to be a conversation with the school about how a diabetes emergency is to be managed. Having an adult trained in glucagon administration is the preferred option. An ambulance should be called in the case of a severe hypo. Depending on the location of the camp this may take some time to arrive.

SCHOOL ACTION PLAN

Ensure that the school has an up-to-date school action plan. This is a personalised flow chart for managing hypoglycaemia and hyperglycaemia and is based on the insulin delivery device that the student uses (e.g., injections or insulin pump).

CHECKLIST FOR SCHOOLS

Diabetes management does require additional levels of management and oversight. It is important that there are identified adult/s who can provide this support for the student.

Does a member of the camp staff know:	**Yes**	**No**
How to check glucose levels using a meter and GM device?	☐	☐
How to check ketone levels?	☐	☐
How to interpret glucose and ketone levels?	☐	☐
How to treat/manage hypoglycaemia?	☐	☐
How to treat/manage high glucose levels?	☐	☐
How to calculate a food bolus dose?	☐	☐
How to calculate a correction bolus dose?	☐	☐
How to administer an insulin injection?	☐	☐
How to supervise insulin injection?	☐	☐
Further information or comments:		

If the student is a pump user, does a staff member know:	**Yes**	**No**
How to suspend or disconnect a pump?	☐	☐
How to administer a bolus on a pump?	☐	☐
How to fill an insulin cartridge and change infusion set?	☐	☐
How to use an insulin pen in case of pump failure?	☐	☐
Further information or comments:		

In an emergency situation, does a staff member know:	**Yes**	**No**
How to administer a glucagon injection? Click here to learn more.	☐	☐

PRE-CAMP CONSIDERATIONS FOR SCHOOLS

Camps require additional planning for school personnel. This ensures that the student can enjoy a camp in a safe manner and schools as well as parents and caregivers can be confident with the plan in place.

DIABETES EDUCATION

Camp staff need to have an understanding of diabetes prior to the camp. They don't need to know the same amount of information as a parent does, but the more information they have the more confident everyone will feel. Identifying some friends/classmate who also know that the student has diabetes and can seek help when needed can be helpful. An adult does need to be identified for additional supervision that is required.

CAMP ACTIVITIES – PROGRAMME

Provide the whānau with the camp programme. Activity levels are usually much higher than usual when at camp, and therefore adjustments to insulin doses will be required. By providing the programme to parents/caregivers they can provide specific recommendations.

CAMP MEAL PLAN

Provide the whānau with the camp menu and expected timing of meals. If the whānau have a menu they can provide clearer guidance about portion sizes as well insulin doses. Carbohydrate foods should be served at every meal and snack time. Ask the parents/caregivers if they can provide a pictorial carbohydrate counter or an "app" this can reduce the pressure for everyone.

DIABETES SUPPLIES AND ADDITIONAL FOOD SUPPLIES

Whānau should provide all diabetes supplies (and spares) including hypo management supplies. As well as hypo management supplies the whānau should provide additional carbohydrate containing foods for activities or to maintain overnight glucose levels. Ensure that food is allowed in the sleeping rooms (this is a medical requirement).

CONTACT DETAILS

Know who camp staff can contact to discuss any diabetes concerns whilst at camp. This includes parents and caregivers as well as the diabetes team and after-hours support numbers if available. Does the camp have cellular reception at all times? If not, is there a backup plan for maintaining contact?

DIABETES EMERGENCIES

There needs to be a conversation with the whānau about how a diabetes emergency is to be managed. Having an adult trained in glucagon administration is the preferred option. An ambulance should be called in the case of a severe hypo. Depending on the location of the camp this may take some time to arrive.

SCHOOL ACTION PLAN

Ensure that the student has an up-to-date school action plan. This is a personalised flow chart for managing hypoglycaemia and hyperglycaemia and is based on the insulin delivery device that the student uses (e.g., injections or insulin pump).