

School Camp Checklist - Type 1 Diabetes

The purpose of this checklist is to assist the parent and school's planning for camp. Preparation and planning for a student with Type 1 Diabetes (T1D) attendance on a school camp will help **assist** in the development of measures to meet the safety needs and requirements of all parties. The content of this checklist does not represent, replace or diminish education provider's duties and obligations. Planning should involve a transparent risk assessment based on a "worst case scenario" for that environment. Schools cannot and must not rely upon a student to self-manage their medical care whilst under the school's supervision and care.

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Individual Medical Orders for the student with T1D attending school camp are no different those orders at school. In accordance with the Commonwealth *Disability Standards for Education* (2005), the school is responsible for consulting with the parent and student to develop a "**Health Support Plan**" to define how the student's Individual Medical Order and needs will be accommodated on camp. The school is responsible for the resources, including authorised personnel, to undertake the individual's prescribed medical care.

Student	
Student	
Family contacts(parent) ph +61(parent) ph +61

Diabetes medical team	
Contacts (Doctor) ph...+..... (Diabetes Educator) ph...+.....
Team notified of camp	<input type="checkbox"/> Date:
The medical team, especially the Diabetes Educator, are willing to assist informing the school on the execution of the Individual Medical Orders in circumstances different from the usual school environment.	

Key documents (to be attached, with local language translations if required)	
Individual Medical Orders (Diabetes Management Plan)	<input type="checkbox"/> Signed and dated by doctor responsible for prescribed diabetes treatment and consented by parent
Emergency Response Plan (Concise Action Plan)	<input type="checkbox"/> Signed and dated by doctor responsible for prescribed diabetes treatment
Health Support Plan (Camp Diabetes Plan)	<input type="checkbox"/> Signed and dated by parent and school <input type="checkbox"/> Plan should provide that the student has adequate ketone test strips and ketones are monitored when indicated <input type="checkbox"/> Plan should provide the parents' directive on the frequency of the authorised person checking and documenting the student's blood or sensor glucose level overnight and action that glucose level as per the Individual Medical Orders

Indicative camp menu plan	<input type="checkbox"/> Provided within 4 weeks of camp to assist carbohydrate counting
Indicative camp activity plan	<input type="checkbox"/> Provided within 4 weeks of camp to assist proposed insulin adjustment
Camp details	
Dates (from and to)	<input type="checkbox"/> Dates:
Camp details	<input type="checkbox"/> Location: <input type="checkbox"/> Contact number: <input type="checkbox"/> Time Zone adjustment required
Communications	<input type="checkbox"/> Via mobile phone, satellite phone or radio at all times? <input type="checkbox"/> Via alternative or backup communication method if required:
Additional insulin storage	<input type="checkbox"/> Safe storage location for additional insulin, appropriate temperature to keep unopened insulin cool, with accessibility as required (in addition to the supply with the student):
Portable power	<input type="checkbox"/> Availability of portable power supply for charging any diabetes devices (e.g. insulin pump, phone) and/or spare batteries supplied by parent
Nearest ambulance	<input type="checkbox"/> Contact: 000 (say "diabetic emergency") or
Nearest medical facility	<input type="checkbox"/> Name: <input type="checkbox"/> Contact number: <input type="checkbox"/> Language spoken at medical facility: <input type="checkbox"/> Distance from camp (km and time): <input type="checkbox"/> Vehicle support to transport to medical facility if required:

School contacts and responsibilities	
School name	
Main contacts at camp (days and night)	
Person(s) responsible for medical care	
At least two staff members	<input type="checkbox"/> Are trained and consented to administer glucagon and mini dose glucagon and test ketones <input type="checkbox"/> Are able to facilitate, assist and validate carbohydrate calculations <input type="checkbox"/> Have completed the t1d level 3 e-learning course <input type="checkbox"/> Have communication plan with parent about insulin dose decisions

	<input type="checkbox"/> Have agreed regular "update" plan for parents on student's well-being
Person(s) responsible for medical supplies and equipment	
Each staff member on camp	<input type="checkbox"/> Has read and understood the Key Documents <input type="checkbox"/> Has completed the t1d level 1 and level 2 e-learning courses (www.t1d.org.au) <input type="checkbox"/> Is aware of the potential risks of diabetic ketoacidosis and severe hypoglycaemia

IT IS THE RESPONSIBILITY OF THE PARENT TO SUPPLY

- Blood Glucose meter, test strips, finger lancet device
- Blood ketone strips
- Blood ketone test device: FreeStyle Optimum Xceed, FreeStyle Optimum Neo or Freestyle Libre reader
- Glucagon hypokit (in-date)
- Syringes (for mini-dose glucagon) / Pens / pen needles
- Sharps container
- Hypo food /glucose tablets and snacks
- Spare short and long-acting insulin (in date)
- Spare CGM transmitter, sensors, inserter
- Charge cables or batteries where required

IN ADDITION, FOR INSULIN PUMP

- Pump company emergency Hotline details (please circle)
 - Medtronic 1800 777 808
 - AMSL (Tandem) 1300 851 056
 - Ypso 1800 447 042
 - Roche 1800 428 326
 - Omnipod 1800 954 074
 - OR international access phone number.....
- Spare lines and reservoirs
- Spare rapid acting insulin (in-date)
- Cannula inserter (if required)

The school and parent will develop a **Health Support Plan** to execute the student's **Individual Medical Orders** in the school camp environment and include this checklist and attachments in the Health Support Plan.

Checklist completed byDate / /202..

OFF CAMPUS ESSENTIAL REQUIREMENTS

The medical management at school camp and other off-campus activities is no different to management on the school campus with the same responsibilities, Emergency Response Plan and target glucose levels.

Parents must be fully briefed on all off-campus activities, with the school providing the appropriate information for excursions, camps and any other off campus activity. Special preparation, including upskilling, risk assessment and communication strategies may be required to account for remoteness, activity, supplies and self-management skills. The T1D School Camp Checklist to be completed by the school and parent is available at:

<https://www.t1d.org.au/resources/school-camp-checklist-type-1-diabetes>

The following skills and competencies are required for school staff to execute the complex care needs for this student whilst in the school's custody during the specific off-campus activities outlined below. A review of requirements is needed for each new/changed activity.

REQUIRED LEVEL 3 E-LEARNING MODULES

1. Drug administration foundations	YES / NO
2. Insulin injection - Syringe	YES / NO
3. Insulin injection - Pen	YES / NO
4. Insulin pump - Bolus	YES / NO
5. Insulin dose calculation foundations	YES / NO
6. Hybrid Closed Loop management	YES / NO
7. Glucagon injection	YES / NO
8. Ketone testing	YES / NO
9. Line change foundations	YES / NO
10. Mini dose glucagon	YES / NO

Blood glucose testing skills are necessary for school staff. Both foundation and individualised training must also be completed.

The competencies /skills required to support this student off-campus will be defined by a specific Health Support Plan for this off campus activity developed by the school and parent and can be assisted by successful completion of the T1D Level 3 modules (www.t1d.org.au). Practical skills can be augmented by the parent or medical team where available. (The obligatory requirement for accredited training for non-medical staff providing complex T1d care has not yet been provided in Australia).

Commencement date of activity _____ / _____ / _____ Location _____

Parent _____ Date _____ / _____ / _____

Doctor _____ Date _____ / _____ / _____