

Type 1 Diabetes Management Checklist for Camps



This checklist is designed to assist both camp staff and groups attending camps who may have an individual/s living with type 1 diabetes attending camp. To help support attendees with type 1 diabetes, the checklist should be completed prior to attending camp and cross-checked by both:

- the group attending camp,
- the campsite where the camp is being held.

This checklist is meant as a guide and does not include every safety measure a facility could implement nor does it replace the need for professional medical assistance in the case of an emergency.

For the attending group (e.g. school/community group) to complete

Documentation:

For children with type 1 diabetes attending camp:

- Has a camps plan been received from the individual's paediatric treating team? Date: ___/___/___
 - Has insulin been reduced for camp? Y/N
- Has a school diabetes action and management plan been completed? Date: ___/___/___

For adults with type 1 diabetes attending camp:

- Has an adult sick day management plan been received? Date: ___/___/___
- Both children and adult documentation include the following information (Y/N = if N, follow up with individual attending)

Mode of insulin delivery and insulin regimen

Continuous glucose monitoring (CGM) use

Usual carbohydrate intake

Usual activity levels

Ability to self-manage including where relevant:

carbohydrate counting

blood glucose checking

administering own injections

changing pump cannula and reservoirs independently

changing sensor independently

hypoglycaemia awareness

hypoglycaemia treatment

recent severe hypoglycaemia/hospital episodes

- All relevant documentation passed onto the campsite Date: ___/___/___

Camp management & emergencies:

- Group staff attending camp have been trained in type 1 diabetes management
- Plan for emergencies discussed with attendee and documented Date: ___/___/___
- Attendee instructed to bring their own glucagon in case of emergency
- Group staff member is trained to use glucagon if required. Staff name _____
- Attendee instructed to bring their own blood glucose and ketone monitor and test strips
- Plan for insulin administration
 - ___Attendee to administer OR ___Attending group staff to administer
- Plan for overnight management discussed and documented
 - _ Attendee to be checked on at _____ (time) by _____ (staff name)
 - OR
 - _ Attendee to self-manage

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For the campsite to complete

Documentation:

- Campsite staff aware of campsite policy/procedure for type 1 diabetes
- Risk assessment including type 1 diabetes specific risks completed
- Meeting held between group and campsite to discuss individual needs of person attending
- Copies of all relevant plans shared between group attending and campsite

Emergencies:

- Campsite staff trained on type 1 diabetes management and emergencies
- Plan for emergencies discussed with group and documented Date: ___/___/___
- Nearest hospital and medical centre information
 - Name: _____
 - Address: _____
 - Distance from campsite: _____ km
- Clear emergency services access to campsite
- Adequate mobile phone coverage to call 000

On-site management:

- Appropriate refrigerator facilities for secure storage of insulin with temperature gauge (should be stored at 4°C, ideally at a less-frequented or separate fridge) Location: _____
- Sharps containers available on campsite
 - Small required for attendees on insulin pens
 - Large opening required for attendees on insulin pumps
 - May be needed in dorm area and meals area
- Hypoglycaemia treatment available
 - Quick acting-carbohydrate (e.g. juice box, soft drink, jelly beans)
 - Long acting-carbohydrate (e.g. crackers – ensure gluten free is available)
- Blood glucose meter (including glucose and ketone testing strips)
 - Attendee to supply their own OR
 - Available on campsite
- Catering menu (including timing of meals), nutrition information panels and recipes available to be sighted



Signed:

Group representative	Organisation:	Full name:	Signature:	Date: / /
Campsite representative	Organisation:	Full name:	Signature:	Date: / /