

School Camps

Information for Health Professionals

Having diabetes should not prevent any young person from attending camp. However the young person must be able to:

- draw-up, dial up or deliver an accurate dose of insulin.
- self-inject (if on syringes or pens)
- accurately deliver a bolus dose of insulin (If on an insulin pump) and know how the pump works and be able to re-site an infusion set
- accurately perform blood glucose (BG) tests.

If the young person can't perform these tasks, then you won't be able to go unless a parent, school nurse or a teacher's aide (who has been trained in giving injections or looking after insulin pumps) attends the camp.

Planning is the key to a successful camping experience. Parents need to make an appointment with their diabetes doctor or educator before camp.

Tips for Parents & Young People for Camp

- Even if the teenager is able to look after their diabetes, it is a good idea for someone else to know something about diabetes, in case there is a problem at camp. Usually this is the teacher or a teacher's aide.
- Some school camps allow telephone calls home when needed to discuss BGL's and insulin doses. It is a good idea to organise this with the school before camp. Some schools allow a mobile phone to be taken on camp (for medical reasons only). This needs to be arranged before hand and there needs to be a check to ensure the phone will work at the camp site.
- Some camps plan exercise and sport at unusual times e.g. a run or hike before breakfast. So that the young person can plan for these situations and know what to do, a copy of the activity program and food menu needs to be taken to the visit with the diabetes doctor or educator.
- It is a good idea for teachers or other carers who are attending camp to have written instructions on how the diabetes should be managed while at camp. This will avoid any confusion.
- The written guidelines must include information on what to do on 'sick days' or if an emergency arises.
- It is important that parents send enough supplies (insulin, syringes, pen needles, 'hypo' food, infusion sets, ketone strips etc.) to last until the end of the camp.

Visit the Sweet Transition website at www.sweet.org.au

Exercise and Hypoglycaemia Prevention for Camp

To ensure that the young person can participate in all the activities without having too many 'hypo's', the following is recommended:

- Insulin doses should be reduced before camp. It is important that less insulin is taken when there is a lot of exercise and activity, this will reduce the risk of hypoglycaemia.
- In the written plan for the teacher or carer, there must be information on how to manage 'hypo's', including if a severe 'hypo' occurs.

General Safety Issues

The following instructions need to be given to the young person attending camp:

- If there are bunk beds, it is better to sleep on the lower bunk (it makes it easier to get up to treat a 'hypo' during the night)
- A BGL is performed before bed **every** night. The young person needs to know what action needs to be taken if the BGL is low.
- An emergency supply of 'hypo' food (e.g lucozade®, glucose tablets, jelly beans) needs to be taken to camp particularly for a 'hypo' during the night.
- The BG monitor, a torch and 'hypo' food should be kept under the bed or bunk so it is easy to locate it if a 'hypo' occurs in the middle of the night.
- The needs to be a safe way of disposing of any sharps (syringes and needles)

Diabetes Camps

Diabetes camps are one of the best experiences that a young person with diabetes can have. They are also a great place to learn more about diabetes, improve self-confidence and independence. For more information on diabetes camps in Queensland go to www.campdiabetes.com.au .