




School residential trip record

Type 1 diabetes:
Make the grade 

Personal details

Name of child Class

Trip to

Date from to

Target blood sugar levels

.....

Parent or carer name and contact numbers

.....

.....

.....

Paediatric Diabetes Specialist Nurse (PDSN) or hospital staff name and contact details

.....

.....

.....

Residential trip organiser

Carers on residential trip

.....

Signed by

Parent or carer

School representative

.....

.....

Date

Date

About this trip record

There's no reason why a child with Type 1 diabetes should miss out on any part of school life, and that includes residential trips.

Making sure they're able to be involved with every part of your residential trip does mean some extra planning. And that's why we've created this trip record.

Any child with Type 1 diabetes at your school should already have an individual healthcare plan (IHP for short) which sets out the care they need and which members of the school staff will help them. Ahead of the trip, together with the family, you'll need to add extra information to that IHP to cover what support the child needs outside of the normal school day.

Your school, the family and, if possible, the student's Paediatric Diabetes Specialist Nurse (known as a PDSN), should be getting together to plan for the residential trip at least six weeks before it happens. If the trip is abroad or if extra training is needed, you might need much longer.

At the meeting the roles and responsibilities of parents and school staff should be made clear. Together you should then fill in this trip record and take it with you, along with the student's IHP.

How much help each student will need will vary, and some students will need very little help. But even in this case, plans should be made to make sure school staff are checking they're managing their diabetes okay and aren't having any problems.

Some children can be sensitive about their diabetes so it's sensible to ask them how school staff should check in with them.



How to use this trip record

During your pre-trip meeting with the family go through each section with them. You might not have to fill in everything but the more detail there is, the clearer everyone will be about what needs to be done, by who and when.

Other information

To find out more about supporting students in school and diabetes in general visit www.diabetes.org.uk/schools

For information on managing day trips go to www.diabetes.org.uk/school-day-trips

To read about some of the thrilling, action-packed residential school trips children with Type 1 have been on go to www.diabetes.org.uk/school-trips

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Pre-trip checklist

Name of nominated trip organiser

.....

Names of carers supporting the student

.....

Action	Who to provide	Done	More information
Understand Type 1 diabetes and how to treat it	Parent/carer/PDSN	<input type="checkbox"/>	www.diabetes.org.uk/schools
Understand what the law says	School	<input type="checkbox"/>	www.diabetes.org.uk/schools
Get student's individual healthcare plan	School/parent/carer	<input type="checkbox"/>	
Identify student's needs	School/parent/carer	<input type="checkbox"/>	Page 22
Identify who will care for the student during the trip	School	<input type="checkbox"/>	Page 23
Arrange a meeting with parent or carer and PDSN	School	<input type="checkbox"/>	Page 23
Get parent or carer contact numbers and at least one other	Parent/carer	<input type="checkbox"/>	Inside cover
Make a plan for routine contact with parent or carer if required	School/parent/carer	<input type="checkbox"/>	Page 30

Action	Who to provide	Done	More information
Complete risk assessment	School/parent/carer	<input type="checkbox"/>	Page 26
Plan for managing illness during trip	School/parent/carer	<input type="checkbox"/>	Page 26
Make sure there's enough staff for routine care	School	<input type="checkbox"/>	Page 23
Make sure there's enough staff for any night time care	School	<input type="checkbox"/>	Page 23
Arrange training for carers	Parent/carer/PDSN	<input type="checkbox"/>	Page 23
Get diabetes equipment	Parent/carer/PDSN	<input type="checkbox"/>	Page 10 and 24
Get hypo supplies	Parent/carer	<input type="checkbox"/>	Page 10 and 15
Get letter for airline about medical supplies	Parent/carer/PDSN	<input type="checkbox"/>	Page 24
Check any issues with airline security for pump or CGM	Parent/carer/PDSN	<input type="checkbox"/>	Page 24
Check a fridge is available at venue	School	<input type="checkbox"/>	Page 28
Make sure there's sugar free or diet drinks at venue	School	<input type="checkbox"/>	Page 20
Get menus from venue	School	<input type="checkbox"/>	Page 20
Check mobile phone coverage at the venue	School	<input type="checkbox"/>	
Identify nearest hospital and A&E to venue	School	<input type="checkbox"/>	Page 27
Get copy of child's prescription	Parent/carer/PDSN	<input type="checkbox"/>	
Get day bag of supplies for activities	Parent/carer	<input type="checkbox"/>	Page 23

Equipment and supplies checklist

Equipment and supplies	Who to supply	Supplied
Insulin	Parent/carer	<input type="checkbox"/>
Pen injector	Parent/carer	<input type="checkbox"/>
Meter and blood check strips	Parent/carer	<input type="checkbox"/>
Hypo remedies	Parent/carer	<input type="checkbox"/>
Ketone meter and strips	Parent/carer	<input type="checkbox"/>
Pump supplies	Parent/carer	<input type="checkbox"/>
Extra food for snacks	Parent/carer	<input type="checkbox"/>
ID card or bracelet	Parent/carer	<input type="checkbox"/>
Individual healthcare plan	School	<input type="checkbox"/>
Emergency contact numbers	Parent/carer	<input type="checkbox"/>
Frio bag (to keep insulin cool)	Parent/carer	<input type="checkbox"/>
Travel sickness tablets (if required)	Parent/carer	<input type="checkbox"/>
Carbohydrate reference tables	Parent/carer/PDSN	<input type="checkbox"/>
Medical ID for emergencies	Parent/carer	<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>



Before the school trip

About the student's diabetes

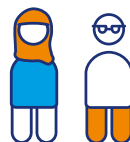
Name

uses injections a pump to take insulin

How is insulin taken?

Insulin is taken using either an **injection** or a **pump**. The injector pen has a fine, short needle, which is inserted into the fatty layer just below the surface of the skin. The usual places for injections are the thighs, the tummy area (around the belly button) and the upper outer area of the buttocks.

The insulin pump delivers a steady flow of insulin around the clock through a tiny tube called a cannula that is inserted under the skin in the same place as an insulin injection is given. A pump is connected to the child 24 hours a day and should only be removed for about an hour (for example, if a student goes swimming). Many are waterproof, but only to a limited depth and for a period of time so ask the pupil's parent or PDSN if theirs is waterproof.



Blood checking

Students with Type 1 diabetes check their blood to make sure their glucose is at the right level. This is done by pricking their finger with a special needle to get a drop of blood, then using a glucose meter to see what their blood sugar levels are. Most children and families will talk about sugar levels rather than glucose. Both are fine to use. Some students will need help doing their blood checks.

Some students will use flash glucose meters or a continuous glucose monitor (shortened to CGM) to check their glucose levels.

Name

needs the following help with blood checking

.....

.....



When to do blood glucose checking

Students usually check at various times of the day, typically:

- first thing in the morning
- before meals
- before and after exercise
- before bed
- any time they feel their blood sugar levels are too high or too low.

Some students might need to check their blood sugar at night.

Parents or carers can tell you when to do the blood checking and what to do if the levels are outside the range.

Name

target blood sugar levels are:

.....

.....

.....

On the school trip, your student will need to have their kit with them at all times, so they can check their blood sugar levels when they need to or if they're feeling unwell. It's important their hands are clean for blood checks so the results are accurate.

A blood sugar reading of 4.0 mmol/l or below on the glucose meter means your student is having a hypo (low blood sugar levels).

For more information about hypos go to

www.diabetes.org.uk/schools

Name

usual hypo symptoms are:

.....

.....

.....

If the student knows they're having a hypo, they might be able to treat themselves. But if they don't, you'll need to help.

Treating a hypo

As soon as hypo symptoms occur, give the student something to raise their blood sugar levels quickly. **This can be:**

- glucose tablets
- jelly babies or similar type of sweet
- a glass of a sugary (non-diet) drink or squash
- a small carton of pure fruit juice



Name

treats a hypo with:

.....

.....

.....

Don't treat a hypo with foods that are high in fat, like chocolate and biscuits. This won't treat the hypo quickly enough, as fat slows down the absorption of the sugar.

What to do next

- Wait with the student for 10–15 minutes for their blood sugar levels to rise.
- Ask them to sit calmly while you are waiting.
- Check their blood sugar levels again.
- If the reading is back to normal, you might need to give them a starchy carbohydrate-based snack like one or two plain biscuits, a piece of fruit, a small cereal bar or their next meal (if it's due).
- If the child uses an insulin pump, they won't need an extra snack unless they've been very active.
- If their blood glucose (also known as blood sugar) levels are still low, give the child more fast-acting glucose, then wait another 10–15 minutes before checking again. If their levels are back to normal, you might need to give them a starchy snack, as mentioned above.
- The student's parent or PDSN will tell you if they need a starchy snack following a hypo.



Sometimes during a hypo a student may become disoriented or confused, or – though this is rare – they may even become unconscious or have a fit.

In the unlikely event that the student becomes unconscious or has a fit:

- **Call an ambulance immediately**
- Give glucagon injection (only if requested by the parent, and if the school staff have been trained).
- Don't give the student any food or fluid by mouth.
- If they use a pump, disconnect it from the cannula (the tiny tube under the skin).
- Place them in the recovery position on their side and make sure their airway is clear.

High blood sugar levels

Sometimes blood sugar levels can get too high, which can lead to problems. This is called hyperglycemia or a hyper for short. You may notice that the student needs to go to the toilet more or is thirsty and tired. This might be because:

- they haven't had enough insulin with their food
- they've eaten very sugary foods
- they haven't done much activity
- they're excited, stressed or ill.

Many students will correct their high blood sugar levels by taking extra insulin. Some will have an app on their blood sugar meter or a pump that will work out what extra insulin they need. Others will work this out themselves. For pump users, the pump will suggest a dose of insulin. They will then need extra blood checks to make sure their blood sugar levels are coming down.

For more information on high blood sugar levels or hypers go to www.diabetes.org.uk/schools

Name

should treat a blood sugar abovemmols/l by:

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.....

.....

Students may also need to check their blood for **ketones**.

If ketones are present, you need to ask their parents or carers for advice. This is particularly important if the student uses a pump. If you can't get hold of their parents, call the student's diabetes team or your local hospital immediately for advice. If untreated, the student may develop a condition called diabetic ketoacidosis (DKA), which always needs hospital treatment. Please note that this situation is rare. Above all, make sure you talk to the student's parents or carers.

Physical activity

Students with diabetes should take part in all activities the other students are doing.

If they are very active they may need extra snacks to give them energy. Or they may need to reduce their insulin dose. Discuss the best thing to do with their parents or carers.



Name

needs the following snacks

Before activities

During activities

After activities

Before bed

They need the following reduction to their insulin before activity:

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.....
.....

Students who use an insulin pump might need to disconnect it during water-based activities or rough play activities. It's important that the pump is not disconnected for more than an hour and that somebody can help the child disconnect and reattach the pump if necessary.

Name

pump instructions are:

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.....
.....
.....

Food

Just like their classmates, students with diabetes should eat a balanced diet. If they do have special dietary requirements, their parent or carer must tell you. Make sure all meals contain carbohydrates, especially on active trips.

Diabetic foods aren't recommended as they have no special benefit over ordinary products.

For more information go to www.diabetes.org.uk/schools

Drinks

All drinks need to be sugar free, so make sure the venue can provide this. Sugary drinks raise blood sugar levels too quickly, and should only be used when the student is having a hypo. Fruit juice and milk also contain sugars, so should only be served in small portions.



Carbs & Glycemic Index
A Practical Guide to
Choosing Smart
& Healthy Carbs
for Weight Loss
& Better Health

85



36

Being prepared

Identifying the student's needs

It's vital to work out what help or support your student will need on their residential trip.

Start with their individual healthcare plan (IHP) which details the care they need during the school day. It's likely they'll need further support if they're away overnight or for a few days.

This could include (but isn't limited to):

- changing the insulin cartridge in the injector pen
- giving an injection of long-acting insulin
- refilling an insulin pump cartridge
- changing a pump set
- night time blood sugar checks.

Pre-trip meeting

The trip organisers will need to arrange a meeting with the family at least six weeks before the trip – the sooner the better. This will give you a chance to work out what support the child needs and agree a plan to make sure it happens. If possible the child's PDSN should be there and, if it will be helpful, the child themselves. Remember if you're going abroad, or if extra training is needed, the meeting will need to take place earlier.

In the meeting you'll need to cover:

Carers

You'll need to make clear who will provide your student with the care they need. If there's already staff at your school who help them with their diabetes and they can go on the trip then that's ideal. It will mean the student is familiar with them. If this isn't possible, you'll need to find other staff to care for them on the trip. This should be done with enough time to make sure they're properly trained and confident in looking after the student. You'll need to make sure you have enough staff on the trip to meet the student's diabetes needs.

Safeguarding

The trip organiser must make sure that the staff to student ratio allows for care to be given during the night (if necessary) and to allow recovery time for staff if they've been awake during the night looking after a student with diabetes. There should be sufficient staff to make sure that the school's safeguarding procedures are followed. This might mean that the school's usual staff to student ratio needs to be increased.

Training

At least two people from the school should be fully trained to support a student in managing their diabetes. Once you've agreed what training is needed, the PDSN and parent or carer should provide it at least six weeks before the trip.

This will give staff the time to become competent and feel confident, and for the student and family to trust them. All staff on the residential trip should have basic diabetes awareness training, including what an emergency is and what to do if there is one.

Equipment

The student will need to take enough equipment to manage their diabetes for the whole trip, plus extra in case they lose or damage anything. Twice the amount of equipment needed should be supplied by the parent or carer. It should be packed in separate bags and carried by different people. This makes sure that if one bag is lost or stolen, they'll still have enough equipment to last the trip. It's also important to bring plenty of hypo treatments, as it's not uncommon for children to have more hypos than usual because they're more active or eating different foods.

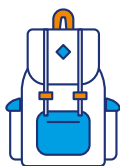
See the equipment and supplies checklist on [page 10](#).

Travel

If the journey is relatively short, then it's unlikely you'll need to put any special arrangements in place, though this should be checked with the parent or carer.

Flying

- All diabetes supplies must be carried in hand luggage. The cold in the hold might affect how the insulin works and damage blood sugar checking equipment. You'll need a letter from the student's PDSN or doctor stating they have Type 1 diabetes, and exactly what equipment is being taken. The parent or carer should provide you with this.
- For students who use an insulin pump or continuous glucose monitoring, some airlines require you to tell them before you travel, and you might need to fill in extra paperwork. The caution is around their wireless functionality, which might interfere with aircraft communication and navigation systems. The student's PDSN can advise further about this.



- Students who use a pump may have issues going through security, depending on the type of pump they use and the screening equipment at the airport. Talk to the student's PDSN about whether you need to take any special precautions.
- Don't order a special diabetic meal for a student during the flight – they can eat the same as everybody else.
- Make sure that you have hypo treatments and extra snacks readily available on the flight.
- Keep insulin cool in a Frio or cool bag.
- If you are crossing time zones, this means that you'll have a shorter or longer day than usual. The student will need to alter their insulin dose or time they take it to deal with this. You'll need to talk to their PDSN and parent or carer about how to manage this.

Long journeys

- Keep insulin cool in a Frio or cool bag.
- Make sure you have blood checking equipment, insulin and hypo treatments readily available.
- Plan ahead for meal and snack breaks.
- Include an additional meal in case of delays.
- Check blood sugar levels regularly as sitting for long periods can cause high blood sugars.
- Check with the parent or carer whether the student needs travel sickness tablets.

The legal situation

It is important to make sure that the school's insurance covers diabetes care on a residential trip.

For information on the law in England, Wales, Scotland and Northern Ireland go to www.diabetes.org.uk/schools

Risk assessment

You must consider reasonable adjustments the school will need to make to make sure that your student with diabetes can take part in the trip safely. Think about what existing support the school already gives and any extra care they'll need overnight or over a longer period of time than the school day.

You'll need to carry out a risk assessment to find any changes that need to be made at least six weeks before the trip. Consult with the child's family, their PDSN and, if it's appropriate, the child themselves.

The main risk for a student with diabetes is that they become unwell due to high or low blood sugar levels. If not managed properly, this can lead to them needing medical help. Activity, food, any change in routine, stress and excitement can all affect blood sugar levels, all of which are likely to happen on a school trip. But if you and school staff are aware of these potential risks, you can plan for them.

Potential risk:

Student becomes unwell on the journey to or from the trip.

What you can do

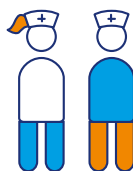
- Make sure blood sugar meters, testing strips, insulin and hypo treatments are easily accessible on the journey.
- Allow them to check blood sugar levels as often as needed.
- Make sure they can get to food and drinks when they need to.
- Make sure there are regular breaks for food and using the toilet.
- If the student has medication to prevent travel sickness, make sure they take this as directed by their parent or PDSN.
- Don't forget any other ways to prevent travel sickness like sitting at the front of the coach.
- Make sure all staff are aware of the signs of them becoming unwell with high or low blood sugar levels.
- Make sure there is a written plan in place, agreed by the school, parents and PDSN to manage illness while away.
- Always check the student's IHP.

Potential risk:

Student becomes unwell while away.

What you can do

- Check the student's IHP to see what care and support they need while on the trip.
- Make sure there's enough time in the schedule to allow insulin to be taken and blood sugars to be checked when necessary, and that activities can be interrupted to treat a hypo if necessary.
- Make sure you've got what you need to check the carbohydrate content of food. It's easiest to ask the caterers for the carb content of their food. This might take some time so ask as soon as possible. There are also apps, books and tables to help you count carbs which the children's family or PDSN can lend you.
- Make sure the family give you enough snacks to cover any extra activity, or in case they don't like the food provided.
- Make sure you know where the nearest hospital with A&E facilities is before the trip. You should have plans for how to get them to hospital, making sure you have enough staff on the trip to allow a member of staff to go with the student and stay with them until their parent or carer arrives.
- Make sure all staff know the signs of them becoming unwell with high or low blood sugar levels.
- Make sure there is a written plan in place, agreed by the school, parent or carer and PDSN, to manage illness while away.
- Take a copy of the student's IHP on the trip.
- Take contact numbers of the parent or carer, at least one other adult and the PDSN on the trip.
- Make sure there are enough staff on the trip who are trained in providing the support a student needs with their diabetes.



Potential risk:

The student needs support with their diabetes overnight.

What you can do

- Make sure there are enough staff to look after a student at night, whether this is for routine care or in response to an emergency.
- Make sure you're following safeguarding rules.
- Make sure there are enough staff to cover the following day in case staff have been awake for long periods in the night.
- Keep the student's room as near to the staff accommodation as possible in case they need help during the night.
- Make sure the student's diabetes equipment is easy to access during the night and key staff know where it is.

Potential risk:

Equipment becomes lost or damaged.

What you can do

- The person who is responsible for the student's equipment should be written in their IHP.
- Directions on storage of equipment must be clear and followed.
- Spares of all equipment must be taken on the visit and be easily accessible at all times.
- In case you do need extra supplies, before the event you'll need to find out where the nearest hospital with a diabetes centre is.

Potential risk:

Incorrect storage of insulin leads to it becoming ineffective. Ineffective insulin can make a student unwell.

What you can do

- Make sure any insulin in use is kept at room temperature.
- Take steps to prevent insulin getting too hot.
- Make sure it's kept in a cool bag while travelling.
- On an overnight visit, make sure there's a fridge to store spare insulin.



During the school trip

Parent or carer name(s)

Number(s)

Best times to reach parent or carers

Contacting parents

In an emergency you'll need to contact your student's parents or carers, so make sure you have their contact numbers and at least one other person who you can call in an emergency.

It might also help to plan for a call, text or email on a regular basis. This can help reassure everyone. At the pre-trip meeting, agree how you'll contact them, when and who will be responsible for making contact.

Storing insulin and equipment

Insulin that's not being used must be kept cool, and should be kept in a Frio or cool bag while travelling, and then put in a fridge as soon as possible. Insulin in use (in a pen injector) should be kept at room temperature. Blood sugar meters and blood checking strips can also be affected by extreme temperatures, so keep them as close to normal room temperature as possible. Store them out of direct sunlight and away from heat sources.

Details of diabetes care

Child's name Age

Contact details for diabetes team or local hospital

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Signs of a hypo are

Treatment for a hypo is

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.....

He/she needs help with

He/she uses injections a pump to take insulin

Current dose are:

Background

Dose Time

Mealtimes

Breakfast Type of insulin Dose

Lunch Type of insulin Dose

Evening meal Type of insulin Dose

Please check blood sugar levels (tick as appropriate)

- Before meals Before activity After activity
 Before bedtime On waking up Other (please state)

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Details of other medical conditions

Other medical condition(s)

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Information and treatment

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Daily record

Name

Date

Daily activities

Time	Activity	Notes

Breakfast

Time..... Blood sugar level

Type of food and amount	Insulin type and dose
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.....
.....

Lunchtime

Time Blood sugar level

Type of food and amount	Insulin type and dose
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.....
.....

Evening meal

Time Blood sugar level

Type of food and amount	Insulin type and dose
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.....
.....

Bedtime

Time Blood sugar level

Type of food and amount	Insulin type and dose
.....
.....
.....

Care given at other times

Time	Blood sugar level	Type of food and amount	Insulin dose	Checked by (two people)	Notes

Daily record

Name

Date

Daily activities

Time	Activity	Notes

Breakfast

Time..... Blood sugar level

Type of food and amount	Insulin type and dose
.....
.....
.....
.....

Lunchtime

Time Blood sugar level

Type of food and amount	Insulin type and dose
.....
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.....
.....

Evening meal

Time Blood sugar level

Type of food and amount	Insulin type and dose
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.....
.....

Bedtime

Time Blood sugar level

Type of food and amount	Insulin type and dose
.....
.....
.....

Care given at other times

Time	Blood sugar level	Type of food and amount	Insulin dose	Checked by (two people)	Notes

Daily record

Name

Date

Daily activities

Time	Activity	Notes

Breakfast

Time..... Blood sugar level

Type of food and amount	Insulin type and dose
.....
.....
.....
.....

Lunchtime

Time Blood sugar level

Type of food and amount	Insulin type and dose
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Evening meal

Time Blood sugar level

Type of food and amount	Insulin type and dose
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Bedtime

Time Blood sugar level

Type of food and amount	Insulin type and dose
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.....
.....

Care given at other times

Time	Blood sugar level	Type of food and amount	Insulin dose	Checked by (two people)	Notes

Daily record

Name

Date

Daily activities

Time	Activity	Notes

Breakfast

Time..... Blood sugar level

Type of food and amount	Insulin type and dose
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.....
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Lunchtime

Time Blood sugar level

Type of food and amount	Insulin type and dose
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Evening meal

Time Blood sugar level

Type of food and amount	Insulin type and dose
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Bedtime

Time Blood sugar level

Type of food and amount	Insulin type and dose
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.....
.....

Care given at other times

Time	Blood sugar level	Type of food and amount	Insulin dose	Checked by (two people)	Notes

Daily record

Name

Date

Daily activities

Time	Activity	Notes

Breakfast

Time..... Blood sugar level

Type of food and amount	Insulin type and dose
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.....
.....
.....

Lunchtime

Time Blood sugar level

Type of food and amount	Insulin type and dose
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Evening meal

Time Blood sugar level

Type of food and amount	Insulin type and dose
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Bedtime

Time Blood sugar level

Type of food and amount	Insulin type and dose
.....
.....
.....

Care given at other times

Time	Blood sugar level	Type of food and amount	Insulin dose	Checked by (two people)	Notes

Daily record

Name

Date

Daily activities

Time	Activity	Notes

Breakfast

Time..... Blood sugar level

Type of food and amount	Insulin type and dose
.....
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Lunchtime

Time Blood sugar level

Type of food and amount	Insulin type and dose
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Evening meal

Time Blood sugar level

Type of food and amount	Insulin type and dose
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Bedtime

Time Blood sugar level

Type of food and amount	Insulin type and dose
.....
.....
.....

Care given at other times

Time	Blood sugar level	Type of food and amount	Insulin dose	Checked by (two people)	Notes

Daily record

Name

Date

Daily activities

Time	Activity	Notes

Breakfast

Time..... Blood sugar level

Type of food and amount	Insulin type and dose
.....
.....
.....
.....

Lunchtime

Time Blood sugar level

Type of food and amount	Insulin type and dose
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Evening meal

Time Blood sugar level

Type of food and amount	Insulin type and dose
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Bedtime

Time Blood sugar level

Type of food and amount	Insulin type and dose
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Care given at other times

Time	Blood sugar level	Type of food and amount	Insulin dose	Checked by (two people)	Notes

Other notes

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If you'd like to speak to someone about diabetes, our specially trained counsellors on our **Helpline** will be able to answer your questions.

Call the Diabetes UK Helpline on **0345 123 2399***
Monday–Friday 9am–6pm
or email **helpline@diabetes.org.uk**



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For more information, go to
www.diabetes.org.uk/schools