



Camp Gilbert

Exposure Control Plan / Acknowledgement Statement Blood Glucose Meter, Hypo/Hyperglycemia Protocol Check Off

Volunteer Printed Name: _____

Date: June , 2010

Type of Meter (Circle one choice): One Touch FreeStyle

Skill	Initials
Coding Meter: <ul style="list-style-type: none"> Code on meter matches code on test strip bottle. 	
Testing: <ul style="list-style-type: none"> Inserts test strip Obtains drop of blood Disposes of used testing supplies. Properly records results in Camper record. 	
Memory: <ul style="list-style-type: none"> Can operate the memory to retrieve past blood sugar results. 	
Calibrating Meter: <ul style="list-style-type: none"> Applies sample Correctly logs results on the calibration form Understands what to do if results are abnormal 	
Explain signs and symptoms of hypo/hyperglycemia.	
Walk through steps in treatment of Hypo/hyperglycemia: <ul style="list-style-type: none"> Checks blood sugar Determine treatment based upon blood sugar Explains 15 – 20 minute wait before rechecking Properly records results on hypoglycemia record sheet. 	
Listing choices of 15 grams of carb for treatments: <ul style="list-style-type: none"> 4 glucose (Dex) tablets 3 glucose (BD) tablets 6 vanilla wafers Glass of treatment juice Etc... 	
Walk through steps in treatment of Hyperglycemia: <ul style="list-style-type: none"> Checks blood sugar If greater than 250 mg/dl test for ketones. If ketones present make note on Campers record sheet, notify Med Staff, and ENCOURAGE fluids. <p>*** If camper would like to take additional insulin to bring blood sugar down, have camper speak with Med Staff. ***</p>	

The above stated individual, a volunteer of Camp Gilbert Inc., hereby certifies that he/she has been informed of Camp Gilbert's Exposure Control Plan, Operational Policies and has reviewed the Staff Orientation presentation provided. Signature acknowledges understanding of the content of the plan, policies, and volunteer duties. In consideration of continued volunteer opportunities with Camp Gilbert, the undersigned agrees to abide by the terms of this policy. The above stated individual has also successfully demonstrated proper knowledge of the use of the above stated meter as well as knowledge of the hypo/hyperglycemia treatments used during the 2010 Camp Gilbert Session.

Volunteer Signature

Camp Gilbert Medical Staff Signature

(Circle printed name) **Beth Ries, RN**

Nancy Hartung, RN

