



# DIABETE TYPE: OPPORTUNITY! TOOLKIT



Co-funded by  
the European Union



# Table of CONTENTS



## 01 Before the travel

Everything you need to plan safely and confidently: healthcare access, documents and insurance, what to pack (insulin/devices/supplies), and key questions to ask before you go.

## 02 During the travel

Practical guidance for managing T1D while you're away: daily routines, food and activity changes, handling unexpected situations, and what to do in case of emergencies or lost supplies.

## 03 After the travel

Tips for wrapping up smoothly: follow-up steps, reflections to learn from the experience, and practical notes for future trips.

## 04 Ambassadors

A dedicated part for youth workers/peer supporters: how to use the toolkit in local activities, spread the message, and support other young people with diabetes in accessing international opportunities.

## 05 Annex

Extra resources in one place: useful phrases, recommended apps, country-specific information (Italy/Spain/Poland), and additional DTO materials and references.



**Diabete Type: Opportunity! (DTO)** is a European youth project that wants to make international opportunities – like Erasmus+, exchanges, volunteering, study or work abroad – realistic and safe for young people living with diabetes. Many young diabetics say they are afraid to travel or join mobility programmes because of medicines, airport rules, insurance, or not knowing how healthcare works in another country. DTO tries to remove these barriers by giving clear, practical tools.

The project brings together organisations from **Italy (AGD Bologna)**, **Poland (Fundacja Pedra)** and **Spain (Asociación Uno)**. Together they:

- studied how support and healthcare for diabetics work in their countries and at EU level;
- collected obstacles, real experiences and good practices from young people with Type 1 Diabetes;
- created the DTO Toolkit (this document) and the DTO Web Platform as free resources for youth, families, youth workers and associations.

DTO also trained a group of young ambassadors – young people with diabetes or active in diabetes support – in a Training Course in Warsaw. They learned about non-formal education, campaigning and youth work, and then organised local activities to spread information and encourage other young diabetics to travel and take part in international programmes.

The goal of DTO is simple:

**having diabetes should not close the door to the world.**

This project has been co-funded by the European Union, with the project number 2024-1-IT03-KA210-YOU-000252459.



# Travel Freely, Live Fully

Traveling, exploring new places, and having unforgettable experiences, having diabetes shouldn't hold you back from any of it. Whether you're planning a weekend getaway or a gap year adventure, managing your condition on the road can feel overwhelming. But it doesn't have to be. That's exactly why we created the DTO Toolkit: a practical, youth-friendly resource designed by and for young people living with diabetes. Built on real stories, tested advice, and shared dreams, this toolkit is here to support your freedom to explore the world with confidence and safety.

Think of it as your travel buddy, the one that knows how to help you stay safe while chasing sunsets, meeting new people, and making memories that last. Ready to hit the road? Let's go one step at a time, together.



Note.

# SECTION 1

## Before the travel



- Pack smart: medication and devices
- Insurance and healthcare
- Documents to prepare before travelling
- Access to healthcare abroad
- Planned treatments
- Q&A
- Packing checklist

# Pack smart: medication and devices

When you travel, especially by plane or across borders, managing insulin and devices needs extra planning. Packing enough supplies, carrying the right documents and knowing how to deal with airport security will help you avoid stress and stay safe during your trip. The focus is on safety, legal compliance, and preparedness, particularly when navigating airline security or entering countries with strict regulations. A proactive approach helps avoid stressful scenarios such as medication confiscation, delays at checkpoints or the lack of vital medical support while abroad.

-  Plan ahead and pack extra
-  Have the documentation ready
-  Proper storage of medication is key
-  Monitor your blood sugar more often than usual

1

Be prepared! Before you travel, consult your healthcare provider to get personalized advice and the necessary prescriptions. Make sure to pack two to three times the amount of insulin, medications and testing equipment you usually use. This gives you a backup in case of delays or emergencies.

TIPS:

- Bring extra batteries, chargers and, if possible, backup devices in case of malfunctions.
- If you use a sensor or an insulin pump, contact the manufacturer a few months before your trip. Ask what to do in case of problems and if you can request a free rental backup device.
- Some airlines allow an extra baggage item for medical supplies at no extra cost. Call the airline in advance to ask about this option.
- Carry an emergency glucagon kit.

2

A doctor's certificate is essential when traveling with insulin or any device containing needles or liquids over airport limits. The certificate should clearly state your diagnosis, the necessity of carrying insulin/devices and your treatment plan.

TIPS:

- Having the certificate translated into English AND the local language can make communication at borders or in emergencies much easier.
- At the airport, inform security staff proactively that you're carrying medical supplies and allow extra time for security checks in case of extended screening procedures.
- Stay aware of airport procedures—manual inspection may be better than X-ray for some pumps.



Proper storage of medication is key. Always carry insulin and diabetes devices in your hand luggage, never in checked-in luggage (insulin can freeze).

TIPS:

- Use an insulated bag or cooling pouch to maintain insulin temperature.
- Keep items in original packaging, clearly labeled with your name and phone number.
- If you're using devices like insulin pumps, glucose monitors, or injection pens, pack them in a sturdy, padded case to prevent damage.



Changes in time zones, food or daily routine can affect your levels. You might need to adjust your insulin doses depending on your meals, activity level, or travel schedule, always check with your doctor for guidance. Don't forget to monitor your blood sugar more often than usual.

TIPS:

- You can try to plan your meals in advance by researching local food options (with charbo-counting), and always carry healthy snacks or fruit to avoid blood sugar drops.
- Staying hydrated is also crucial, so drink plenty of water throughout the day.
- Keep active during your travels: walking, swimming, or other light exercise can help manage your blood sugar.

## EXTRA TIPS:

- Accessory identification: consider wearing a medical bracelet or tag that clearly says you have diabetes. It helps others assist you in emergencies.
- Emergency info on your phone: fill in the “emergency” section of your smartphone with your diabetes details so first responders can access it even if you are unconscious.

## Did you know?

- Changes in cabin pressure during flights can affect how your insulin pump works. Be prepared: always keep simple sugars (like candy or sugar packets) easily accessible, and don't panic.

Why does it happen? When the plane goes up during take-off, the air pressure drops. This can cause small air bubbles to grow inside the insulin reservoir. These bubbles can push insulin out of the pump without warning, giving you more insulin than expected. This may cause low blood sugar (hypoglycemia).

When the plane is landing, the pressure rises again. The bubbles shrink, and your pump may deliver less insulin, which could lead to high blood sugar (hyperglycemia).

These changes don't mean your pump is broken, they are caused by normal physics (pressure changes).

- Did you know that if your blood sugar changes a lot, or if you don't drink enough, the sensor might stop working earlier or show incorrect values? The medical evidence is limited, but many users say their sensor readings go wrong in these cases.

*Based on the scientific article: “Changes in Altitude Cause Unintended Insulin Delivery From Insulin Pumps”, Diabetes Care, 2011.*

# Insurance and healthcare

Travelling with diabetes requires some extra planning to stay safe and healthy on the go. Understanding your healthcare and insurance options abroad is a big part of that preparation.

When travelling in the EU or EEA, a European health card (EHIC or its national equivalent) gives you access to public healthcare under the same conditions as local citizens. This usually covers urgent or medically necessary care, such as emergency visits or treatment when your condition suddenly worsens.

However, public coverage:

- usually does not cover private clinics or faster access to specialists,
- may not include all diabetes supplies or devices,
- does not cover repatriation (medical transport back to your home country).

Because of this, it is very important to check your own situation before travelling and not rely only on EHIC or public coverage.

For people with type 1 diabetes, additional travel or private insurance is strongly recommended, especially for longer stays (study, volunteering, work, Erasmus+), travel outside the EU/EEA, or anyone who wants access to private healthcare or shorter waiting times. People usually use:

short-term travel insurance for holidays and brief trips,  
longer-term health insurance for study/work stays,  
in some cases, specialist diabetes travel insurance that includes more detailed coverage for diabetes-related care.



When you compare insurance options, look for:

- Coverage of pre-existing conditions - diabetes (and diabetes-related emergencies) should be clearly included, not excluded in the small print.
- Emergency medical care - ambulance, emergency room, hospital stays, tests and medication.
- Ongoing diabetes care (for longer stays) - follow-up visits with endocrinologists, routine blood tests, prescriptions.
- Repatriation - medical transport back to your home country if needed.
- Medical equipment support if your pump, CGM or other devices are lost, stolen or damaged.
- 24/7 assistance line

If you are not sure, ask questions like:

- “Does this policy cover emergencies related to type 1 diabetes?”
- “Are insulin pumps, CGM or other devices covered if something happens?”
- “Do I have to pay first and get reimbursed, or is it paid directly to the hospital?”

Keep the answers in writing (email or policy document).

# Documents to prepare before travelling

Before you leave, make sure you have:

1. Your European health card or national health card (if you have one).
2. Your travel / private insurance policy number and emergency phone.
3. A doctor's letter describing: that you have type 1 diabetes, your treatment (insulin, pump, CGM, other medication), that you must carry insulin, needles and devices in your hand luggage, basic emergency procedures (for example use of glucagon).
4. Prescriptions for insulin and other medications, ideally with generic names.
5. A short written summary of: your usual insulin doses, other medicines you take, any allergies.

Whenever possible, have these documents in your own language + English, and (if you stay longer) consider a version in the local language too

## **Prepare a local healthcare plan**

A few simple steps can make a big difference once you arrive:

1. Look up the nearest hospital and emergency department to where you will stay.
2. Check if there is a diabetes clinic or endocrinology service in that area.
3. Save the addresses and phone numbers of: hospitals, emergency services, nearby pharmacies and possible a local diabetes associations.
4. Ask someone what usually happens in a medical emergency.

# Access to healthcare abroad

When you travel within the EU/EEA or Switzerland, there are several ways you can access healthcare abroad. Some are for emergencies and necessary care during a trip, others are for planned treatment.

For most trips (holidays, short study visits, youth exchanges), care abroad will be:

- Emergency care (you suddenly get very unwell), or
- Medically necessary care that cannot wait until you return home.

Within the EU/EEA/Switzerland, this is usually accessed with a European health card (EHIC or its national equivalent). You receive treatment in the public system under the same basic rules as local citizens. Some co-payments or fees may still apply.

Outside the EU/EEA/Switzerland, you typically depend on:

- Private travel insurance, and
- In some cases, bilateral agreements between your country and the one you visit (these cover only limited services and vary by country).

For young travellers with type 1 diabetes, this means that using EHIC/public coverage is useful for emergencies, but you almost always need extra travel or private insurance, especially for trips outside the EU or longer stays.

Remember that it may be hard to get exactly the same insulin brand or dose form abroad. Access to insulin pumps, CGM sensors and other devices can be limited, slower or based on different criteria than at home. Supplies can take time to organise, especially if you are only temporarily insured in the host country.

Because of this, for most youth trips it is safer to

- bring enough insulin and supplies from home for the whole stay,
- check in advance whether your usual insulin brand or device is available in the destination country if you will stay longer,
- keep remote contact with your diabetologist at home (email, telemedicine) for questions and reassurance.



# Planned treatment:

## S2 form and cross-border directive

If someone needs planned treatment in another EU/EEA country (for example, surgery, specialist care, rehabilitation), there are two main EU-wide mechanisms:

### **S2 form (ex E112) – planned care with prior authorisation**

- You apply in your home country before travelling.
- If approved, your health system agrees to pay for treatment in a public (or contracted) hospital in another EU/EEA country.
- You receive care under the same conditions as local patients.
- This route is more often used for complex or highly specialised treatments, not for typical short youth trips.

### **EU cross-border healthcare directive**

- You travel, receive treatment and pay the bill yourself.
- After returning home, you apply for reimbursement.
- Your system may pay you back up to the amount that the same treatment would have cost at home.
- This is often used for certain specialist visits, rehabilitation or dental care.

Each country, however, applies these rules with its own:

- criteria,
- paperwork and forms,
- decision-making bodies,
- timelines.

If someone is considering planned treatment abroad (not just a trip), they should always talk to their specialist and health insurer/national contact point, as well as check if the treatment is covered and which route (S2 or cross-border directive) makes sense for their case.

# Common challenges and how to deal with them

Young people with type 1 diabetes who have travelled or studied abroad report similar challenges:

- Long waiting times for public specialist care.
- Difficulties getting the same brands or devices they use at home.
- Complex or unclear reimbursement rules.
- Language barriers and stress when explaining their condition or devices, especially at airport security or during medical visits.

Things that help:

- Having a doctor's letter in your language + English (and, if possible, in the language of the host country) explaining:
  - your diagnosis,
  - your usual treatment,
  - emergency procedures (e.g. glucagon),
  - that you must carry insulin and devices in hand luggage.
- Using translation apps and pre-prepared key phrases.
- Asking your host organisation / university / project leader to help with phone calls, paperwork or appointments.
- Keeping in touch with your diabetes team at home for guidance.



With this awareness and preparation, you can use the EU framework and your insurance more confidently and avoid some unpleasant surprises.

Here you can find some quick answers to your questions from the previous chapters

## Q&A

### **Q1. How much insulin and supplies should I pack for a trip?**

A: As a rule of thumb, bring 2-3 times what you normally use for that period (insulin, strips, sensors, cannulas, lancets, etc.). This can cover delays, lost luggage or device problems.

### **Q2. Should I put insulin in checked luggage?**

A: No, always keep your insulin and any diabetes devices in your carry-on. Insulin can freeze in the cargo hold, and checked bags can get delayed or go missing.

### **Q3. Do I really need a doctor's letter?**

A: Yes, having a doctor's letter can make airport security checks and any emergencies much smoother. It should confirm you have type 1 diabetes, what treatment you use, that you need to carry insulin/needles/devices in your carry-on, and include basic emergency instructions (e.g., glucagon).

### **Q4. Does airport X-ray damage my pump or CGM?**

A: Some devices shouldn't go through certain scanners, so check the manufacturer's guidance first. If you're unsure, tell security you're carrying a medical device and ask for a manual inspection.

### **Q5. What if I run out of insulin or can't find my usual brand abroad?**

A: That's why it's safer to bring enough from home. If something goes wrong, contact a local doctor or hospital and your diabetologist at home. They can help you switch safely to a similar insulin available locally.

### **Q6. What does the European Health Insurance Card (EHIC) actually cover?**

A: EHIC gives you access to medically necessary public care in other EU/EEA countries and Switzerland, under the same rules as locals. It does not usually cover private clinics, repatriation or all diabetes supplies/devices.

### **Q7. If I have EHIC, do I still need travel insurance?**

A: Yes, EHIC is not enough on its own. Travel/private insurance can cover emergencies, repatriation, private doctors and sometimes pumps/CGM or lost equipment.

### **Q8. How do I know if an insurance policy really covers my diabetes?**

A: Look for clear mention of pre-existing conditions and emergency care. Ask directly:

- “Are diabetes-related emergencies covered?”
- “What about my pump/CGM if something happens?”

Keep the answers in writing (email or policy).

### **Q9. I’m scared I won’t understand doctors in another language. What can I do?**

A: Prepare a translated doctor’s letter, learn or print a few key phrases, and use translation apps. Ask your host organisation / university / project leader to help with calls and appointments.

### **Q10. Can I get planned treatment (like surgery or rehab) in another EU country?**

A: Sometimes yes, through S2 or the EU cross-border healthcare directive, but this involves paperwork and is usually for more complex planned care, not normal youth trips. You always need to discuss it with your specialist and your health insurer first.

# PACKING CHECKLIST

| CLOTHING  | TOILETRIES   |
|---|--|
| <input type="checkbox"/> Comfortable shoes<br><input type="checkbox"/> Underwear + socks<br><input type="checkbox"/> T-shirts<br><input type="checkbox"/> Sweater / hoodie<br><input type="checkbox"/> Pants / jeans / skirts / dresses<br><input type="checkbox"/> Jacket (weather-proof)<br><input type="checkbox"/> Sleepwear<br><input type="checkbox"/> Swimsuit (optional)<br><input type="checkbox"/> Hats (optional)<br><input type="checkbox"/> Belt | <input type="checkbox"/> Toothbrush + toothpaste<br><input type="checkbox"/> Soap / body wash<br><input type="checkbox"/> Shampoo / conditioner<br><input type="checkbox"/> Deodorant<br><input type="checkbox"/> Face cream<br><input type="checkbox"/> Wet wipes / tissues<br><input type="checkbox"/> Sunscreen<br><input type="checkbox"/> Razor<br><input type="checkbox"/> Menstrual products (if needed)<br><input type="checkbox"/> Makeup (if needed) |

| DOCUMENTS  | MISCELLANEOUS   |
|--|---|
| <input type="checkbox"/> Passport / ID card<br><input type="checkbox"/> Boarding passes / travel bookings<br><input type="checkbox"/> Travel insurance policy<br><input type="checkbox"/> European Health Insurance Card<br><input type="checkbox"/> Emergency contacts<br><input type="checkbox"/> Student card / health card | <input type="checkbox"/> Snacks (sweet + salty)<br><input type="checkbox"/> Water bottle (reusable)<br><input type="checkbox"/> Glasses / sunglasses<br><input type="checkbox"/> Backpack / day bag<br><input type="checkbox"/> Book / journal<br><input type="checkbox"/> Games / cards<br><input type="checkbox"/> Notebook + pen |

| ELECTRONICS   |   |
|---|---|
| <input type="checkbox"/> Phone + charger<br><input type="checkbox"/> Power bank | <input type="checkbox"/> Travel adapter (plug type!)<br><input type="checkbox"/> Headphones |

# DIABETES CHECKLIST

## DIABETES ESSENTIALS

- |   |   |
|---|---|
| <input type="checkbox"/> Insulin pens / vials (double the usual amount) | <input type="checkbox"/> Doctor's note and prescription (EN and local language) |
| <input type="checkbox"/> Glucagon emergency kit                         | <input type="checkbox"/> Quick sugar (glucose tablets/candy/juice)              |
| <input type="checkbox"/> Syringes/pen needles/infusion sets             | <input type="checkbox"/> Diabetes ID card / bracelet                            |
| <input type="checkbox"/> Insulin pump (with charger + backup)           | <input type="checkbox"/> Spare batteries / USB charger                          |
| <input type="checkbox"/> Blood glucose meter + strips                   | <input type="checkbox"/> Frio pouch / insulin cooling bag                       |
| <input type="checkbox"/> CGM (sensors + receiver / app)                 | <input type="checkbox"/> Printout of your diabetes care plan                    |
| <input type="checkbox"/> Ketone test strips                             | <input type="checkbox"/> Translation card: "I have type 1 diabetes"             |

## DO YOU HAVE EVERYTHING READY BEFORE YOUR TRAVEL?

- Book travel insurance or confirm with organizers if insurance is covered (covers chronic conditions)
- Check if your EHIC is valid (if applicable)
- Ask your doctor for a travel certificate
- Translate key phrases like "I have type 1 diabetes"
- Plan where to store insulin (cooling bag, fridge)
- Pack all diabetes gear in carry-on, not checked bag
- Know emergency numbers in the destination country
- Save hospital addresses near your destination
- Set medication reminders (time zones can shift your schedule)

Note.

# SECTION 2

## Before the travel



- Staying on track in your travel day-to- day
- In case of emergencies
- What to do if you lose your insuline or supplies?
- Country specifics



# Staying on track in your travel day-to-day

Travel usually means different meal times, unfamiliar food, more steps and often less sleep. All that can lead to different glucose responses, even if you don't change anything else.

Remember to:

check your blood sugar more often than usual

plan meals and snacks, especially on long travel days

carry fast-acting sugar with you at all times

Want to make travel days easier?  
Pick the card that fits what you need right now.

## Track it

Log glucose + insulin + meals

- mySugr
- Glucose Buddy
- Diabetes:M

## Count it

Estimate carbs in unfamiliar dishes

- Carbs & Cals
- SNAQ
- CarbManager
- FatSecret

## Scan it

Check labels, carbs, ingredients

- OpenFoodFacts
- Yuka
- OneLabel

# Paella - Pizza - Pierogi

Trying new dishes is an absolute must and one of the best parts of travelling (especially if you're a foodie), but it is also where your glucose can be the most unpredictable.

Portions are different, sauces are a bit of a mystery and you are often eating at unusual times. If you don't have the perfect carb counting skills, then you just need a plan you can use anywhere. When you are unsure, start a little safer, aim for a more balanced meal when you can, and treat what happens afterwards as useful info for next time.

When you are not sure about carbs:

- Start with a smaller portion if you are unsure. You can always have more later.
- If you can, build the meal around vegetables and protein, as it often helps keep spikes smoother.
- Watch out for extras that add carbs without you noticing, like bread on the table, sugary drinks, or sweet sauces.
- If you drink alcohol, do not do it on an empty stomach and keep an eye out for lows later, especially at night.

Watch out for the “hidden carbs” that are sometimes not in the main dish, but in the extras, like: bread baskets and side bread; sweet sauces and glazes; fried coatings and breaded food; soups or creamy dishes thickened with flour or potato; smoothies, granola and sweetened yoghurt.

Also, if something tastes unexpectedly sweet, it is worth assuming it may contain more carbs than it looks like.

**Main character energy;**  
Ordering local food like a pro



**Plot twist:**  
your glucose takes it personally.

## Big meals that hit later

Some meals can raise glucose later than you expect, especially food that is high in both fat and carbs, like pizza, burgers, creamy pasta, or fried dishes. You might be fine right after eating and then rise a few hours later. If you notice this pattern, it does not necessarily mean you counted wrong. It can simply be the way that kind of meal digests for you. Logging it once can make the next time easier.

## Sharing plates makes it harder to estimate

Tapas and shared meals are fun, but they make portions harder to track. If it helps, decide early what is yours or put your portion on your plate first. It is not perfect, but it makes the estimate less random.

## Drinks deserve attention too

Sweet drinks can spike quickly, sometimes faster than the food. This includes soda, juice, lemonade, sweet iced tea, and coffees with syrups. If you are unsure, go smaller or choose a non-sweetened option and adjust based on how you feel and what your glucose does.

## Moving more, sleeping less

Travel usually means more steps, more activity, and less predictable sleep. Even if you do not change your insulin or food much.

More movement can make you run lower than usual and make your numbers feel less stable, and you might see random highs or lows that do not follow your normal pattern.

We have also compiled a table with common food in Italy, Poland and Spain. Check it out in the annex

# In case of emergencies

Most of the time, you will manage things on your own. It becomes an emergency when you cannot treat the situation safely, symptoms are severe, or you are getting worse.

If you are unsure, take it seriously and get help as soon as you can.

## When is it an emergency?

Treat it as urgent if you have any of these:

- Very low blood sugar and you are confused, disoriented, or unable to self treat
- Severe low blood sugar and you pass out or have a seizure
- Very high blood sugar with strong symptoms like vomiting, stomach pain, fast breathing, fruity breath, or feeling extremely unwell (possible DKA)
- You cannot keep food or liquids down
- You faint, are badly injured, or people around you think you are not OK

## What to do in case of emergencies?



## Step 1. Recognize the signs

- Low blood sugar: shaking, sweating, dizziness, confusion, weakness
- Possible DKA / severe high: nausea or vomiting, abdominal pain, fruity breath, fast breathing, extreme tiredness, feeling very unwell

## Step 2. Act immediately

- If you are low and conscious: take about 15 g of fast sugar (glucose tabs, juice, sugary drink). Recheck if you can, and repeat if needed.
- Make sure to inform someone beforehand on how to act in a situation where you are unconscious or cannot swallow. Someone should use glucagon (if available) and call emergency services.
- If you suspect DKA or you are vomiting: do not wait it out. Tell someone and prepare to call emergency services.

## Step 3. Get help and call emergency services

- Ask a nearby adult or staff member to stay with you (host, project leader, teacher, friend's parent).
- Call emergency services if symptoms are severe, you are getting worse, or you are alone and unsure.

### **After the emergency (do this when you feel better)**

- Tell your family and the project leader what happened
- Ask for a short medical note or report if you visited a clinic or hospital
- Keep prescriptions and receipts (useful for your doctor and insurance)
- Write down the basics while you still remember (time, symptoms, what you took, what helped)

# What to do if you lose your insulin or supplies ?

Call 112 or go to the nearest emergency department if:  
you have no insulin (or you cannot take insulin safely)  
you are vomiting, have ketones, or feel very unwell  
your glucose is very high and not coming down with your usual corrections  
If you are alone, do not wait. Ask a staff member or bystander to help you call.

URGENT

If it is not urgent and you still have insulin but need replacements:

1. Tell your host or project leader immediately.
2. Go to a pharmacy and a doctor/clinic as you may need a prescription).

Show or prepare (on your phone is fine):

- \* ID
- \* EHIC / insurance details
- \* a photo of your insulin box/label (name + strength)
- \* your usual plan (basal, bolus ratios or typical doses)
- \* what devices you use (pump/pen/CGM)

NOT URGENT

If a device fails (pump/CGM/meter):  
Switch to your backup plan right away (pens/syringes, meter and strips).  
If you do not have a clear backup plan saved, get medical help sooner rather than later.  
If your pump fails and you cannot replace it quickly, treat it as urgent unless you can safely move to injections.

DEVICE FAILS

What to do later?

Save receipts and any medical note/prescription (for insurance and your diabetes team).

Write down what happened and when (helps if you need follow-up care).

# Emergency numbers and useful words

## Emergency numbers

all EU: 112

Poland: 999

Italy: 118

Spain: 061



### Emergency care

Pronto Soccorso

Urgencias

SOR

### Afer hours care

Guardia Medica /  
Continuità Assistenziale

Centro de salud /  
Atención primaria

Nocna i święteczna  
opieka zdrowotna

### Pharmacy

Farmacia

Farmacia

Apteka

### 24h pharmacy

Farmacia di turno

Farmacia de Guardia

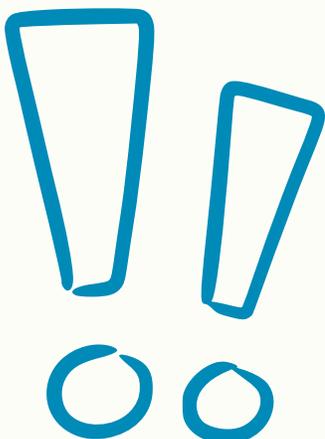
Apteka całodobowa

### Prescription

Ricetta

Receta

Recepta



Above you can find only a few words to be able to find the place where you can get necessary help.

We have compiled a list of useful sentences and words in all 4 languages which you can use when you need help.

**The full list is available in the annex and if you want to listen to the voice recordings, you can find then in the “Toolkit” section on the DTO website.**

Note.

# SECTION 3

## After the travel



- Understanding your experience
- Money, document and insurer

.....

.....

.....

# Understanding your experience

Coming back home is a good moment to slow down, take a breath and look at your trip with a bit of distance. This helps you understand what worked, spot what you'd change next time, and make sure your health is still on track. Take 10-15 minutes to think it through and you can ask yourself:

## What went well

1. When did you feel confident and prepared?
2. Was there anything you were worried about before the trip that turned out easier than expected?
3. Which tools helped you most (apps, checklists, people)?

If anything important happened during the trip, don't ignore it just because you are back home.

It's a good idea to book a visit (or call) with your diabetologist, especially if you had an emergency, like a very low or very high sugar, a hospital visit, your doses changed a lot or you noticed strange patterns in your blood sugars.

Talk honestly with your doctor about what scared you, what worked or perhaps what you'd like to do differently next time.

## What was difficult

1. Did you feel unsafe, lost or overwhelmed because of diabetes?
2. Did you have problems with food, time zones, supplies, devices or talking to doctors?
3. Was there something you wish you had packed, asked, or planned differently?

If you feel anxious or shaken after an emergency, you can also ask about psychological support (many clinics or associations offer it).

Remember to bring with you:

- any medical reports you received abroad,
- prescriptions and medicine packages,
- receipts from hospitals or pharmacies (for your doctor and insurance).

# Money, documents and insurer

If you used healthcare abroad or had an emergency, it is worth checking whether you can recover some of the costs.

## Private insurance

With private or travel insurance, the most important step actually comes before you leave: read the policy carefully and make sure that type 1 diabetes, emergency treatment, hospital care, repatriation and, if possible, your devices (pump, CGM) are clearly included. Only what is written in the policy can be reimbursed later, so choosing the right insurance at the start makes a big difference.

After the trip, contact your insurer and explain what happened. Check if the situation is covered and what you need to do to submit a claim. They will usually ask for a claim form, medical reports, invoices, receipts and proof of payment, so keep everything together. Even if you are not sure something is covered, it is better to ask than to assume it is impossible.

## EHIC or national equivalent

If you used your European health card (EHIC or its national equivalent), treatment in public facilities is often billed directly to your home system, or you pay the same co-payment as local patients. Sometimes you may still pay more than expected. In that case, it might be possible to request partial reimbursement afterwards through the foreign authority or your home health insurer, but procedures differ from country to country. The safest option is to keep all reports, invoices and payment proofs and then ask your national contact point or health insurer what is possible in your situation.

Keeping a small paper or digital folder with medical reports, invoices, receipts, proof of payment and your insurance details is not the most exciting part of travelling, but it can save you and your family a lot of money and stress.



AMER

ASSA

DOORS

The ideas and activities in this section were created and tested during the DTO Training Course in Warsaw, Poland in June 2025. Nine young ambassadors from the partner organisations took part in an 8-day programme combining non-formal education, youth work and peer learning.

During the course, participants had:

- learned and practised non-formal education methods;
- explored youth work roles and Erasmus+/ESC opportunities;
- worked with the DTO Toolkit and web platform;
- designed and tested youth events and campaigns about travelling with T1D.

After the training course, all partners committed to organise at least one local DTO event in their country to share what they had learned. In Italy, the partner AGD Bologna developed a broader series of ambassador events, which were foreseen already in the project application as a key pillar of DTO. These activities were designed to showcase the skills acquired during the Training Course and to give young people with type 1 diabetes a space to share their experiences as travellers.

The tools and examples in this section are co-created with the participants of the Training Course and their local follow-up events. They are meant as inspiration that you can adapt to your own context.



# For young activists and DTO ambassadors

This section is for young activists, youth workers and peer leaders who want to use the DTO Toolkit with others, not only for themselves. You might be part of a diabetes association, a youth group, a school, or just a small circle of friends. The goal is simple: turn your own experience and this toolkit into small, concrete actions that make travelling with Type 1 Diabetes less scary and more accessible.

You do not need to be an expert. If you live with T1D or work closely with young people with T1D, are willing to listen, and are ready to learn together, you can act as a DTO ambassador.

## What can a DTO ambassador do?

As an ambassador, you can, for example:

- run a small workshop or meeting using one part of the toolkit;
- organise a sharing circle where young people talk about fears and experiences of travelling;
- co-create a checklist or “travel tips” poster with your group;
- set up a short info corner during a local event (youth festival, school day);
- start a mini social media series with honest messages about travelling with T1D.

All of these can be very small in size; what matters is that they are safe, respectful and practical.

# How to run a DTO workshop

If you want to organise a DTO workshop, you can use a simple non-formal education flow. Non-formal education (NFE) means learning by doing, sharing and reflecting, not by listening to long lectures. The aim is to create a safe space where everyone can bring their own experience and learn from others.

You can think of an NFE workshop in four main components:

## 1. Welcome and create a safe space

Start with a short warm-up or icebreaker so people relax and get to know each other. Agree on a few simple “group rules” together (for example: we listen without judging, we respect privacy, everyone decides how much to share). Make it clear that this is not a medical consultation, but a space to exchange experiences and practical tools about travelling with T1D.

## 2. Explore the topic from real life

Introduce the focus of the workshop with something concrete: a short story, a problem, a question, or a situation (for example: “first time flying with T1D”, “what happens if I get sick abroad”, “how to talk about diabetes with new friends on a trip”). Ask participants to share what they already know, what they fear, what has happened to them or to friends. The idea is to start from their reality, not from a theory.

### 3. Work in small groups and use the toolkit

Divide people into pairs or small groups. Give each group a task connected to the topic and invite them to use the DTO Toolkit as a resource: they can read a short section, use a checklist, look at the linguistic support or the “before/during/after” structure. They then “do” something with it: create a mini checklist, prepare a role play, draw a simple poster, write a message they would send to a friend before a trip, design an imaginary journey with a safety plan. Your role as facilitator is to support, ask questions and help them connect their ideas with the tools in the toolkit.

### 4. Share, reflect and close

Bring the groups back together and let them present what they created. After each presentation, ask a few simple reflection questions, such as: What did you discover? What was surprising? What would you keep for your next real trip? To close the workshop, you can do a short evaluation round: one thing I learned, one thing I still worry about, and one concrete step I want to take. This “reflection” moment is essential in NFE because it helps participants connect the activity to their own lives.

You can use this structure with different topics (preparation, emergencies, talking to parents, travelling with friends, etc.) and different lengths. The example workshops from the Training Course and local events in the annex follow this same NFE logic, so you can use them as ready-made models and adapt them to your group.

**If you would like to see an example of such an activity, there is one we liked the best. You can find it in the annex.**



Note.

# ANNEX



- Linguistical support
- Useful apps
- Italy specifics
- Spain specifics
- Poland specifics
- Extra DTO materials
- Reference

# Linguistical support

Here you can find some helpful phrases and vocabulary to use in medical situations, at the airport, or just explaining your needs to others. Use this as a cheat sheet or keep it on your phone or printed in your bag.

You can also listen to audio of these expressions in the "Toolkit" section of the DTO Web Platform

| English                    | Polish                       | Spanish                          | Italian                        |
|----------------------------|------------------------------|----------------------------------|--------------------------------|
| I have Type 1 diabetes     | Mam cukrzycę typu pierwszego | Tengo diabetes tipo uno          | Ho il diabete di tipo uno      |
| I need sugar               | Potrzebuję cukru             | Necesito azúcar                  | Ho bisogno di zucchero         |
| I need insulin             | Potrzebuję insuliny          | Necesito insulina                | Ho bisogno di insulina         |
| I feel unwell              | Źle się czuję                | Me siento mal                    | Sto male                       |
| Please call an ambulance   | Proszę wezwać karetkę        | Por favor llame a una ambulancia | Per favore chiama un'ambulanza |
| My blood sugar is too low  | Mam za niski poziom cukru    | Tengo el azúcar demasiado bajo   | Ho la glicemia troppo bassa    |
| My blood sugar is too high | Mam za wysoki poziom cukru   | Tengo el azúcar demasiado alto   | Ho la glicemia troppo alta     |
| I use an insulin pen       | Używam pena insulinowego     | Uso una pluma de insulina        | Uso una penna di insulina      |
| I use an insulin pump      | Używam pompy insulinowej     | Uso una bomba de insulina        | Uso una pompa di insulina      |

| English                                 | Polish                              | Spanish                              | Italian                                  |
|---|-------------------------------------|--------------------------------------|--|
| These are my medical supplies           | To są moje rzeczy medyczne          | Estos son mis suministros médicos    | Questi sono i miei articoli medici       |
| I need to test my blood sugar           | Muszę zmierzyć poziom cukru         | Necesito medir mi nivel de azúcar    | Devo misurare la mia glicemia            |
| I have a medical certificate            | Mam zaświadczenie lekarskie         | Tengo un certificado médico          | Ho un certificato medico                 |
| I'm wearing a glucose sensor            | Noszę sensor glukozy                | Llevo un sensor de glucosa           | Indosso un sensore di glucosio           |
| Does this contain sugar?                | Czy to zawiera cukier?              | ¿Esto contiene azúcar?               | Questo contiene zucchero?                |
| I need a sugar-free option              | Potrzebuję opcji bez cukru          | Necesito una opción sin azúcar       | Ho bisogno di un'opzione senza zucchero  |
| Can I see the ingredients?              | Czy mogę zobaczyć składniki?        | ¿Puedo ver los ingredientes?         | Posso vedere gli ingredienti?            |
| I have insulin in my bag                | Mam insulinę w torbie               | Tengo insulina en mi bolso           | Ho l'insulina nella borsa                |
| This is a medical device                | To jest urządzenie medyczne         | Este es un dispositivo médico        | Questo è un dispositivo medico           |
| I need to keep this cool                | Muszę to przechowywać w chłodzie    | Necesito mantener esto frío          | Devo tenere questo al fresco             |
| Can I store this in the fridge?         | Czy mogę to przechować w lodówce?   | ¿Puedo guardar esto en la nevera?    | Posso conservare questo nel frigorifero? |
| I have diabetes, but it's under control | Mam cukrzycę, ale jest pod kontrolą | Tengo diabetes, pero está controlada | Ho il diabete, ma è sotto controllo      |

| English                               | Polish                          | Spanish                              | Italian                                  |
|---------------------------------------|---------------------------------|--------------------------------------|--|
| Where is the nearest pharmacy?        | Gdzie jest najbliższa apteka?   | ¿Dónde está la farmacia más cercana? | Dov'è la farmacia più vicina?            |
| Please call a doctor                  | Proszę wezwać lekarza           | Por favor llame a un médico          | Per favore chiami un medico              |
| This person has Type 1 diabetes       | Ta osoba ma cukrzycę typu       | Esta persona tiene diabetes tipo uno | Questa persona ha il diabete di tipo uno |
| I can't wait a long time, it's urgent | Nie mogę długo czekać, to pilne | No puedo esperar mucho tiempo, es    | Non posso aspettare a lungo, è urgente   |

# Useful apps

Smartphones can make living and travelling with Type 1 Diabetes easier, especially if you use them in a way that supports you, not stresses you. Below you will find examples of apps and digital tools that young people often use for daily management, carb counting, remote care and learning. DTO does not officially endorse any specific product. App functions and availability can change, so always check the latest information and talk to your diabetes team before changing how you manage your treatment.

## 1. Apps for daily diabetes management

These apps help you log blood glucose, insulin, food and activity, and sometimes create reports you can share with your team.

- **mySugr** – a diabetes “logbook” app for tracking blood sugar, insulin doses, meals and notes. The Pro version adds more detailed reports and analysis.
- **Glucose Buddy** – combines glucose logging with medication and meal tracking in one place.
- **Diabetes:M** – a more detailed diary, with charts and a bolus advisor in the premium version.
- **SocialDiabetes** – app plus web platform that allows you to log glucose and carbs and, in some countries, share data with professionals.
- mylife Digital – a digital ecosystem connected to the mylife YpsoPump and **Dexcom CGM**, with cloud-based data sharing.

These tools can be especially useful when you travel and want a clear overview of what is happening to your blood sugar in a new routine or time zone.

## 2. Apps for food and carbohydrate counting

When you eat in a different country with unfamiliar dishes, carb counting can be harder. These apps can help:

- **Carbs & Cals** – uses photos of real portions with carb values; helpful when estimating quickly from a plate.
- **SNAQ** – lets you take a photo of your meal and gives an estimate of carbohydrates and nutrients.
- **Carb Manager/Carb Counter-type apps** – generic carb trackers with large food databases and logging options.
- **NDSS Carb Counting resources** – education-based material created in Australia, also useful internationally as a learning tool.
- General nutrition apps such as **Yazio** or **FatSecret** – help you check carbs and calories for packaged foods and restaurant dishes.

## 3. Telemedicine and remote-care tools

Telemedicine tools allow you to share data with your healthcare team and receive support at a distance:

- **SocialDiabetes** and **mylife Digital** both offer web platforms where professionals can see your data (in countries where the system is used).
- In some regions, such as Tuscany (Italy), continuous glucose monitoring apps (e.g. **FreeStyle Libre**) are connected to the regional electronic health record, so your glycaemic data can be viewed in your official medical file.
- National “diabetes digital” initiatives and hospital portals may provide secure messaging, video consultations or result sharing.

#### 4. Learning and psychological support apps

Digital tools can also support learning and emotional well-being:

- **T1DCoach (Poland)** – an educational app developed for children with T1D, where they care for a virtual avatar while learning how to manage diabetes in daily life. It includes realistic scenarios (forgetting insulin, treating hypos) and tips for caregivers.
- Online group-support programmes such as “**Step Out of Your Bubble**” use standard video-call platforms and private channels to offer psychological support groups for young adults with T1D.

# Italy specifics



## **National health system:**

SSN – Servizio Sanitario Nazionale (Italian National Health Service).

## **National health card:**

Tessera Sanitaria – personal health card used to access SSN services and for prescriptions.

## **European health card:**

Italy issues the EHIC as part of / alongside the Tessera Sanitaria (often printed on the back of the card). It gives access to medically necessary public care in other EU/EEA countries and Switzerland.

## **Regional level:**

Healthcare is organised by regional health authorities (ASL / ATS / Aziende Sanitarie Locali), so practical access and services can vary by region.

| Dish                        | Approx. carbs / 100 g | Example portion                        | Approx. carbs / portion | T1D note   |
|-----------------------------|-----------------------|--|-------------------------|--|
| Lasagna with meat           | ~17 g                 | ~250 g (1 generous slice)              | ~43 g                   | Pasta + béchamel + cheese → moderate carbs, high fat. Watch delayed spike.           |
| Pizza Margherita            | ~46 g                 | ~300 g (1 medium round / 2 big slices) | ~139 g                  | Very carb-dense. Many people bolus in 2 steps or use extended bolus.                 |
| Spaghetti with tomato sauce | ~18.5 g               | ~250 g cooked pasta                    | ~46 g                   | Classic plate; carbs mainly from pasta. Sauce usually low-carb if tomato-based.      |
| Mushroom risotto            | ~31 g                 | ~250 g (1 plate)                       | ~78 g                   | Rice cooked in broth; higher carb load in one go, plus some fat from cheese/butter.  |
| Arancini (rice balls)       | ~25 g                 | ~150 g (1 large ball / 2 small)        | ~38 g                   | Fried, stuffed rice ball → carbs + fat; often eaten as a snack but "insulin-worthy". |

# Spain specifics



## **National health system:**

SNS – Sistema Nacional de Salud (Spanish National Health System).

## **National health card:**

Each Autonomous Community issues its own health card linked to the SNS (e.g. SESCAM, SERMAS, CatSalut). These cards are used to access public healthcare in that region.

## **European health card:**

The Tarjeta Sanitaria Europea (TSE) is the Spanish version of the EHIC, used for medically necessary treatment during temporary stays in other EU/EEA countries and Switzerland.

## **Regional level:**

The INSS – Instituto Nacional de la Seguridad Social manages affiliation and entitlement to SNS and issues the TSE/EHIC.

| Dish                        | Approx. carbs / 100 g | Example portion      | Approx. carbs / portion | T1D note   |
|-----------------------------|-----------------------|----------------------|-------------------------|--|
| Seafood paella              | ~16.5 g               | ~250 g (1 plate)     | ~41 g                   | Rice-based, carbs + some fat (oil / chorizo). Portion size matters a lot.  |
| Gazpacho                    | ~4 g                  | ~250 g (1 bowl)      | ~10 g                   | Veg-based, low carb; often a "safe" starter. Watch bread/cROUTONS on top.  |
| Spanish omelette (tortilla) | ~10 g                 | ~150 g (wedge)       | ~15 g                   | Eggs + potatoes; moderate carbs, quite high fat → slower rise.             |
| Croquetas                   | ~24 g                 | ~100 g (3-4 pieces)  | ~24 g                   | Battered & fried → combo of carbs + fat; can spike later.                  |
| Fabada asturiana            | ~7.5 g                | ~300 g (1 deep bowl) | ~22 g                   | Bean stew; carbs from beans + fat from sausage; filling, slower digestion. |

# Poland Specifics



## **National health system:**

NFZ – Narodowy Fundusz Zdrowia (National Health Fund), which finances public healthcare.

## **National health card:**

There is no single plastic “health card” like in Italy or Spain; entitlement is usually confirmed by PESEL number and eWUŚ system at the clinic. Some insurers or universities issue additional cards or documents.

## **European health card:**

The Polish name for the EHIC is EKUZ – Europejska Karta Ubezpieczenia Zdrowotnego. It gives access to medically necessary public care in other EU/EEA countries and Switzerland.

## **Regional level:**

Regional branches of NFZ issue the EKUZ card and handle questions on cross-border healthcare.

| Dish                                  | Approx. carbs / 100 g                     | Example portion       | Approx. carbs / portion | T1D note  |
|---------------------------------------|---|-----------------------|-------------------------|---|
| Pierogi (boiled, savoury filling)     | ~30 g (most brands 24-33 g)               | ~180 g (~6 pieces)    | ~54 g                   | Dough = main carb source. Frying them adds extra fat but not carbs.                         |
| Placki ziemniaczane (potato pancakes) | ~24 g                                     | ~150 g (2-3 pancakes) | ~36 g                   | Grated potato + flour, fried in oil → carbs + fat; toppings (sour cream, sugar) add more.   |
| Zupa pomidorowa (tomato soup)         | ~5 g                                      | ~300 g (1 bowl)       | ~15 g                   | Without rice/pasta it's fairly low-carb. With rice or noodles, carbs go up a lot.           |
| Żurek (sour rye soup)                 | ~8 g (estimated from PL nutrition tables) | ~300 g (1 bowl)       | ~25 g                   | Rye starter + potatoes + sausage; carbs moderate, but fat and protein often high.           |
| Makowiec (poppy seed cake)            | ~47 g                                     | ~80 g (1 slice)       | ~38 g                   | Very carb-dense (sugar + flour + poppy seed). Treat as a proper dessert, not "just a bite". |

# ACTIVITY EXAMPLE 1

| TIME  | SESSIONS   | MATERIALS  | NOTES   |
|--|---|---|--|
| 10 minutes   | <p><b>Opening:</b></p> <ol style="list-style-type: none"> <li>1. The trainers presents themselves and explains what will happen.</li> <li>2. Present the session.</li> <li>3. Present the goal</li> </ol>   | - Laptop  |  |
| 20 minutes   | <p><b>Ice-breaker: „Think well”</b></p> <p>Trainers hand out a roll of toilet paper and ask participants to take as many sheets as they normally would. Then they explain the twist: for each sheet taken, participants share one fact about themselves. They can start with their name, where they're from, and why they joined the activity.</p>  | - Toilet paper  |  |
| 50 minutes<br>(20+20 + 10 min buffer)  | <p><b>Presenting the DTO Toolkit and Platform – Simulation Activity</b></p> <p>Trainers introduce the DTO toolkit and platform through a short simulation based on three everyday situations:</p> <ul style="list-style-type: none"> <li>• <b>Doctor</b> (asking for medical information and medication before travelling)</li> <li>• <b>Parents</b> (expressing worries about the participant's departure)</li> <li>• <b>Airport</b> (the moment of leaving and saying goodbye)</li> </ul> <p>After the simulations, participants are divided into groups and take part in a short brainstorm, reflecting on what they observed and discussing how they would react in each situation.</p> <p>At the end, each group re-creates one of the scenarios and performs it for the others, answering the guiding questions through their role play.</p> <p>A short <b>debriefing</b> follows, and trainers then provide a clear explanation of the DTO toolkit and platform, including how it can be used in practice.</p> | <p>- Flipchart</p> <p>- Markers</p> <p>- Tape</p> <p>- Scenarios</p>                          | <p><b>Scenarios:</b></p> <p><b>1) Doctor</b></p> <p><b>Key topics:</b> insurance, travel checklist, emergency contacts, and where to go in case of need.</p> <p>In this scenario, the doctor is unsure about what the patient is allowed to do before travelling, so they start searching for information online. This leaves the patient feeling confused and with many unanswered questions.</p> <p><b>2) Parents</b></p> <p><b>Key topics:</b> using the checklist in practice and managing worries.</p> <p>Here, one trainer plays the role of a parent who wants to prepare their child for the departure. The parent goes through the checklist and asks participants what they think is most important to pack or prepare, and what they would prioritise.</p> <p><b>3) Airport</b></p> <p><b>Key topics:</b> important documents and airport controls.</p> |

|  |  |                                      |  |
|--|--|--------------------------------------|--|
|  |  |                                      | <p>The trainers select a volunteer in a playful way: one participant chooses a number, and the trainers count around the group until they reach that number.</p> <p>The selected volunteer plays the role of a person living with diabetes who is about to travel. Using what they learned during the previous simulations, they go through the departure process step by step, guided by one of the trainers.</p> <p><b>Reflection questions</b> (for discussion)</p> <ul style="list-style-type: none"> <li>• What would you do differently?</li> <li>• Do you think something could be improved? If yes, how?</li> <li>• What didn't work well in these situations, and why?</li> </ul> |
| <p><b>40 minutes</b><br/>(15 role play,<br/>25<br/>debriefing)</p> | <p><b>Organize activity with the youth based on the information given:</b></p> <p>Roleplay consists of pairing two participants. Each person receives a short role card on a piece of paper, explaining their role and the main points they should pay attention to during the situation. Participants then act out the roleplay and “try out” the scenario in practice.</p> <p>Each pair will play both roles: they will have 5 minutes for the first role, and then they will switch and repeat the roleplay for another 5 minutes from the other perspective.</p> <p>At the end, trainers will lead a short debriefing with guiding questions to highlight the most important learning points and reflect on what worked well and what could be improved.</p> | <p>- Roleplay scenarios on paper</p> | <p><b>Questions for short debriefing:</b></p> <ul style="list-style-type: none"> <li>• Which role felt more difficult for you, and why?</li> <li>• Why do you think you felt that way?</li> <li>• What differences did you notice between the two roles?</li> <li>• What did you learn from the activity?</li> </ul>   |
| <p><b>30 minutes</b></p>   | <p><b>Reflections and conclusions:</b></p> <p>Following the final debriefing of the previous activity, the trainers will encourage participants to reflect on what they learned and how they felt throughout the session.</p> <p>At the end, the trainers will show a QR code linking to the toolkit, and participants will write one word or a short sentence to describe their feelings. These words will then be collected to create a summary word cloud.</p>  |                                      | <p>Questions:</p> <ul style="list-style-type: none"> <li>• How do you feel right now?</li> <li>• On a scale from 1 to 10, how much do you think you learned today?</li> <li>• To what extent do you think this will be useful in your daily life?</li> </ul>   |

# ACTIVITY EXAMPLE 2

| <b>TOPIC:</b> Toolkit for travelling with Type 1 Diabetes<br><b>TIME DURATION:</b> 105 mins<br><b>GOALS:</b> People reach and download the toolkit<br><b>TRAINERS:</b> |   |   |   |
|--|---|---|---|
| TIME 🕒   | SESSIONS 📄  | MATERIALS 📁   | NOTES 📝   |
| 5 minutes  | <b>Opening:</b><br>Trainers welcome the group, say hello, and introduce themselves and the organisers. They also give a short introduction to the topic of diabetes and explain what the session will be about.   | - Laptop  | Thanks and say hello to the participants, introduce the association hosting the event, and briefly present ourselves and our names before starting the session.             |
| 15 minutes   | <b>Ice-breaker – Personal Bingo:</b><br>Trainers ask participants to prepare bingo cards with personal questions instead of numbers. <ol style="list-style-type: none"> <li>Distribute the bingo cards and pens.</li> <li>Explain the rules clearly.</li> <li>Start the timer (10 minutes).</li> <li>Close the activity and introduce the next session with a short sentence related to the topic.</li> </ol> <p>Bingo rules:</p> <ul style="list-style-type: none"> <li>You cannot use the same person's name more than once on your card.</li> <li>Participants need to find other participants who can answer "yes" to each question.</li> <li>You cannot ask the same person two questions in a row.</li> <li>If there are fewer than 15 participants, you can write the same name twice.</li> </ul> <p>You can prepare small prizes for the winners (sweets or something similar).</p> | - Bingo (to print)<br>- Pens<br>- Timer<br>- Sweets   | Number of questions depends on the size of the group, so you should prepare two versions of the bingo cards: one for 10–15 participants and one for around 30 participants. |
| 30 minutes   | <b>ERASMUS+ and ESC Presentation:</b><br>The session starts by asking participants about their previous experiences (around 10 minutes).<br>Questions: <ul style="list-style-type: none"> <li>Who has already taken part in Erasmus+ or ESC?</li> <li>Who would like to participate in Erasmus+ or ESC in the future?</li> </ul> (Participants answer by standing up.)  | - Video of Erasmus and ESC and of some inspirational video<br>- Projector<br>- Speaker<br>- Laptop<br>- Internet connection | It's important to talk between the videos   |

|                        |  |                  |  |
|------------------------|--|------------------|--|
|                        | Then follows a short presentation of both programmes, using videos and slides (around 15 minutes).   |                  |  |
| <b>15 minutes</b>      | <p><b>Practical activity:</b></p> <p>Transition: why can this be a problem for people living with type 1 diabetes?</p> <p>To help participants reflect on the challenges of travelling with diabetes, they first have a short individual task.</p> <p>(2 minutes) Participants receive a blank sheet of paper and answer the question:</p> <p>“You have to leave the country in one hour and you have no time to plan. What are the 5 things you would take with you?”</p> <p><b>Reflection:</b></p> <p>(5-10 minutes) Participants share their lists and explain their choices. The trainers highlight the differences between the answers from participants with diabetes and those without. After the sharing, 5-7 minutes are dedicated to a short group reflection.</p> | - Paper and pens | If there is more than 15 people use mentimeter.  |
| <b>30 + 15 minutes</b> | <p><b>Presenting the DTO project:</b></p> <ol style="list-style-type: none"> <li>1. Why I’m here (Mentimeter activity)</li> <li>2. How DTO was created: how it started, what it does, and its main goal</li> <li>3. Presentation of the toolkit and the website</li> </ol>   |                  | You can make a quizz: <a href="https://quizizz.com/">https://quizizz.com/</a>                |
| <b>10 min</b>          | <p><b>Closing:</b></p> <p>Participants are asked how they feel at the end of the session and are invited to give quick feedback on the toolkit and the web platform. Questions focus on whether the content feels useful, whether they learned something new, and simple yes/no answers. To close the activity in a more engaging way, the trainers also use an “emotion thermometer” to capture participants’ mood and final impressions.</p>   |                  | Create a group and introduce the opportunity to take part in the projects future activities. |

Warsaw, Poland

# Training Course

@fun.pedra



Learn , grow, and share your story in an inclusive space  
where T1D – is your power ✨



Co-funded by  
the European Union

# OUR PROJECT IS FOR ✨

- ✓ **Young people (16-25)**
- ✓ **Living with Type 1 Diabetes**
- ✓ **Youth workers, mentors & educators**
- ✓ **People passionate about inclusion, well-being & mobility**



Co-funded by  
the European Union

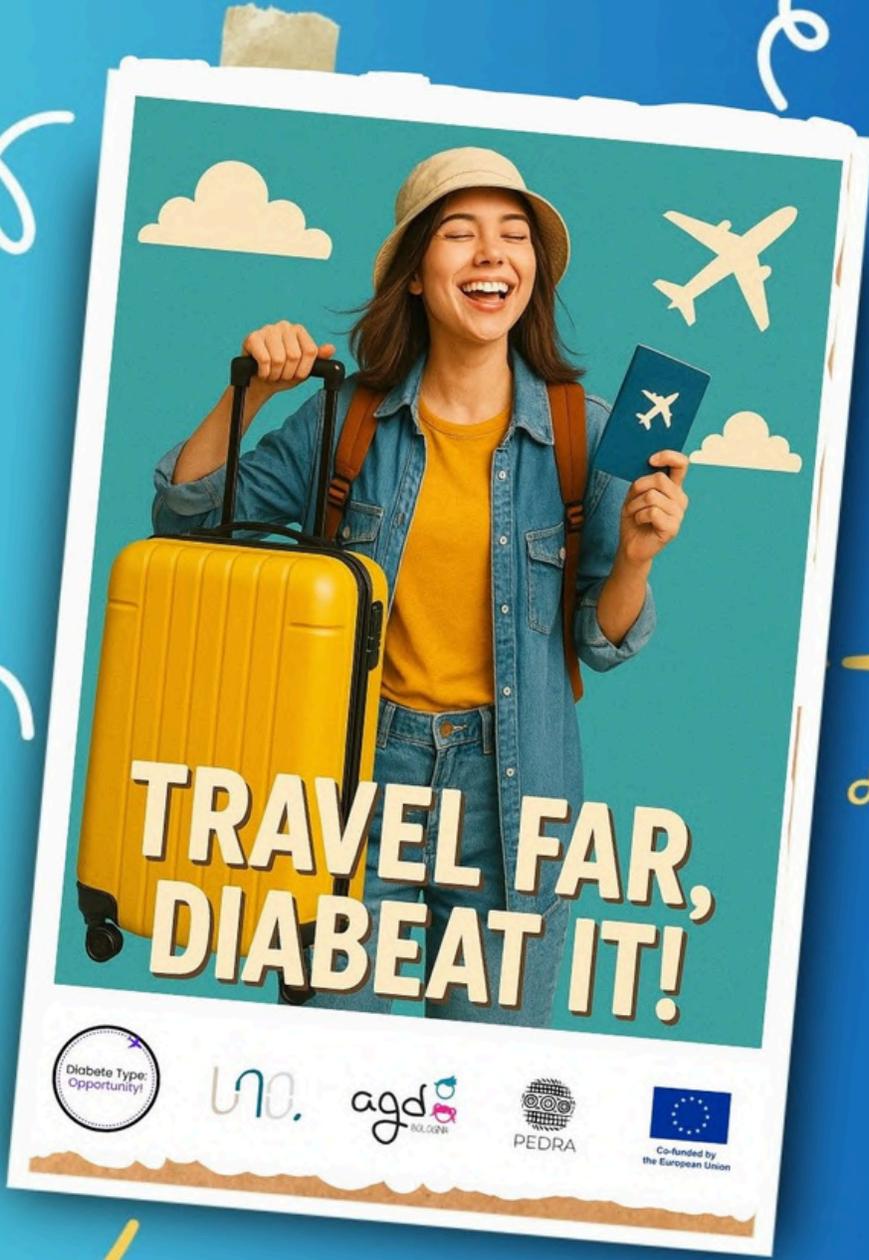
# FLYING with DIABETES

BOLOGNA,  
VIA DELLA GUARDIA,  
28

DATE

age range 17 - 25

slide to description



rating

★★★★★

Glucose first,  
Passport next

## TOPICS YOU ARE GOING TO JUMP INTO

- What Erasmus+ is.
- What European Solidarity Corps are.
- Which opportunities they offer and for who.
- What DTO Toolkit is and how the website for travellers with diabetes works.



tap for say thanks

Made with Goodnotes

Made with Goodnotes



# DIABETES TRAVELLING TRAINING SESSION

How to travel easily with type 1 diabetes ?

## WHEN, WHERE & WHO

- ✓ 26-28 th September
- ✓ Via della guardia, 28 Bologna (BO)
- ✓ 17-25 years old

## LEARN MORE

+393453458452

[www.toolkit.com](http://www.toolkit.com)

DIABETE E VIAGGI



EVENTO FORMATIVO

# DETAILS

## TRAINING SESSION

### WHAT WILL YOU LEARN?

- ✓ What documents I need and how to have access to them.
- ✓ How to deal with medication and devices.
- ✓ What to do in case of emergency.
- ✓ How to get the most suitable insurance for you.

*Do you feel that this can fit with your interests?*

## COME JOIN US!

\* Free trainee

