Camp Nejeda

For Children with Diabetes

Health Center & Medical Guidelines

Revised for 2024

The charitable support of many individuals, corporations, and foundations make Camp Nejeda's programs possible. We are especially grateful for the longtime leadership support of Novo Nordisk and its employees. ToC

Mission Statement

Camp Nejeda enhances the lives of people with type 1 diabetes and their families through education, empowerment, camaraderie, supportive programs, and fun.

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About this Medical Guideline: This guideline has been developed over the course of decades to try to guide the medical staff in their activities during the eight weeks of camp every summer. Exceptions to these guidelines may be made at the discretion of the medical staff. The guidelines may be helpful during other activities at Nejeda, such as Family Camps, but much of the information does not apply then because the campers' parents are always present and solely responsible for the care of their children. Similarly, the guidelines may not be applicable to short programs, such as BFF weekends or day camps, for a variety of reasons.

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Section I - GENERAL INFORMATION

ABOUT CAMP NEJEDA

In 1958, a group of insightful parents and caring health professionals in New Jersey established Camp Nejeda for their children and patients. The camp has evolved from a "clinic in the woods" to a highly respected, medically managed camping experience for children with diabetes that serves over 300 children each summer and reaches another 120 families through its extended programs including Family Camps, BFF Camps, Day Camps and adult weekend camps. Camp Nejeda is the tri-state region's only residential summer camp for children and young adults with type 1 diabetes. We are one of just six diabetes camps nationwide to own its own facilities and provide a full season of residential camping.

Camp Nejeda's 72 acre campus includes a seven acre lake, archery range, basketball and volleyball courts, low-ropes course, playground, and hiking and biking trails. Campers stay in rustic cabins and dine in a modern dining hall. Along with enjoying swimming, boating, arts & crafts, field trips and cookouts, campers learn how to manage their diabetes, make healthy food choices, and maintain a positive attitude.

Camp Nejeda offers age-appropriate, hands-on opportunities to increase campers' diabetes knowledge. In addition, campers benefit from close social interaction with peers and counselors with diabetes – sometimes the first time they have met other children with diabetes – which improves campers' overall attitudes and reduces anxieties about their disease. At the same time, Camp Nejeda offers an important respite for parents, whose constant concern over a child's chronic illness can dramatically affect the family dynamic.

Camp Nejeda is independently owned and operated by the Camp Nejeda Foundation, Inc., a non-profit, 501(c)(3) organization, and is fully licensed by the New Jersey Department of Health. The camp is a member of the Diabetes Education and Camping Association and is accredited by the American Camp Association, which evaluates 300 standards for health, safety, and program quality. Our Board of Trustees is comprised of volunteers committed to helping children with type 1 diabetes to live healthier and happier lives.

Camp Nejeda is committed to providing an experience that empowers children with diabetes to attain full and productive lives and not be limited by the challenges of their disease. We are equally committed to ensuring that this invaluable experience is available to all, regardless of ability to pay. To keep camp fees as low as possible the Camp Nejeda Foundation works year-round to seek philanthropic support that will bridge the gap between camp fees and the actual costs of the camp's operation.

Charitable contributions from individuals, foundation and corporations provide nearly half of the camp's operating budget, which includes medical staff, program staff, medical supplies, food, program supplies, and the costs of maintaining the camp's facilities.
For those with the greatest need, the Camp Nejeda Foundation provides financial assistance ranging from 20 percent to 100 percent to approximately 30 percent of our campers each year. Most awards cover 100 percent of camp fees. Every year we award Camperships totaling over $100,000 per year.

PHILOSOPHY OF CAMPING AND DIABETES

The American Camping Association defines CAMPING as a sustained experience which provides a creative, recreational and educational opportunity in group living in the out-of-doors. It utilizes trained leadership and the resource of natural surroundings to contribute to each camper's mental, physical, social and spiritual growth. We endorse this concept and definition.

TIMELESS GOALS

Camp Nejeda has been serving children with diabetes every summer since 1958. Throughout that time, we have helped boys and girls gain a better understanding of the world around them, while developing the personal confidence that makes all the difference in growing up with diabetes. Encouragement, education and a safe, happy environment will help make our camp an important part of our campers' summer.

CAMP OBJECTIVES

Camp for children with diabetes serves many purposes. The following objectives are those established for our diabetes camping program.

1. To provide an enjoyable, recreational experience for children with diabetes.
2. To promote diabetes education.
3. To provide a safe and healthy setting away from home.
4. To enable children with diabetes to meet and live with other children with the same condition.
5. To promote independence.

Because the camp experience involves different meal plan and exercise levels than at home, it is usually more difficult to judge insulin requirements. Almost all campers will need their insulin doses reduced to prevent hypoglycemia. Sometimes a camper's blood sugar will be higher than at home.

AGE RELATED RESPONSIBILITIES AND TRAITS		
	Non-diabetes-related	Diabetes-related
Ages 2-7	Imaginative, concrete thinkers, cannot think abstractly, self - centered	Parent supervision for all tasks, gradually learn to cooperate for blood sugar tests and insulin shots, gradually learn to recognize hypoglycemia, inconsistent with food choices, not much concept of time
Ages 7-12	Concrete thinkers, more objective and understanding, more curious, more social, more responsible	Adult supervision recommended, can learn to test blood sugars at age 7/8, can draw up and give shots, can make food choices, can recognize and treat hypoglycemia, can be responsible for remembering snacks. Learning to insert, manipulate and manage a pump and CGM.
Age 12-18	More independent, behavior varies, body image important, away from home more, more responsible	Adult supervision recommended, can do shots & blood tests, know which foods to eat, gradually recognize the importance of good sugar control to prevent complications, more willing to inject multiple shots per day. Able to insert, manipulate and manage a pump and CGM

Nejeda has a Leaders In Training program for older campers. Considering their relative maturity and varied activities, the LITs are permitted to manage their own insulin under the supervision of the LIT nurse and endocrinologist. They are otherwise treated as campers.

WHAT TO BRING AND TIPS TO PONDER

Bring...

-a sense of humor
-warm and cool, comfortable clothes
-a nice outfit for banquet night
-bathing suit
-musical instruments, CD's, etc.
-several pairs of shoes; sneakers, rubbers, climbing boots
-alarm clock, radio, laundry detergent
-linens, towels, including a warm blanket, sleeping bag (optional)
-rain gear
-a good book or hobby, games, bicycle
-a fan, bug spray
-a coffee mug to keep in the Health Center
-flashlight (with extra batteries)
-watch with second hand
(a fanny pack or back pack will be supplied by camp)

Alcohol, Smoking, and marijuana products without a prescription are not permitted on camp grounds.
Camp Nejeda is peanut and Latex free.
Diabetes service dogs cannot be accommodated at camp because they detect the blood sugars of everyone with diabetes. HC staff will be permitted to bring a pet under special circumstances at the discretion of the directors.

Parking across from the health center can only be used by the following people: HC director, endo, resident, session charge nurse, evening and overnight commuters, TechFac manager.

Some Tips to Ponder...

Ask questions!!

Listen to the campers. If they tell you something about their diabetes, they're probably right.

BE FLEXIBLE!

Get involved in camp activities, come to meals, etc. It will help you get to know staff and campers. You deserve to have fun too.

Remember WE ARE A TEAM!!! Everyone's opinion counts and we're here to help each other out.

Welcome to CAMP NEJEDA....ENJOY !!!

GUIDELINES FOR CHILDREN OF HC STAFF

Camp NEJEDA has for many years, graciously allowed the Health Center staff to bring their children to camp with them at a very minimal cost. This has been a wonderful opportunity for both the children and their parents. In order to be able to continue to offer this opportunity, we have established some guidelines of expected behaviors while at camp. These guidelines apply to nurses' and doctors' kids.

- Only the staff's legal children, not nieces, nephews, friends, will be allowed at camp.
- All children must be registered with the Camp Registrar prior to the start of camp. She will inform you of what paperwork is needed to be handed in before the start of camp. There is a $50/child/session registration fee for nurses' children.
- If your child is in (or close to) the same age group as the campers attending your session, s/he will be living in the cabins and needs to be independent in their basic skills (dressing, bathing, personal care, etc.) Children of HC staff who do not have diabetes will probably sleep on upper bunks. We may not be able to accommodate residents' children and arrangements need to be discussed with the camp director and HC director in advance.
- If your child is too young to be included in with the campers you need to speak with the Health Center Director about your planned arrangements for a sitter.
- Your age-appropriate child will be included in all camp program activities and s/he will need to follow the same rules as the other campers.
- The Counselors are trained and responsible for all children in their care. This includes your child. They will notify you if there is any problem that they can't handle.
- Please keep in mind that there are almost 80 other campers that do not have their parents at camp with them. If they see your child is receiving special treatment, this makes it much more difficult on the other campers.
- If you are going to remove your child from any scheduled activity or from the cabin for any reason, **including taking them off camp grounds,** you must make prior arrangements with the Unit Leader and the Counselor in charge of your child. For an optimal camp experience for your child and the others in his/her cabin, we would like you to limit the amount of time your child is removed from the camp routine.
- You cannot bring any special food from the outside for your child to eat.
- Although you may feel inclined to make sure your child has brushed her/his teeth or changed into clean clothes, regular visits to your child's cabin to tuck them into bed or prepare them for the next day make camp harder for all the other campers and the staff taking care of them.
- The sleeping quarters for the nurses are a private area for the nurses to relax and unwind. Nurse's children who are sleeping in camper cabins are not allowed upstairs in the Health Center for any reason. If a doctor brings children, they must sleep in the doctor's cabin.
- If your child should come into the Health Center either needing medical attention or as a buddy, you are welcome to give them a hug and a kiss but you need to encourage them to return quickly back to camp activity. They are not allowed to hang out in the HC.

We encourage you to watch your child participate in activities, take pictures and cheer for them loudly at their accomplishments during your time off. Camp is a time of great fun and learning for both you and your child. We would like to encourage you to allow them to experience the camp environment on their own, with all the successes and challenges that come with it. If you have any questions or concerns, please contact the Health Center Director.

SOCIAL MEDIA AND COMMUNICATIONS POLICIES

see Counselor Handbook:
https://docs.google.com/document/d/1zrPOh7vhNkPNCR3TWLvksOF6MZol044e/edit?usp=share_link&ouid=116695203452824542341&rtpof=true&sd=true

SECTION II - INTAKE AND OUTTAKE

INTAKE DAY SCHEDULE

(Health Center Related Activities in **BOLD**)

6:00	Wake Up/Specs
7:00	Breakfast
7:45	Campers arrive
12:30	Carb counts & specs entered in eSpecSheet (ASAP)
12:45	Insulin @ Pavilion
1:00	Lunch
1:45	Insulin @ Pavilion
2:00	Swim Tests (for those who were unable to take them in the morning)
3:30	Snack
5:00	Specs
5:15	Carb counts & specs entered in eSpecSheet
5:30	Insulin @ Pavilion
6:00	Dinner
6:45	Insulin @ Pavilion
7:00	Flag Lowering/Emergency Drills/Get to Know You Games
8:30	Carb counts & specs entered in eSpecSheet
8:45	Bedtime insulin & snack
9:00	AM carb counts
9:30	Camper bedtime/OD
11:45	Staff curfew
12:00	Specs (all campers)
12:15	Lights out

INTAKE DAY GUIDELINES

PRIOR TO INTAKE DAY
Schedule families for their intake time slots.

Much of this can be done by the HC daytime assistant on Weds/Thur

- The Unit Leaders assign spec numbers to EVERYONE here except HC staff
    - 1-89 Campers
    - 90-99 Non-Diabetic Campers
    - 100-199 Leader's In Training (LIT's)
    - 200-299 Junior Counselors
    - 300-399 Senior Counselors and Senior Staff
- Get a near final roster and make 10 copies for Intake stations
- Print camper technology labels and Kardex labels
- Print 6 copies of CGM Intake First stage Checklist for the TechFacs

- Kardex™ preparation
    - Make a copy from the original of the Kardex™ bottom (glucose/insulin log) sheet
        - Campers get White, Staff get Cream
        - Punch 3 holes on the TOPS of the sheets
    - Make copies of the Kardex™ top (intake info, insulin regimen) sheets
        - Make enough copies of each type (pump and multiple daily injections) for the campers and LITs whose regimens are known plus extras of both
        - Punch 3 holes on the BOTTOMS of the sheets
- Med Administration Record
  - put the dates on the top of one of them and make about 80 copies
  - label one for each camper and put them in camper folders

- Place a colored dot with the spec number on each camper's medical folder and sort the folders by spec number
    - For returning campers place new dot over the old one

(Much of the information below is confidential and can only be handled by someone with HIPAA training.)

- Electronically send Developmental History on each camper to Session Charge Nurse & MESH counselor(s)
- Print Health History with Emergency contacts on each camper and put in camper file
- Print all Medication Administration Forms from the application and put in camper files. Print all Medication Administration forms for all staff that are <18 years old and have ready for staff intake the night before camper intake.
- Review missing camper paperwork and make a list of missing items

NIGHT BEFORE INTAKE DAY (see also TechGuide CGM Intake)

- Set up clipboards for Endos & CDCESs with signature page, pen, pencil, "Cheat Sheet" & calculator
- Attend mandatory nurse's meeting from 7-9 PM
- Prepare for each of the intake stations (prep signage & gather supplies)
- Do HC intake for Nurses'/docs' kids. Those with diabetes will meet with endo/CDCES Sat if possible.
- Check in counselor
    - Check in medications, fill out new MAR and place meds in new cabin medication basket
    - Quality control backpack meter
    - Refill backpack supplies

- Connect to Dexcom Follow (optional)

INTAKE DAY TASKS AND STATIONS

- Welcome everyone! Eye contact, be nice, comfort parents and children. Smile. They're more nervous than you!
- Orient nurses and others involved to the stations and "flow"
  - Endocrinologist should orient the resident and CDCESs regarding their tasks
  - Some stations like foot and lice checking may require more than one nurse
- Set up signs for each medical station
- Intake is on Sundays by appointment, starting at 7:45 with the last appointment at 10:30. Anyone arriving later than 10:45 am can have their intake done 2:00-3:00 pm, when HC staff can be available. Weekday intakes can be done between either between 9:00-10:00 AM or 1:30-3:30 PM. Families arriving after 10:45 will be instructed to check their own children's blood sugars, give insulin and eat outside.

STATIONS SUMMARY (details below)

Dining Hall

A.	**Pick up chart**	**1 counselor**
B.	**Registration/Insurance card**	**2 HC staff**
C.	**Medication Station**	**2 nurses**
D.	**Dietitian**	
E.	**MESH**	

Health Center

F.	**Weight, Head Lice check, Feet check**	**2 nurses**
G.	**Technology labeling**	**2 counselors**
H.	**Technology supplies drop off**	**2 counselors**

Outdoors/Pavilion

I.	**CGM and Phones Station**	**2 TechFacs**
J.	**Endo/CDCES & Vendors**	**5-6**
K.	**Pump Settings Station**	**2 TechFacs**
L.	**Chart Drop-off**	**1 counselor**

A. Pick up chart in Dining Hall. Apply stickers with pre-printed information to appropriate Kardex tops (Pump, MDI or iLet). If there is no sticker available or the information on the sticker is inaccurate, then the information need to be filled in by hand. Ask about allergies and place an "allergy" sticker on the front of the file. Any missing paperwork will be handled by the Administrative Registrar before HC Intake. Add 1-2 Kardex bottoms.

B. Registration –Check insurance and emergency contact info. (use iPad to photograph both sides of insurance card (save as LastN FirstN front or back), communicate statement about pickup availability if sick

C. Medication Station – See details 3 pages below
In dining hall. - needs cabin baskets, dot stickers, med books with blank sheets, pill counter, red pen;
All campers must stop to get MAR filled out and hand in all medications except inhalers if appropriate.

D. Dietitian – In dining hall. Communicate special dietary issues

E. MESH – In dining hall. Meet with a Medical, Emotional and Social Health counselor

F. Weight, Head lice check, Feet check – 2 rooms in parallel

- Write the results on the Kardex™ (ND's write on inside of folder)
- Any child with lice must be sent home.
- Write the results on the Kardex™ (ND's write on inside of folder

G. Technology labeling – in 1st pump room. Label all phones, cords, pumps & controllers. DO NOT LABEL CHARGING BLOCKS. WE PROVIDE CHARGING PORTS AND ONLY NEED THE CAMPERS' CORDS.

Device	Task	Communication to family
Omnipod	Controller. Label the controller with the passcode	Controller will be handed in at the Technology station
Omnipod DASH	Controller & charging cord. Label the controller with the passcode	Controller will be handed in at the Technology station
Omnipod 5	Phone, phone charging cord & possibly controller with charging cord. Label the controller with the passcode	Phone will be kept with camper. Charging will be done by camper in the cabin.
Tandem	Pump & charging cord	Charging will be done at pool time.
Dexcom	Phone or receiver & charging cords for both.	Charging of receiver and phone will be done by camper in cabin.
Freestyle Libre	Phone or reader & charging cords	Charging of reader or phone will be done by camper in cabin
Medtronic	Pump	[battery, no charging]
Medtronic Guardian Connect	Pump, phone & phone charging cord	Charging of phone will be done by camper in cabin

H. Pump Room – in 2nd pump room. (Those with pumps and/or CGMs only)
DO NOT COLLECT CHARGING BLOCKS. WE PROVIDE CHARGING PORTS AND ONLY NEED THE CAMPERS' CORDS.

- Give supply boxes to families to fill with supplies prior to entering the pump room
- Need: supply boxes, index cards, markers, dot stickers, roster x2,
- Record & hand in all appropriate technology & supplies.
- Place all pump and CGM supplies in boxes labeled by index card with camper name, spec #, cabin number, and type of insulin
- Record when the pump and CGM sites were last changed and how often they need to be changed.

PUMP and CGM ACCESSORIES

Dexcom	Receiver and/or phone will be carried by camper Charging cords will go to cabin. Charging will be done overnight by camper in cabin.
Freestyle Libre	Reader and/or phone will be carried by camper Charging cords will go to cabin. Charging will be done overnight by camper in cabin.
Medtronic Guardian Connect	Cell phone will be carried by camper. Charging cord go to the cabin. Charging will be done overnight by camper in cabin.
Medtronic pump	No special charging cords

Omnipod & DASH	Controller will be handed in at the Technology station Charging cords will go to cabin. Charging will be done overnight by camper in cabin.
Omnipod 5	Controller will be handed in at Technology station. Cell phone will be carried by camper. Charging cords will go to cabin. Charging will be done overnight by camper in cabin.
Tandem	Charging Cord stored in pump supply box. Charging will be done at pool time.

I. CGM/Phone Station - Tech Facs perform CGM intake processes. See detailed process in TechGuide.

- Make sure policy/consent is signed
- Fill out CGM intake form
- Change the alarm settings on the receiver and/or phone app (High: 275, LOW: 70) EXCEPT iLet (High: 300); pump has Urgent Low (54) and rapidly falling alarms.
- Remove SIM card from all camper carried phones, give to parent in ziplock bag labeled with camper's spec number on it.
- Connect camper phones to "camperphones" Wi-Fi network
- Change phone password to designated password for the current session (decided by Tech Manager)
  - ***Remove Face ID and Fingerprint ID phone access

Dexcom

- Camper can carry receiver and/or phone with them at all times & can check BG at any time. We are not responsible for lost or damaged receivers or phones. Ensure camper has charging cord only for devices they are using available in the cabin and that they are labelled with name and spec number. Remind to charge nightly.
- Send invite to share to NejedaHealthCenter@gmail.com, remove sharing for all others
- If using Dexcom with 770G and CareLink app, turn off sharing

Freestyle Libre

- Camper can carry receiver and/or phone with them at all times & can check BG at any time. We are not responsible for lost or damaged receivers or phones. Ensure camper has charger for phone available in the cabin. Remind to charge nightly.
- Insulin & treatment decisions will be made from Libre 2 & Libre 3 readings only.
- Under Connected Apps in Menu screen, tap LibreLinkUp and send invite to share to NejedaHealthCenter@gmail.com, remove sharing for all others (do not turn off LibreView sharing for clinics)

Medtronic Guardian Connect (used WITHOUT Medtronic CLP)

- Camper can carry phone. We are not responsible for lost or damaged phones. Ensure camper has charger for phone available in the cabin. Remind to charge nightly.
- Need to have conversation with parent about following on Carelink app

Medtronic Guardian (used with Medtronic pump)

- If using CareLink app, turn off sharing
- Must see Technology Facilitator after seeing the intake Endo/CDCES

J. Endo/CDCES & Vendors & Social Worker– In pavilion. Give name to "host" if there is a line. Visit vendors & SW while waiting.

PARENTS AND CAMPERS ARE ASKED TO NOT LEAVE THE GENERAL AREA.

Sit with Endo/CDCES to determine insulin regime while at camp. Record on the Kardex the home regime and the desired camp regime. (See process below.)

K. Pump Settings Change Station – Just outside pavilion. Staffed by 2 Tech Facs or at least 2 CDCESs. Camp settings determined by the endos and CDCESs are implemented at this station

For all pumps, check that the date and time in the pump are correct. Enable the sleep mode if available. Collect controllers if separate from phone

Medtronic Revel, 530G & 630G

- Create a new Basal Pattern to change the basal settings in the pump as per Endo/CDCES orders.
- Change the Carb Ratios as per Endo/CDCES orders

Medtronic 630G, 670G and 770G

- Create a new Basal Pattern
- The Medtronic 670G pump uses the primary basal settings when it goes into Manual mode. Before changing the primary basal settings for camp, copy the home settings to the Pattern (copy "basal 1" to "Basal 2", enter camp settings in "basal 1")
- Change the primary basal settings in the pump as per Endo/CDCES orders.
- Change the Carb Ratios as per Endo/CDCES orders
- Assure that the camper is in Auto Mode (Blue Shield)

Omnipod

- Create a new Basal Profile to change the basal settings in the pump as per Endo/CDCES orders.
- Change the Carb Ratios as per Endo/CDCES orders
- Be sure the negative correction for glucose below target is turned on
- Collect the PMD in a basket

Omnipod DASH

- Create a new Basal Pattern to change the basal settings in the pump as per Endo/CDCES orders.
- Change the Carb Ratios as per Endo/CDCES orders
- Be sure the negative correction for glucose below target is turned on
- Turn off "follow" option
- Collect the PDM in a basket

Omnipod 5

- Collect past 7 days total daily basals and put them on Excel worksheet to determine back-up basal rate. Change back-up basal rates in case auto mode terminates.
- Create a new Basal Pattern to change the basal settings in the pump as per Endo/CDCES orders.
- Change the Carb Ratios as per Endo/CDCES orders
- Be sure the negative correction for glucose below target is turned on
- Turn off "follow" option on the phone – unpair display app (PDM settings-display-unpair)

Tandem

- Create a new Personal Profile (labelled "Camp") to change the basal settings and carb ratios in the pump as per Endo/CDCES orders.
- For Tandem Basal IQ be sure the suspend on low/suspend before low are turned on.

Tandem Control IQ and Mobi

- Create a new Personal Profile (labelled "Camp") to change the basal settings and carb ratios in the pump as per Endo/CDCES orders.
- Change the Sleep Schedule for every day to 11 PM to 7 AM. Notify the parents of the change.

iLet

- Record past 7 days' totals and total basals in iLet Kardex™ to determine back-up basal rate and daily bolus average. Change back-up basal rates in case auto mode terminates.
  [www. report.betabionics.com. Need family's email and PW.]
- set SLEEP target to "high" (130).

L. Chart Drop-off

- Hand in chart. Put completed Kardex™ sheets into cabin books by spec number. Optionally send to Trading post.
- Blue bracelets are given to everyone who gets full treatment for a low glucose (changed 2024), which is any camper NOT using a closed loop insulin delivery system.
- Put all "Confidential Information Sheets" in a manila folder labeled "Confidential Information Sheets"

AFTER INTAKE

- Any information that has not been filed in camper folders should be filed.
- Transfer the photos of all the insurance cards from the iPad(s) to Dropbox
- Copy temperatures from the Guzy station list to each Kardex™
- The doctors should review the Kardex™ for every camper, including all insulin regimens, allergies, seizures
- The doctors and HC Session Charge nurse should review all Confidential Information sheets. For any camper with a psycho/social issue, bring it to the attention of the camp director, scan confidential sheet to a PDF and email to psych/soc person or share with them in person. The HCA then files all confidential forms into camper's files.
- Dietitian & SCN to make up a sign for each cabin that lists the food allergies & treatment preferences for each camper and hang it on the refrigerator in that cabin.
- TechFacs finish setting up CGMs and linking them to the iPads in the HC
- HC Assistant to copy all camper's weights from the Kardex™ to a paper record or Google Sheet to make it available for Zip line

CDCES/ENDO REMINDERS FOR INTAKE

1. Please fill out the entire Kardex®, INCLUDING YOUR SIGNATURE.
2. Complete the top of the form and HOME *(gray)* insulin regimen in *PEN* (Some blanks for iLet)
3. DO NOT Change basal rates, ratios or targets in the pump at the picnic table. The Tech Fac will make the changes at the next station, after you're done.
4. Complete the *CAMP (white)* regimen in *PENCIL*
   - TARGETS:
     - Daytime- 100 or 120 (depending on home target); (set iLet to "Usual" = 120)
     - Bedtime- 150 (set iLet target to "Higher" = 130)
   - CORRECTION/SENSITIVITY should remain the same as used at home
   - CARB RATIOS (injections and all pumps) should be increased by 1 if less than 10, 2 if less than 20 and 3 if 20 or greater (iLet cannot be set)
   - Do NOT record the intake insulin regimen changes in the change section of the Kardex®. Doing so takes up too much space and is unnecessary.

MDI (Pens): Decrease long-acting insulin by 15%
All Pumps (except iLet): Use start times listed on Kardex®: 12AM, 4AM, 7AM (includes bfast), 12PM (includes lunch), 5 PM (includes supper), 8 PM (includes snack). If the family disagrees ask them to talk to the endocrinologist.

- This fits camp schedule, simplifies the endo's job of adjusting basals, and reduces the chances of error. Six periods are needed in some pumps to accommodate ratios specific to meals.
- Minimum increments are Omnipod 0.05, Medtronic 0.025, Tandem (and Mobi) 0.001

Conventional pumps:

- Reduce all basal rates on the pump by 0.1 if basal rate is 1.0 or greater; and by 0.05 if basal rate is less than 1.0

Closed-loop pumps:

Tandem or Mobi: (uses fixed basals as basis of adjustments all the time)

- Reduce basal rates by 15% using the camp basal times. (The "conversion" of rates to camp times is not trivial because the times used at home don't match the times at camp.)

Omnipod and Medtronic: (fixed basals used only for backup when not in closed-loop mode)

- The TechFac will look up the average total daily basals used in the past week, divide the total by 24 hours, decrease that rate by 15% and enter it into the 6 different camp times above as per protocol.

iLet: The TechFac will calculate a backup dose of long-acting insulin from prior week's basals
Tidepool Loop algorithm (DIY): varies by pump but most similar to Omnipod Dash.

Complete AND SIGN the confidential information sheet even if the top and bottom say "None".

- Look at all the medications listed on the MAR and ask family questions as needed.
- We don't accept/administer vitamins except if there is a specific reason and a doctor's order.
- Put the completed confidential information sheet in the camper's folder,

ANYONE WITH A PUMP MUST SEE THE TechFac NEXT. Please give the camper folder back to the family. Others go directly to the Chart Drop Off (last station).

Please sign below and give us a contact number for today.

NAME SIGNATURE DATE PHONE

Endo/CDCES Pump Guide				
	Basal Increments	**Record and Change Basal**	**Change Carb Ratios**	**Change Night Target**
iLet	Not adjustable	Record daily dose history to use if pump dies*	Not adjustable	Set Sleep mode for Higher target (130)
Omnipod	0.05u/hr	Eros and Dash – YES Omnipod 5 – NO Record daily dose history to use if pump dies*	Yes ↑10%	YES Nighttime: 150mg/dL
Medtronic	0.025u/hr	YES	Yes ↑10%	670 and 770 – NO 780 - YES Nighttime: 150mg/dL
Tandem/Mobi	0.001u/hr	YES	Yes ↑10%	Basal IQ - YES Nighttime: 150mg/dL Control IQ - NO
Tidepool algorithm (various pumps)	varies by pump	YES	Yes ↑10%	YES Nighttime: 150mg/dL

* As ordered by the Medical Director for iLet and Omnipod 5, the TechFac will
1. record the daily total BASAL insulin for each of the past 7 days on the Kardex and/or in the "OP5 iLet total basals.xlsx spreadsheet; then read the backup basal from the spreadsheet as follows:
2. the average of the 7 days
3. 85% of that average
4. the hourly rate (dividing step 3 by 24); record this rate on the Kardex™
5. For the OP5, create a backup basal schedule in the pump for the full 24 hours.

MEDICATION STATION AT INTAKE

Label MAR with name, spec number & allergies (written in red) on both sides

If they do not have medications (other than insulin), they go onto next station

We do not administer vitamins unless there is a written order from their PCP. Ask about any OTC meds, nutritional supplements or herbal medicines brought to camp.

If they do have medications:

- Daily meds go on front of MAR
- Times to administer meds are 8:00, 13:00, 18:00, 21:00 and afternoon snack
- PRN meds get listed on the back of the MAR
- Sign bottom of MAR where you filled in meds
- Check expiration date on all medications and ensure enough supply is available for the session
- Check label to make sure the name, strength, formulation and directions are the same as ordered by the doctor. We do not need a written prescription from the doctor if all of the information is correct on the pharmacy label. If the current dose does not match the dose on the label, the parent must provide a written order from their home PCP. **Parents must have a copy of the medication order (or a properly labeled pharmacy bottle) on them during intake otherwise the medication will not be administered.**
- OTC meds need a doctor's order
- Label each container with a spec number colored dot
- If there are multiple meds, place them into a clear Ziplock bag before placing them into the corresponding cabin basket.
- Controlled meds get counted in front of parent & given to charge nurse to be placed in locked cabinet. The number of pills is documented on the MAR in the same section as the order
- If the camper will be carrying his own asthma inhaler, check the expiration date and the number of inhalations left. Under daily medications, write "Inhaler Monitoring" at BT. Document the number of inhalation left under the present date (day of intake). Give the inhaler to the camper.
- Mark in red, on the top Kardex a "Y" under the appropriate time the camper is to receive their daily med(s)

All MARs go into medication binders by cabin assignment

If the camper has an Omnipod, the PDM (should already be labeled)

a. The passcode needs to be recorded on the label
b. It needs to be placed into their cabin basket

If the camper uses a non-disposable ½ unit pen, label it with their spec number and put it into their cabin basket.

On the afternoon of Intake, the SCN and ASCN should count all the controlled meds together.

OUTTAKE DAY PROCEDURES

END OF SESSION REPORTS FOR PARENTS

Device	Kardex top**	Kardex bottom**	Cloud download

MDI	X	X	
Pump-no CGM*	X		X
Pump-with CGM*	X		X
	by nurse/HCA	by nurse/HCA	by techFac

* "with CGM" means CGM connected to pump entire week
**Kardex paper copies all given to parents at Outtake.
Reports may be emailed (PDF) or printed as per parent preference at intake.

Night before departure

- ☐ See table above for copying/emailing report specifications
- ☐ Pack up pump supplies & put in a bag, labeled with name card from supply box
- ☐ Pack up medication(s) & put in (same) labeled bag
- ☐ Check medication book for any meds not initialed
- ☐ Meet with charge nurse for your evaluation
- ☐ Fill out staff evaluations (for your cabin)

Morning of out-take

- ☐ Give **all** insulin before checking anyone out
- ☐ Write in last numbers on both copies of the kardex
- ☐ Put copy of kardex in labeled bag with other supplies
- ☐ Meet with parents. Guide them in restoring pumps to home settings enlisting the aid of the Tech Fac if needed. Both Tech Facs will be available in the pavilion at outtake to assist parents in returning their child's pump to the home settings
- ☐ Direct all major diabetes management questions to the doctors

After camper departure (hc assistant can help with the paperwork):

- ☐ Remove top & bottom of camper's kardex & put in camper's file
- ☐ Remove camper's medication sheet & put in camper's file
- ☐ Remove staff medication sheets & put in session folder (on top of file cabinet in charge nurse office)
- ☐ Turn in and sign in keys
- ☐ Return fanny pack to proper location
- ☐ Clean your room, vacuum, wipe down bed with alcohol spray and empty garbage into large bin in stairwell
- ☐ Empty refrigerator of your food
- ☐

OUTTAKE DAY - CGMs

1. On each phone, open the Dexcom app and press the "share" (triangle of dots) icon .
2. Remind each family to turn on the Shares as desired, delete HC network from sharing, and to reset the alarm limits and disconnect alarm.
3. Advise family to check all Dexcom app settings to ensure alerts will sound.
4. Delete every camper from the HCiPads using Edit/Remove.

EARLY OUTAKE (checklist for early departure from camp)

- Download pump (if necessary)
- Put sim card back into phone.
- Disconnect camp & reconnect parents to follow
- Take off camp password
- Offer to put camper's pump back onto home regime
- Collect pump supplies or pens from MDI box
- Collect medications (include refrigerator meds)

- Copy Kardex if MDI and give to parent
- Pull Kardex, MAR, progress notes & parent call log sheet and put into camper file
- Make sure they have taken their charging cords from cabin

Section III - MEDICAL DOCUMENTATION

Most of the diabetes management documentation takes place in electronic resources, cloud storage (Tidepool, Glooko and Beta Bionics) and eSpecSheet. Glucoses and ketones are entered in eSpecSheet mostly by the counselors. Pump insulin delivery is uploaded to cloud storage with each pump site change and downloaded for viewing as needed. Documentation for insulin delivery for those using MDI is manual on a paper form we refer to as "Kardex©" (unrelated to the commercial product). Documentation of insulin REGIMES is done on the "top" half of the Kardex© for everyone.

Sheet	What Gets Documented?	Who Should Document It?
eSpecSheet	Glucose/ketones/carbs	counselors or HC staff
Kardex™	Glucose/ketones	Nurse or Doctor, no initials needed
	Insulin Doses (MDI only)	Nurse or Doctor. initials under each dose.
	(No documentation of hypo treatment when protocol is followed)	
cloud storage	Insulin delivery via pump	electronically transmitted automatically
Progress Note	Illnesses and Treatments	Doctor or Nurse (See last page of this section)

HIPAA, CONFIDENTIALITY AND SHREDDING

To safely operate a diabetes camp, it is necessary that information about each camper's diabetes be readily available at all times. As a result, we do NOT attempt to maintain confidentiality about diabetes-related personal information and parents are asked to sign an acknowledgement of that fact. We strive to maintain confidentiality about all other medical information, but non-diabetes medicines are often dispensed in view of other people. Since diabetes information is not confidential at camp, any related papers DO NOT need to be shredded. Please recycle them when possible.

ABBREVIATIONS AT CAMP NEJEDA

CODE 100: Severe hypoglycemia or accident requiring IMMEDIATE Health Center support

SPEC #: ID number assigned to each camper and counselor for Health Center use.
SPEC Time: Times when glucose is tested and insulin given

BB: Before Breakfast
BL: Before Lunch
BS: Before Supper
BT: Before bedtime snack

O.D.: On Duty counselors stationed at cabins for coverage of campers from 9:30-midnight.

S.O.D.: Senior Staff member On Duty; is in charge of camp during this time. Acts as runner for Health Center and O.D.s. The camp staff will provide the Health Center with an SOD schedule and the cell number to reach the individual. The cell numbers are CONFIDENTIAL.

Device Abbreviations:
Conventional Closed Loop

M=Medtronic	MC=Medtronic CLP
O=Omnipod	OC=Omnipod 5 closed loop
T=Tandem Basal IQ	TC=Tandem control IQ/Mobi
S=shots (MDI)	IC=iLet CLP
ND=does not have diabetes	DC=DIY CLP

MEDICAL ABBREVIATIONS

CLP: closed loop pump	Q: every
PRN: as needed	BID: 2 times daily
c: with	TID: 3 times daily
s: without	QID: 4 times daily
BS: blood sugar	QD: DO NOT USE, use "daily"
PO: by mouth	QOD: DO NOT USE, use "every other day"
MDI: multiple daily injection	SQ/SC:DO NOT USE, use "subcut" instead

USING THE KARDEX™, ESPECSHEET, CLOUD STORAGE

We have a form for managing insulin and tracking glucose at camp and refer to it as the "Kardex™" even though it has nothing to do with the commercial product of the same name. Each camper has a Kardex™. After intake day, the sheets are kept in loose leaf binders, one for each cabin. At intake the doctors/CDCESs fill out the top sheet ("pump", "iLet", or "MDI" format) for each camper. The top sheet tells the nurses the insulin doses and pump settings. During the session the doctors frequently review campers' glucoses and adjust insulin regimens accordingly. There is a "sliding scale" Kardex™ to use as a worksheet to record the home regimen of a camper using a sliding scale. One recorded, the information needs is used by the endo/CDCES to create an MDI protocol on an MDI Kardex™. The extra sheet is kept in the cabin book for reference.

The bottom sheet is used by the nurses to record all camper's glucoses and insulin doses administered for **MDIs only**, as described below.

1. Before each meal, before bedtime, and at midnight every camper has his/her blood glucose checked either by reading from a CGM or by doing a finger stick. They may also be checked at any time a camper requests to be checked or at 3:00 am as needed. The daytime results are recorded by counselors on an "eSpecSheet" and available online to the Health Center (HC) staff. Blood glucose measured at other times of day is also recorded in the appropriate columns in the Kardex™. The nurse for each cabin copies the glucoses from the eSpecSheet "low events" (paper and electronic, used for tests done between meals) and night time part of the eSpecSheets (copied by the night nurse and night HC assistant) to the appropriate boxes on the Kardex™.

For campers using pens, the Kardex™ top sheet is also used to copy the insulin regimen to the Bolus Calculation Sheet before each meal including target glucose, insulin:glucose ratio (insulin sensitivity factor/ISF/correction ratio), and insulin:carb ratio for that time of day.

2. Before each meal the campers all come to the Pavilion to get their insulin. The glucose is recorded in the "mg/dL" box. The insulin is given as described under INSULIN ADMINISTRATION (Section 4).

- The insulin doses are recorded by the nurses in the Kardex™.
- The planned carbs are recorded in the "pre" box.
- The "correction" and "carb" doses are recorded separately in the appropriate boxes.
- The nurse's initials are to be entered on the shaded line below the dose(s) administered.

Segment of Kardex™ Bottom

Date:	Breakfast			
Sun	mg/dL		units	
	pre	extra	pre	extra
Initials:				
Mon				
Initials:				

3. After each meal, campers who have eaten more than their planned carbs return to the Pavilion to get additional insulin. (Those on closed loop pumps get the additional insulin in the Dining Hall, immediately after eating.) The additional carbs and additional insulin are recorded in the respective boxes marked "extra" on the Kardex™.

Any dose that is an exception to the child's protocol (more or less than the prescribed amount) must be circled on the Kardex™ so that when the glucoses are reviewed protocol changes are not made unnecessarily. A note as to why the prescribed dose was not given needs to be written under "Notes" (i.e. "evening activity").

4. At bedtime snack:

a. For MDI users the nurses go to the cabins to give insulin.
   i. The correction and carb coverage doses are added together by the pump to give a single bolus (pumpers) or injection (long-acting insulin users).
   ii. Most multiple daily injections users also get their long acting insulin at bedtime and it cannot be mixed with any other insulin (i.e. must be given as a separate injection).
   iii. Glucoses and insulin doses are recorded in the Kardex™ as described above.

5. Whenever a nurse or camper has a question about an insulin dose, the attending or resident should be asked. Whenever the dose administered to an MDI user is NOT what the protocol directed, the dose should be circled to alert the attending and resident reviewing the blood glucoses later that a decision was made not to follow the protocol at that time.

FOR ALL PUMP USERS

The full picture (glucoses, insulin given and regimens) for campers using pumps will be examined using the eSpecSheet or "cloud" record (Tidepool, Glooko or BetaBionics report) when needed. Changes in the regimen will be made by the endocrinologist on the Kardex™ top and implemented by the endocrinologist and TechFac together. The TechFac will initial the Kardex™ to document that the change was made. For those using an insulin pump, insulin doses are not recorded on the Kardex because they are available from the cloud record.

At bedtime snack, for pumps users the Tech Facs go to the cabins to supervise entry of carbs into the pumps.

Whenever a pump site is changed, it should be recorded in the appropriate place in the eSpecSheet so that the reviewer will know if a high glucose was seemingly due to a pump site problem.

Whenever a nurse or camper has a question about an insulin dose, the attending or resident should be asked.

REVIEWING THE INSULIN MANAGEMENT DATA - Attending and Resident in conjunction with the appropriate nurse and/or TechFac when possible. Each camper's records on Kardex™, E-Spec sheet and cloud storage report is reviewed daily to help each camper achieve the best diabetes control possible without hypoglycemia. Orders to change the camper's protocol/insulin regimen can only be written by the attending or resident.

For pumpers and multiple daily injections users, the changes are made in the "Change Order" boxes provided.

i. Any time an insulin regime is changed a sticky note is stuck onto the page to alert the other HC staff that a change has been ordered. The note should say "Change" and include the date and camper spec number in case it falls off the page.

ii. When the change is made the Kardex™ top needs to be initialed/timed to show it has been completed. Changes made by Tech Facs are supervised by the endocrinologist or resident.

MEDICAL STAFF MEDICAL FORMS

A Health Report (history and physical exam) is required once every five years for all seasonal staff (including volunteers) working longer than three consecutive nights. All Reports will be kept locked in a confidential file available only in case of emergency and only to the Medical Director, Health Center Director and Session Charge Nurse present when the staff is present. At other times the Reports will be stored confidentially by the Executive Director.

ACCIDENT/INCIDENT REPORTS

When to fill it out:

Section 8:25-5.1(f) of the NJ Camp Safety Act requires reporting of accidents or illness resulting in death, professional medical treatment, loss of consciousness, restriction of activity or premature termination of the camper's stay.

- Accidents requiring just standard first aid treatment do not need to be reported.
- Needle sticks need to be reported.

- Nothing diabetes-related needs to be reported unless it results in off-site medical care or termination of stay.

The nurse who was primarily involved in the situation is to fill out only the Medical pages.

What to do when it is completed:

- Attach a copy of any pertinent progress notes
- Make a copy of the report to put into the purple folder on charge nurse desk
- Leave on charge nurse desk for signature of HCD
- HCD will give original to Camp Director for his/her signature

NJ STATE SERIOUS ACCIDENT REPORTING

Need to call 609-826-4935 (weekdays 9-5) or 609-947-8598 (weekends) within 24 hours to report any deaths, spinal cord injury, or any injury which renders a person unconscious. Other serious head and neck injuries also need to be reported by phone.

CHARTING VISITS TO THE HEALTH CENTER

When staff or camper comes in, document on one line in appropriate spiral book (one for staff and one for campers).

To maintain continuity with prior visits, also chart each visit on the progress report sheet for each person. They are kept in the "Progress Report" binder, divided by cabin and a section for staff , alphabetically.

- Progress notes are for both the nurse & the doctor to chart on
- When a sheet is full on both sides, add a new sheet with the camper/staff name, DOB, cabin (campers only) and spec number at the top.
- At the end of each session, the Tech Fac (licensed or unlicensed) is to take the progress notes out of the binder for his/her cabin only and file it in each camper's chart along with the medication sheet & Kardex®.
- Staff progress notes will stay in the binder until the end of the summer.

When a camper or staff member needs to use a Health Center bed, it is the responsibility of the nurse(s) on duty to:

- Hang the bed-occupied "flag" by the Watch Board at the HC desk.
- Notify the SOD (senior counselor on duty) and the Session Charge Nurse or Assistant Session Charge Nurse.
- Pull out their progress note from the appropriate binder & place it on the watch board behind the appropriate flag.
- Follow up on any necessary medical care required or ordered by resident or doctor on duty
- Chart all assessments & care given on the progress note
- Take blood sugars before all meals and as needed, and chart both on progress note and for campers in black cabin binder]
- Administer any insulin needed before or between meals and chart both on progress note and for campers in black cabin binder

- Arrange for a meal to be brought to the Health Center
- Assure that a camper is never left alone in the Health Center
- Give report to the next nurses when they arrive on duty
- Once a camper or staff is discharged from the Health Center bed, the nurse on duty needs to put the progress note back into the "Progress Report" binder and remove the bed-occupied "flag".

MEDICATION ADMINISTRATION

All medication at Camp Nejeda is to be administered by a staff member that has a license to administer medication in the state of NJ. The process for documenting medication administration is covered under standards practice guidelines using Camp Nejeda's written *Medication Administration Record.*

If a camper is carrying their own asthma inhaler as prescribed by their doctor, the number of doses left on the inhaler is to be documented daily at bedtime and compared to the number of doses documented the day before. If the number of inhalations used by the camper in a 24 hour period exceeds 2 or the camper appears to be in respiratory distress, then the nurse must notify the covering doctor.

The Session Charge Nurse and a second licensed health care provider should count all the controlled meds together daily.

Section IV - INSULIN ADMINISTRATION

GENERAL:
Insulin is donated by Eli Lilly, Novo Nordisk and Sanofi-Aventis. Campers will be provided with the brand (as above) and the type (Humalog/lispro, Novolog/aspart, Apidra/glulisine, Admelog/lispro, Lantus/glargine, Levemir/detemir, Basaglar/glargine) that they use at home.

NOTE: We do not use 70/30 or 75/25 insulin mixes at camp, since the amount of regular insulin needs to be adjusted daily. Any camper using one of those insulins will be changed to a rapid acting and long acting insulin at intake and their parent will be told about the change.

Insulin is given at the pavilion before and after breakfast, lunch and dinner. See details under "Nursing Guidelines for Using the Kardex™" below. All DAYTIME snacks at camp are no/very low carb so no insulin coverage is needed. Insulin is sometimes given for bedtime snack.

LITs are managing their own insulin under the supervision of the LIT nurse and endocrinologist.

ADJUSTMENTS:
Insulin doses usually need to be decreased at camp because of higher activity levels. This is generally necessary to prevent frequent and/or severe low blood sugars. Sometimes, doses remain the same or are increased because of high blood sugars. If parents have any questions about these procedures, they should be discussed with the medical staff at Intake Day. "Perfect" blood sugar control is not a goal of diabetes camp. Every effort will be made to provide safe diabetes care at camp which includes preventing severe low blood sugars, ketones in the urine, and symptoms of high blood sugars.

Campers who understand insulin:glucose adjustments may be asked to help decide doses. Those who do not understand dose adjustments may receive instructions on how specific types of insulin work and how to make decisions on increasing or decreasing doses.

No correction will be given to a camper who has been treated for a low within 1 ½ hours prior to a meal. The ultimate decision for an insulin dose will be at the discretion of the medical staff.

INSULIN ADJUSTMENTS DURING INTENSIVE PHYSICAL ACTIVITIES

Rationale: Initially, after a period of intensive and prolonged exercise, blood glucose levels are often high because of the epinephrine released during the activity. Afterwards, depending on the duration and intensity of the activity and previous caloric intake and previous insulin doses, blood glucose levels will tend to drop. This can occur for up to 12 hours after exercise.

The conclusion that can be drawn from these facts is:

1. The high blood glucose levels immediately after exercise should not be treated.
2. The hypoglycemia that may follow exercise needs to be prevented as much as possible.

Plan for Prevention of hypoglycemia - Implementation of temporary doses:

1. For periods of unusually vigorous exercise that are of limited duration, such as a game of basketball, inter-camp athletics, "capture the flag", rafting, and short hikes, the insulin dose needs to be decreased, depending on the time of the day.
a. If exercise occurs after a meal, decrease the pre-meal rapid acting insulin (regular) or rapid acting (aspart, lispro, glulisine) by 15%.
b. For swimming or contact sports, campers on insulin pumps, need to have theirs pumps temporary disconnected (NOT suspended except the closed loop pumps, which can be suspended for a maximum 2 hours) and have glucose checked 2 hours after exercise to determine the need for additional insulin.

2. For activities that involve a high level of physical activity for the whole day (i.e.: long hikes or canoeing of long duration, rafting, visit to Dorney Park) : See Guidelines Below

ADJUSTMENTS FOR SPECIFIC ACTIVITIES

Insulin is reduced for high intensity activities by giving "free carbs", carbs that are subtracted from what is eaten and thus not covered by insulin as per the chart below except for those using a closed loop pump. On the Kardex™, record the actual carbs and insulin given. Place an asterisk next to the carb dose and make a note that the dose given excludes the "free carbs".

OFFSITE**	**B'fast**	**Lunch**	**Snack**	**Supper**
Rafting	Usual	Usual	Carb free	
Waterpark Trips Dorney (9-9) Camelbeach (9-5:30)	 Usual Usual	 Usual Usual	 Full cover Full cover	 Usual Usual
LIT activities	as per LIT CDCES			
Appalachian Trail Hike Sunrise Mountain Buttermilk Falls	 Usual Usual	 Usual ½ carbs***		
EVENING				
Manhunt/Animal Farm/Clue/Swim Party				20***
Dance Party/Jazzercise				Ask 0-20***

*Those on closed loop pumps should not get free carbs. Their pumps should be put into "exercise" or "activity" mode.
***Any deviation from normal carb coverage needs to be put in Notes on Kardex®

PRE-MEAL BOLUSING

PREPARATION
The Culinary Director and Dietitian will meet daily, right after lunch, to review the menu for the next 24 hours and set a per-camper serving limit for each item on the menu. The dietitian will type up the menu for the next 24 hours and send it out electronically to the cabin tablets before lunch. If the WiFi fails, a paper copy will be available as a backup to hand it out to the counselors at the 3 PM snack. Listed on the menu will be the serving limits and number of carbs for each serving.

A list of the “make-up carbs" (for those who chose not to eat their planned carbs) will be posted on a white board in the dining hall. They will be: Yogurt, milk, fruit, and sun nut butter on bread. These items will always be available. Only 1 type of cereal will be offered each day at breakfast. All cereals offered will be gluten free. Salad bar items will be all carb free.

PRE-MEAL
Cabin Counselors are responsible for helping to estimate carbs for all camper in their cabin before every meal AND recording them in the “eSpecSheet”. BG testing is started after carb planning to bring testing closer to dosing time. Carbs for breakfast will be determined the night before, during insulin time. ESpecSheets (with carb counts) are immediately available to HC personnel as they are completed.

The HC will assume that the meal will be ready on time unless the kitchen calls the HC to notify them of a delay. Fifteen minutes prior to the meal, the nurses and Tech Facs will go to the Pavilion where the SOD will quiet the campers for insulin administration. Every camper will receive a pre-meal bolus.

IN DINING HALL and POST-MEAL
Counselors will be serving campers all food; campers will not serve themselves. Campers can get their own salad, milk, cereal or other items not served on the table. The senior staff table will be in charge of serving the cereal and overseeing the limits on fruit. The counselors will ensure that each camper has eaten the number of carbs they said they would, add extra carbs eaten to the eSpecSheet, or make sure the camper makes up for lacking carbs. Campers on CLPs (except iLet) who have eaten extra carbs must report to their Tech Fac in the dining hall to get additional insulin.

The counselors are also responsible for sending campers back to the pavilion after each meal if there were extra carbs eaten for an MDI user OR if there are insulin regimen changes for pump users.

INSULIN ADMINISTRATION

Do not give a correction dose for a glucose measured within one hour after a child was treated for a low glucose or within three hours after a child received insulin for a high glucose.

Do not give a camper more rapid acting insulin than the camper's age without checking the math with another HC staff member for all sessions except the session with the oldest campers, where the maximum will be their age + 5 units. This also applies to pumps, where the dose to be given must be examined.

Insulin Pen Injections (MDI)

Bolus Calculation Sheet
The Bolus Calculation Sheets are only needed for those campers' getting insulin from a pen.

The nurse will check the Kardex™ assuring name, spec number, type of insulin, target, correction ratio (ISF) and carb ratio. S/he will copy them to the appropriate places on the insulin Bolus Calculation Sheet.

- The "correction" dose of insulin is calculated by subtracting the target from the current glucose and dividing the difference by the insulin:glucose (ISF) ratio. If the Kardex™ states a target range, use the higher number. If the calculated dose is a negative number, use that negative number in calculating the Total Dose
- The "carb coverage" dose of insulin is calculated by dividing the number of carbs to be eaten by the carb ratio.
- The correction dose and carb coverage dose are added together to get the total bolus.
- When calculating the dose of insulin for a pen, the nurse will round down all decimals to the nearest whole unit (or to the nearest 1/2 unit on Jr pens or syringes).
- Any fraction not given pre-meal needs to be added to the post-meal dose before rounding down.

Every MDI camper will meet their nurse at a separate table in the pavilion. The MDI Nurse is to administer insulin to the campers starting with the one with the highest BG first, working her/his way down to the camper with the lowest BG last.

Administering the Insulin

- The nurse will ask the camper his/her spec number and name.
- Campers will be provided with the same type of pen or syringe and needle used at home, i.e., short needle or regular length.
- The insulin dose will be calculated using the Bolus Calculation Sheet as described above. The nurse will dial the dose or check the camper after s/he dials the dose on the pen.
- Site rotation should be taught and implemented by the nurse. It should take into consideration what activities are planned (because of potentially exercising of areas for injections). Do not use sites which have hypertrophy (record hypertrophied areas on Kardex™ based on intake physical form and camper health forms.)
- No camper should be forced to administer his own insulin--s/he will do so when ready.
- The MDI Nurse will record for each camper s/he is managing the glucose, carbohydrate count and insulin dose in the Kardex™.
- The nurse will record the actual dose given (not necessarily the calculated dose for pens/syringes), the glucose and carbohydrate count on the Kardex™.

When the dining hall is dismissed, all MDI campers who ate more than their estimated carbs need to go see their nurse in the pavilion. The nurse will complete the Insulin Bolus Sheet and administer additional insulin.

Insulin Pump
We will be using the insulin bolus wizard in the pump to choose insulin doses for all pump users. iLet pumps only need to be told that a "Usual" meal is being eaten, without a carb count. The Tech Fac will work with each of his/her campers, who are using pumps, at their cabin's table to supervise their entry of the meal's carbohydrates. The Medtronic closed loop pumps, except 780G, must be calibrated at each meal. The Tech Fac can assist if needed.

Changes in the bolus settings (carb ratio, correction ratio, target) affecting the current meal must be made before administering insulin. Basal changes are to be made after the meal, unless there is time before the meal to make the appropriate changes. They must be seen on the pump by the nurse or Tech Fac before it is put into effect. Before changing a basal rate, make sure the current rate in the pump is close to (usually not more than 0.1 units/hour change) the new rate. (The old rate is NOT still visible on the Kardex™.) After making any change in basal rates, review all of the basal rates. The bolus settings that are changeable are different on each pump.

The carbs will be entered into the Bolus Wizard for every pump except iLet, which just need to be told that it's a "Usual" meal. Closed loop pumps will have a glucose from the CGM. For other pumps, the glucose needs to be entered. If glucose and/or carbs are entered by the camper they will be checked by a Tech Fac or nurse. On the Omnipod 5 use the "Use CGM" button on the bolus screen. It uses the current reading AND considers the trend arrows to adjust the bolus dose. The pumps will automatically subtract Insulin On Board, if any. If the camper was treated for a low within 1 hour before a meal, DO NOT put their pre-meal BG into the pump to avoid treating a rebound.

All pump users except iLet pumps that eat extra carbs will approach their Tech Fac in the dining hall to get supervision entering the additional carbs into their pump prior to leaving the dining hall for that meal.

LIT DIABETES MANAGEMENT

- Carries a string bag fully stocked for self-management
- Is independent in mealtime BG, carb & insulin administration
- Manages own highs & lows between meals according to camp policies
- Enters own data onto eSpecSheet for meals, highs & lows
- LIT CDCES to review BG at least daily – approach LIT & ask "what changes do you think need to be made?" (If LIT nurse is not a CDCES, glucoses reviewed daily by endo.)

LIT counselors also can bring LITs to nurse/Endo attention.

NIGHTTIME INSULIN MANAGEMENT

GLUCOSE	INSULIN
Snack time	
Before giving any rapid acting insulin at bedtime, consider recent activity (if no adjustment made before the activity) and insulin given in last 3 hours (pens only; pumps automatically subtract insulin-on-board). Give long acting insulin to those who get it.	
greater than or equal to 100	If on a pump – use the pump wizard If on a pen – Calculate the correction (positive or negative) and give full carb coverage for snack. If a bedtime rapid acting insulin dose is more than 1/2 the camper's age, a second member of the medical staff has to verify the dose.
less than 100	No rapid acting insulin except for closed loop pumps.
After Bedtime	
	Insulin is given after snack time only if glucose is over 275. Check ketones for BG>275. Give 1/2 of the calculated correction. For a pump user BE SURE to check the glucose again in an hour. The pump may be failing.

- Target is always 150
- Those who are less than 100 at 12:00 midnight and anyone whose glucose dropped more than 200 mg/dl from the "bedtime" level will get checked again at 3:00 AM.
- Anyone whose glucose was less than 40 during the day OR who was unconscious/had a seizure, needs to get checked at 3:00 AM.
- Others at risk of severe hypoglycemia may also be tested at additional times at the discretion of the Health Center personnel.

INSULIN PUMPS

(Continuous Subcutaneous Insulin Infusion, CSII)

Insulin infusion pumps may be used at Camp Nejeda for campers, counselors, staff etc., who use these devices at home. All manufacturer recommendations should be followed regarding pump functioning, care, etc. The Medical Committee has developed these guidelines for all campers while at Camp Nejeda. Pump manuals are available in the Health Center as resource material. Several medical staff members have experience with pumps and may be available to answer questions. Additionally, representatives from the individual companies are available at any time for technical assistance/advice by contacting the following phone numbers:

Company	Phone Number (or look for # on back of pump)
Medtronic	800-826-2099
Omnipod	800-591-3455
Tandem –	877-801-6901
iLet	855-745-3800

PUMP SAFETY GUIDELINES FOR CAMP

1. Despite most pumps being waterproof they should always be removed during water-based activities because the intensity of the activities increases the likelihood of pump damage.

2. The pump will be labeled with the camper's or staff member's spec #.

3. Campers are permitted to set the pump to give a bolus but can only give the bolus under the supervision of a member of the medical staff. They are similarly only allowed to change a basal rate, change bolus parameters or otherwise administer insulin under medical supervision. This rule is included in the contract for campers with pumps that is signed by the camper and parent on arrival at camp. Any violation of this rule must be reported to the Health Center Session Charge Nurse immediately and may result in the camper being sent home.

4. While at camp, pumps must be set on the highest sound level for alarms. The vibrate mode cannot be used by campers or staff at any time.

5. For Closed Loop Pumps any and all alerts and alarms generated by the pump must be reported to a staff member by the camper. The staff member and/or medical staff will instruct the camper to "clear" any alerts and alarms; the camper may not "clear" any alerts or alarms independently. Any prompt from the pump for a correction bolus has to be reported to and handled by the health center. Campers are not allowed to self-administer insulin without the supervision of a Health Center staff member.

The nurses and counselors will need to be able to identify whether a closed loop pump is in auto mode and notify the technology facilitator if necessary.

6. Infusion sets/catheters including the reservoirs/cartridges (syringe) will be changed at least every 72 hours routinely or at the discretion of a nurse, the Endocrinologist, or the Resident.

Set changes must be done at the Health center and recorded on the set change log and the Kardex™ or electronic record. The change log should record the time of day the pump was changed. A red triangle (Δ) should be placed on the glucose side of the Kardex™ at the approximate time of day when the site was changed. This enables the reviewer to see when a high glucose was due to the need for a site change.

7. Campers will take bolus insulin as per the Pre-Meal bolusing protocol under the supervision of a nurse, the Endocrinologist, or the Resident.

8. If pump site has been ripped out, the camper will need to replace the pump site as soon as possible. If this occurs during or immediately before a meal, the camper will receive their pre-meal or post-meal insulin dose via an injection with a syringe and will go to the health center after the meal to replace the insulin pump site. If the pump site comes out 7 AM-10 PM, the camper will come immediately to the health center to replace the pump site. During the night the site may be replaced at the discretion of the HC staff or insulin may be given by syringe.

9. Disconnecting/reconnecting a pump
   i. When the pump needs to be disconnected, do not SUSPEND it. Let it keep running to help prevent air forming in tubing and keep tubing open. The exception is the closed loop pumps, which must be suspended to know accurately how much insulin it delivered.
   ii. Before RECONNECTING please visually inspect tubing for air and/or receding insulin at end of tubing.
   iii. If NO AIR, wipe ends with alcohol and reconnect. If AIR is noted, <u>before connecting</u> to camper please prime insulin in tubing until air is expelled and droplets form at end of tubing.
   iv. If there is air in a Tandem pump 10 units MUST be primed before you can get out of the screen. Using multiple cannula fills might work better.

10. Omnipod Eros & Dash® pumps present a special case because the insulin delivery unit with insulin is affixed to the skin, but the controller is separate. Losing the controller is more likely at camp than at home because of the wide range of camp activities. To avoid loss of or damage to the controller, it will be kept in the Health Center in the appropriate cabin basket except at night when the camper will keep it in their cabin next to their bed, in their cubby. If someone using Eros or Dash is severely hypoglycemic (glucose below 40, unconscious, or unable to cooperate) the controller (formerly PDM) should be brought to the camper to set a temporary basal rate of 0 for 1 hour.

11. The Omnipod 5 operates without being near the controller or cell phone (Android only). Therefore a controller can stay in the Health Center except when needed for bolusing or adjusting the insulin regimen. An OP5 users will need to keep their cell phones with them only if they request to have their CGM data followed in the HC during day.

CHARGING OMNIPOD DASH, TANDEM and iLet PUMPS

OMNIPOD DASH PDM

All PDMs will be kept in their appropriate cabin basket in the pump room. There will be a multi charger set up in the pump room to plug in the Omnipod Dash PDMs. Each day, the Tech Facs will plug in the PDM(s) from their cabin, girls after breakfast every morning and boys after lunch every afternoon. All PDMs need to be left in the cabins overnight.

TANDEM PUMP

We will provide a Tandem pump charging station with a cooler at the pool, inside the gate. The pumps will be charged during pool time as needed. Campers whose pumps need charging outside of pool times will have to stay in the Health Center to charge their pumps.

iLet

TROUBLESHOOTING THE PUMPS

1. Begin at one end and work toward the other, i.e. start at the pump and work toward the camper.
2. Does the reservoir have insulin?
3. Has the insulin become damaged (excessive heat, expired, etc.)?
4. Are the driver arms on each side of the plunger? (Minimed)
5. Is the luer neck lever properly positioned? (Minimed)
6. Is there any leak between the reservoir and the tubing? Do you see wetness in the reservoir compartment?
7. Is the tubing kinked or damaged?
8. Is there blood in the tubing?
9. Do you see air bubbles that may be causing high BG?
10. Is there any leak at the quick-release connection? (Softset)
11. Is the site secure?
12. Is the site dry?
13. Does the site look red, swollen; is there any drainage, etc?

DELIVERING AN INSULIN BOLUS

See TechGuide/Insulin Pumps

INSULIN PENS

The tables below lists the available pens, compatible insulins, insulin type (Activity period), Appearance (clear/cloudy), the number of days a cartridge can be used after being opened and the maximum dose that can be dialed.

GENERAL INFORMATION FOR ALL PENS

1. Unused Pens & Cartridges should be kept refrigerated.
2. Pens & Cartridges in use should NOT be refrigerated.
3. Refrigeration increases the risk of bubbles developing.
4. They should be stored at room temperature but must be kept at less than 86°F.
5. Do not store pens with the needle attached.
6. If the needle is attached, insulin may leak from the pen, insulin may dry in the needle causing it to clog or air bubbles may form inside the cartridge.
7. The Pre-filled and Penfill Cartridge insulin pens listed below contain 3mls of 100 units/ml or 300 units/ml of insulin.
8. Doses of insulin can be dialed in 1-unit increments except where otherwise noted.
9. Always perform an "Air shot" before each injection. This removes air bubbles and ensures the pen and needle are both working properly.
10. Each camper should be given his/her own Pen(s) and Cartridge(s). PENS MAY NEVER BE SHARED EVEN IF NEEDLES ARE CHANGED. Each Pen will be labeled with the camper's Spec. number.
11. Pen Needles come in various sizes and lengths.

PREFILLED INSULIN PEN INSTRUCTIONS (DISPOSABLE)

See General Information for All Pens.

1. Remove Pen cap and wipe the rubber stopper with an alcohol swab.
2. Remove the protective tab from the pen needle and screw it on the pen.
3. Remove both the plastic outer cap and the needle cap.
4. Perform a 2 unit "air shot". Turn the dose knob until the arrow (→) and desired dose are in Line.
5. With the needle still pointing up. Press the button until a drop of insulin appears.
6. If no drop of insulin appears, repeat steps 4 and 5. If no drop appears after 3 air shots, change the needle.
7. To dial dose for injection, dial the number of units to inject.
8. If the wrong dose has been set, turn the dose knob backwards until the correct dose appears. A dose greater than the number of units left in the pen cannot be dialed.
9. Follow procedure for injecting insulin.
10. While still pressing the button, keep the needle in the skin for at least 6 seconds, this step will make sure you get your full dose of insulin. Keep the button fully depressed until you withdraw the needle from the skin.
11. After injecting, the camper should replace the outer cap only, unscrew the needle and dispose of it in the sharp's container.
12. Replace the pen cap.

CARTRIDGE PEN INSTRUCTIONS (REFILLABLE)

TO INSERT A NEW CARTRIDGE

1. Pull off cap by gently twisting the cap.
2. Unscrew the cartridge holder from the barrel.
3. NovoPen Echo® Turn the reset mechanism clockwise until the piston rod is flat with the reset mechanism. NEVER press on the piston rod to get it flat. Eli Lilly cartridge pens the piston rod can be pressed down to reset.
4. Remove the appropriate insulin cartridge from the wrapper.
5. Drop the cartridge into the cartridge holder (rubber stopper/metal cap first).
6. Screw the barrel into the cartridge holder completely.
7. TO GIVE THE INSULIN INJECTION:
8. Wipe the rubber stopper with alcohol.
9. Remove the protective tab from the pen needle and screw it on the cartridge holder.
10. Remove the outer plastic cap and the needle cap.
11. Holding the pen with the needle pointing upward, tap the cartridge holder to raise any air bubbles to the top of the cartridge. Dial in 2 units and perform an "air shot".
12. Depress the push button at the bottom of the pen. Insulin drop should appear at the needle tip. If no drop of insulin appears, repeat steps 10 and 11.
13. If no drop appears after 5 air shots, change the needle.
14. Select the dose to be given by turning the dose selector until the correct number of units appears in the window and is lined up with the WHITE LINE for the NovoPen®Jr or the RED ARROW for the HumaPen Luxura® pens.
15. Check the dosage and follow procedure for injecting insulin.
16. After injecting, the <u>camper</u> should replace the <u>outer cap only</u>, unscrew the needle and dispose of it properly.
17. Replace the pen cap.
18. The NovoPen Echo® and the HumaPen Luxura® pens can deliver ½ units of insulin, Full units are shown as numbers. Half units are shown as long lines.
19. If the wrong dose has been set for the HumaPen Luxura® or NovoPen Echo® Cartridge pens the dose can be corrected by dialing backwards.

INSULIN INJECTION (We do not use insulins that can be mixed at camp.)

Equipment: Insulin syringe, Alcohol swab, Insulin, protective gloves (MUST BE WORN if assisting with an injection)

- <u>Double check to ensure you have the correct insulin!!</u>

1. Wash hands
2. Put on protective gloves if assisting with injection.
3. Cleanse rubber stopper of insulin bottle with alcohol.
4. Withdraw plunger of syringe to desired amount to have the air to inject in the bottle.
5. Remove cap over needle.
6. Insert needle into rubber stopper of insulin bottle and inject pre-drawn air into the bottle.
7. Invert bottle, pull back plunger of syringe to de-sired level of insulin.
8. Remove air (tap syringe gently)
9. Assure proper amount of insulin.
10. Withdraw syringe from bottle. Do not replace cap on syringe.

11. Choose site for injection and prepare site with alcohol, if used.
12. Insert needle into skin at a 90-degree angle to the area.
13. Press plunger down injecting all insulin. Count to 5 prior to removing needle.
14. Remove needle from skin.
15. The person giving the injection must place UNCAPPED syringe in medical waste container.

INSULINS TABLE

(updated May 2024)

Type	Generic Name	Brand Name(s)	Onset	Peak	Duration	Camp stocks
Rapid	aspart	Fiasp	16-20 min	1-3 hr	3-5 hr	Yes
		Novolog	10-15 min	40-50 min	3-5hr	Yes
	lispro	Humalog	10-15 min	30-90 min	2-5hr	Yes
		Admelog				No
	lispro aabc	Lyumjev	17-20 min	30-90 min	6 hr	No
	glulisine	Apidra	10-15 min	55min	3-5hr	Yes
Long	detemir	Levemir	1-2hrs	"none"	16-24hr	No
	glargine	Lantus	1-2hrs	"none"	24hr	Yes
		Basaglar				Yes
		Semglee				No
		Rezvoglar				No
		Toujeo	1-6hrs	"none"	24hr	Yes
	degludec	Tresiba	1-2hrs	12hr	24-42hr	Yes

Section V – GLUCOSE AND KETONE TESTING

BLOOD GLUCOSE TESTING

1. Blood sugar testing or recording from a CGM, will be done by all campers

- Before Breakfast
- Before Lunch
- Before Dinner
- Before afternoon snack
- Before Evening Snack
- At 12:00 midnight

2. Additional blood sugars will be done at 3:00 am (recorded from the CGM monitors or checked by finger stick in the cabins) by the night nurse and Night Health Center Assistant)

- Anyone whose glucose was less than 40 during the day
- Anyone who was unconscious/had a seizure
- Anyone who glucose was less than 100 at 12:00
- Anyone whose glucose dropped more than 200 mg/dl from Bedtime level
- Anyone who had a morning glucose less than 70

3. At any time a camper

➢ complains of feeling low

OR

➢ is acting strangely or confused

OR

➢ is having symptoms of low blood sugar, e.g., irritable, sweating, shaking, etc.

OR

➢ is not able to or willing to eat scheduled meals/snacks.

Whenever glucose is checked outside of the regular camp times and outside of the Health Center, the result has to be recorded by the counselor on the E-Spec sheet (or paper Event Card, which has to be submitted to the Health Center before the next meal), because the event may warrant an adjustment in the insulin dose. The usual ketone testing guidelines also apply and the results of the ketone testing need to be recorded, too.

4. At any other time at the discretion of the counselor and/or medical staff.

All blood testing supplies are donated by the manufacturing companies. Campers do not need to bring meters, strips, lancets, etc. Campers who are not using CGMs that are FDA approved for dosing will each have their own glucose meter supplied by camp to use in the cabin.
Each camper will be given his/her own finger pricking device(s) (single use all in one cap and lancet devices) which are NEVER to be shared. This is very important because the staff does not

want campers to be exposed to illnesses and diseases that could be passed from person to person through blood.

Campers who are not able to test their own blood or would like assistance will be helped by counselors or medical staff. They will be encouraged to assist in the procedure in some way, e.g., choosing a finger, pressing buttons on the meter, pricking their own finger. Some children are not ready to help with their diabetes care but will still be encouraged by the counselors and medical staff. Ideally, the children will learn how to do blood tests with as much independence as possible while at camp. Counselors and campers should only perform blood glucose tests on fingers. Alternate testing sites are not as accurate and their usage is not permitted at camp. We suggest that parents should continue to have the children help with or do their own blood tests once they have returned home.

GLOVES MUST BE WORN when helping a camper to test or when performing a test for a camper.

Campers who are able to do their own blood testing accurately will be expected to do their own tests before meals and evening snack and when they feel "low." During sleep-outs, counselors may be asked to help medical staff with testing.

Blood Glucose Meter

Assemble materials: meter, strips, single-use lancets, alcohol pads, cotton balls, protective gloves (must be worn)

1. Insert test strip into meter.
2. Clean finger with alcohol or soap/water and allow to dry.
3. Prick correct place on finger.
4. Squeeze finger as needed to obtain large enough blood drop for test strip.
5. Apply blood to test strip to begin timing of test (automatic).
6. Read value after timing complete
   if LO=<20 mg/dl or HI=>600 mg/dl consider re-testing after washing hands
7. Record test result.
8. Clean up area properly following OSHA regulations

URINE KETONE TESTING

Urine testing for ketones will be done anytime BG >275 mg/dl or the camper feels ill, and/or vomiting

Moderate or large ketones must be reported to the Health Center immediately. The camper will be encouraged to increase fluid intake to promote the ability to urinate and correct possible dehydration. They will retest for ketones in 60-120 minutes, as the health center staff requests. Exercise may be restricted for campers who have moderate or large ketones.

KETOSTIX

Equipment: Urine, Ketostix, Clock-second hand, Color chart (or Ketostix bottle)

Procedure:
1. Dip 1 Ketostix into urine
2. Wait 15 seconds
3. Compare and decide immediately with color chart the amount of ketones.
4. Record results

Note: A delay in reading can alter the validity. Read in 15 seconds, if not, repeat the test.

NOTIFYING THE DOCTORS

(about ketones or very high glucoses)

Nurses should notify the resident or attending physician for BG's >275 mg/dl or moderate/large urine ketones before giving the scheduled insulin dose to decide if the insulin dose should be changed.

CGM MANAGEMENT DURING CAMP

1. Keep the HC smart devices plugged in.
2. The HC smart devices connect via the HealthCenter Wifi, not cell service. At night, one person should remain in the HC to hear the alerts.
3. When a CGM alert is heard
    a. looking at the iPads (and the list of camper names if necessary) should tell you whose glucose is out of range.
    b. The cabin where that camper is staying should be called and advised of the alert. The camper may also get an alert on their following device.
    c. The camper does not need to check a finger stick blood sugar before treatment unless required based on the manufacturer's guidelines of the CGM.
    d. In most cases the sensor glucose should be treated based on the current camp guidelines for hypoglycemia or hyperglycemia treatment. A finger stick glucose over 275 may indicate a pump site failure.
4. During the night please remember to **LOG** all CGM alerts in the eSpecSheet.
5. Campers will calibrate their CGMs if required based on manufacturer's guidelines.
6. The sensor will need to be changed based on manufacturer's guidelines. The sensor can be changed anytime throughout the day that the Technology Facilitator is available.,

For Dexcom ONLY:
1. It is good practice to ensure the camper phones are assessed every time an alert comes through to the HC smart devices as you may need to calibrate if a finger stick was done and was significantly different from the sensor glucose.
2. If the fingerstick is significantly different from the Dexcom glucose **you must enter the fingerstick into the camper's phone's Dexcom app to calibrate**. This is very important for

falsely low alerts. For example: if the Dexcom alarms at 55 and the fingerstick is 125, you must calibrate the camper's phone otherwise it will continue to falsely alert. The same is true for high alerts.

For Medtronic ONLY:

1. CGMs can only be calibrated if the BG is between 40 and 400 and an arrow is present. Best calibrations are done when arrow on CGM trend is straight across. Try not to calibrate if the arrow is straight up or down.

DOSING FROM CGM GLUCOSES

In keeping up with new technology, Camp NEJEDA will be making insulin dosing decisions based on continuous glucose monitors (CGMs) that are FDA approved for dosing for children. The following criteria are required in order to be consistent with the FDA approvals.

DEXCOM

1. We must be able to see the glucoses; therefore, it is a requirement that the camper has either a working receiver or a cell phone at camp.
2. The Dexcom sensor glucose needs to show both a number and an arrow and match the camper's signs and symptoms to be considered accurate for dosing. This is based on the manufacturer's guidelines.
3. Anytime the camper feels that the SG does not match how they feel, or there is no trend arrow with the glucose, they must do a finger stick before making treatment decisions.
4. Device that is receiving sensor glucose readings must be within 20 feet of sensor.
5. Dexcom reads sensor glucose every 5 minutes.

G6

The sensor must be changed every 10 days and will require a 2-hour warm-up period. During this time there will be no alarms, alerts or readings on any receiving device. As long as the sensor code was initially entered, there is no need for a calibration.
If a camper wishes to be monitored by the Health Center, they can bring their cell phone with them, it will be connected to the camp's limited Wifi and the SIM card will be removed (see CGM policy). The cell phone DOES NOT need to be calibrated.

G7

The sensor must be changed every 10 days and will require a 30 minute warm-up period. During this time there will be no alarms, alerts or readings on any receiving device. As long as the sensor code was initially entered, there is no need for a calibration.
If a camper wishes to be monitored by the Health Center, they can bring their cell phone with them, it will be connected to the camp's limited wifi and the SIM card will be removed (see CGM policy). The cell phone DOES NOT need to be calibrated.

LIBRE

1. We must be able to see the glucoses; therefore, it is a requirement that the camper has a working Libre reader or cell phone at camp.
2. The Libre sensor glucose must not show a magnifying glass icon in order to be used for dosing. If a magnifying glass icon appears, the camper must check a finger stick blood sugar. This is based on the manufacturer's guidelines.
3. The Libre sensor glucose needs to show both a number and an arrow to be considered accurate for dosing. This is based on the manufacturer's guidelines.
4. Anytime the camper feels that the Libre glucose does not match how they feel, or there is a magnifying glass icon, or no number displayed they must do a finger stick before making treatment decisions.

Libre 2

The Libre 2 is approved for use in pediatric patients age 4 and older so glucoses may be used to make treatment decisions. A finger stick blood sugar must be checked if the magnifying glass symbol ("Check Blood Glucose" symbol) appears when scanning the sensor and/or if the glucose does not match symptoms. The symbol typically only appears during the first 12 hours of each sensor.

The Libre 2 sensor can show alerts for low or high glucose; however, the alerts do not show a glucose, they only display "low glucose" or "high glucose". The sensor must be scanned by the Libre 2 reader to show a glucose before treatment decisions may be made.

The sensor must be changed every 14 days and will require a 1 hour warm up period. During this time the camper is unable to check a glucose. There is no need for calibration and it is not possible to calibrate the glucose of the Libre 2. The sensors should only be placed on the back of the upper arm.

If a camper wishes to be monitored by the Health Center, they can bring their cell phone with them, it will be connected to the camp's limited Wifi and the SIM card will be removed (see CGM policy). The cell phone DOES NOT need to be calibrated.

Libre 2 users should avoid taking Vitamin C supplements (more than 500 mg per day) as they may affect the accuracy of sensor readings.

Device that is receiving sensor glucose readings must be within 20 feet of sensor. Sensor glucose is being read every 5 minutes.

Libre 2 Modified

Same as Libre 2 except: used for AID (automated integrated delivery) pump systems, no Vitamin C restriction, approved for age 2 and older, 15 day wear.

Libre 3

The Libre 3 is approved for use in pediatric patients age 4 and older so glucoses may be used to make treatment decisions. A finger stick blood sugar must be checked if the magnifying glass symbol ("Check Blood Glucose" symbol) appears and/or if the glucose does not match symptoms and/or if there is no number. The symbol typically only appears during the first 12 hours of each sensor.

The sensor must be changed every 14 days and will require a 1 hour warm up period. During this time the camper is unable to check a glucose. There is no need for calibration and it is not possible to calibrate the glucose of the Libre 3. The sensors should only be placed on the back of the upper arm.

If a camper wishes to be monitored by the Health Center, they can bring their cell phone with them, it will be connected to the camp's limited Wifi and the SIM card will be removed (see CGM policy). The cell phone DOES NOT need to be calibrated.
Libre 3 users should avoid taking Vitamin C supplements (more than 500 mg per day) as they may affect the accuracy of sensor readings.
Device that is receiving sensor glucose readings must be within 33 feet of sensor. Sensor glucose is being read every 60 seconds (1 minute).

Libre 3 Modified
Same as Libre 2 except: used for AID (automated integrated delivery) pump systems, no Vitamin C restriction, approved for age 2 and older, 15 day wear.

Simplera

Section VI – HYPOGLYCEMIA AND HYPERGLYCEMIA

HYPOGLYCEMIA

Hypoglycemia ("low blood sugar," "insulin reaction ") is the most frequent acute complication of diabetes. Fear of hypoglycemia is one of the most uncomfortable facets of living with diabetes. Many people with diabetes can recognize hypoglycemia early and seek appropriate treatment, but some get no warning. Counselors with diabetes can also experience hypoglycemia and may not recognize it any better than the campers.

Occasionally, some children will use their diabetes as an excuse for not participating in camp activities or dealing with difficult or stressful situations. Being away from home for the first time or difficulty getting along with other children are few examples. Hypoglycemia can be confused with symptoms of home sickness, anxiety & stress. Always think about hypoglycemia when someone with diabetes seems unduly anxious or is otherwise acting unusually. Campers who may be experiencing hypoglycemia are to have their blood sugar checked immediately. If the blood sugar is low, they will be treated, wherever they are and not moved until it is resolved.

All counselors have backpacks that contain supplies to test blood glucose (hand sanitizer, blood glucose meters/strips, lancets, alcohol wipes, sharps container, gloves and cotton balls, Event Cards, pen, and our hypoglycemia protocol with HC phone numbers) and treat hypoglycemia. These bags are checked and stocked daily by the counselors and remain with the counselors at all times, including water activities. They contain Instaglucose, glucose tablets and crackers, including gluten free crackers.

For those with a history of seizures or severe/frequent hypoglycemia the counselors and medical staff need to be especially vigilant.

<u>If a camper has 3 lows or 3 highs in a day, the endo must be informed so s/he can review the insulin regime.</u>

SEVERE hypoglycemia is defined as when the person cannot treat hypoglycemia without assistance because of an altered level of consciousness that could be denial, combativeness, unconsciousness, seizure or coma. At camp, we call any severe hypoglycemia "CODE 100".

CODE 100 (SEVERE HYPOGLYCEMIA) HC Management

Upon receiving a CODE 100 call, the Health Center nurse will:

- Notify Physician, Resident, Charge nurse and Back-up nurse.
- Remain in Health Center.

The Charge nurse, Back-up nurse, Physician and Resident will:

- Go to cabin or other area with Code 100 bag (kept on top of the insulin refrigerator).

● The counselors should have already cleared the area of campers and staff. If not have them clear the area.

For coma, seizure or combativeness possibly due to hypoglycemia:
1. Give Glucagon I.M. or S.C. (mixing instructions below if needed) or I.N. (Baqsimi)
For camper < 25 kg:1/2 mg=1/2cc (average 8 y/o or skinny 10 y/o is 25 kg)
For counselor or camper > 25 kg, give1 mg=1cc, the whole vial.
Turn the camper on his/her side or abdomen, since Glucagon may cause nausea/vomiting. This will reduce the possibility of aspiration.
2. Disconnect the pump if any
3. Measure BG as soon as possible if the counselors have not done so in the last 15 minutes
a. If BG just before glucagon greater than 50, give Narcan.
4. Recheck BG every 15 minutes until glucose is over 80 and child is acting normally
then give long-acting carbs
5. Transport camper to Health Center when stable
6. If the child is vomiting or otherwise in medical distress, consider starting an IV and administer 10% dextrose IV (D10), usual dose: 1mL/kg or any D5 solution, 2 mL/kg. Once that bolus is complete further fluids will be determined by a doctor or APN.
7. A Health Center staff member should discuss event with campers, staff and parents
8. Any time a camper has severe hypoglycemia OR has a blood glucose under 40 at any time of day, the glucose needs to be checked that night at 3:00 AM.

*To mix glucagon (pre-drawn syringe)
Inject diluent (pre-drawn syringe) into the vial that has the powder.
Roll bottle until the liquid is clear and the tablet has completely dissolved.
Withdraw solution into the same syringe and inject the above amount SC or IM.

USING "MINI-DOSE" GLUCAGON TO PREVENT HYPOGLYCEMIA

These guidelines can be used as a temporary (up to 12 hours) measure to prevent impending hypoglycemia or treat mild hypoglycemia, when a child is unable or refuses to eat or drink. This procedure will sometimes prevent a trip to the ER or hospital admission.

- If the child is vomiting, regardless of what the blood glucose is, test the urine for ketones. If ketones are moderate or large, start IV fluids (NS) and consider transport to the ER.
- If a child is unconscious or has a seizure, give the full dose (1 cc=1 mg) of glucagon into the muscle as per protocol.

If the blood glucose is less than 80 and s/he refuses to eat or drink, follow these guidelines:

1. Dissolve glucagon following the manufacturer's instructions (inject the entire volume (1cc) of sterile water into the 1 mg of powder). Roll the bottle gently between your hands until the powder dissolves completely. Do not shake it.

2. Take an INSULIN syringe and draw up as many "units" (each "unit" is 0.01 mg) of GLUCAGON as child's age, in years (for example, for a 4-year-old child use 4 "units"). Do not use fewer than 2 or more than 15 "units".

3. Inject this dose subcutaneously just as you would inject insulin.

4. Recheck child's blood glucose in 30 minutes.

5. If, after 30 minutes, blood glucose remains less than 80 mg/dl, give a double dose (for example, 8 "units" for a 4-year-old child, but not more than 30 "units") and retest glucose in 30 minutes.

6. Once blood glucose increases to >80 mg/dl, continue testing every 2 hours until the child starts eating and you are sure that blood glucose is remaining stable. If the child's glucose does not rise above 80 mg/dl after the second dose, start an IV of D5 0.5NS and consider transport to the ER.

7. Reconstituted Glucagon must be labeled with the date and time. It can be kept in the refrigerator for 24 hours, and should be discarded afterwards.

8. Any time you need to use Glucagon, please, notify the camper's parents within 12 hours.

DAYTIME HYPOGLYCEMIA PROTOCOL

IF PERSON IS SEIZING, UNCONSCIOUS, NON-RESPONSIVE, DISORIENTED, OR CONFUSED (SEVERE HYPOGLYCEMIA)

PROTECT CAMPER FROM INJURY & CLEAR AREA OF CAMPERS/EXTRA STAFF.
IF BG IS BELOW 70 mg/dL AND THEY ARE ABLE TO SWALLOW,
ADMINISTER A WHOLE TUBE OF INSTA BETWEEN CHEEKS AND GUMS.

If the person is **AWAKE, ALERT, and ORIENTED**…

Glucose	"Regular" (blue bracelet) camper	Closed Loop Pump user	Notes
below 40 mg/dl	give whole tube of Insta between cheeks and gums re-check w/ fingerstick in 15 min		CALL THE HEALTH CENTER 973-383-8556 OR ext. 310 or send someone to alert HC
40 – 69 mg/dL	give 4 tabs re-check fingerstick in 15 min	give 2 tabs re-check fingerstick in 15 min	If still <70 after two "rounds" of tabs and re-tests, call Health Center.
Once > 70 after treatment	if next meal is more than 30 min. away, give 2 packages of snack	if next meal is more than 30 min. away, give 1 package (8 gm) of snack	

DO NOT leave person's side until above 70 mg/dL
DO NOT allow person to do anything physical until above 70 mg/dL
Anybody concerned about hypoglycemia, has double or triple arrows down AND has a glucose less than 150 may be given 2 glucose tabs only. Reassess by fingerstick in 15 minutes.
Juice may be given when accessible instead of tabs
Any time a low glucose is treated complete a Low E-vent Card (online or purple paper) so the insulin plan can be reviewed. Paper Event Cards must be delivered to the Health Center before the next meal.

HYPERGLYCEMIA

HEALTH CENTER WATCH BOARD

A “Watch Board” is maintained in the Health Center throughout the camp sessions to be sure that we do not lose track of campers whose diabetes is temporarily out of control. A camper is kept on the list whenever the glucose is over 275 and/or the ketones are moderate or large.

The list includes the spec number, device abbreviation, time of latest check, latest glucose, and latest ketones. When someone appears on the Watch Board, the HC staff must decide on and enter the time of next check. If the time for the next check has passed for any camper, the SOD (senior staff on duty, An SOD schedule is kept in the Health Center) should be called to get the camper’s glucose (and possibly ketones) checked again. It is important to keep an eye on the Watch Board and when the information is updated, determine the time to the next check. All BG and ketones are automatically included in the eSpecSheet.

HYPERGLYCEMIA MANAGEMENT (07:00 to 23:00)

Glucoses >275 mg/dL are entered in e-SpecSheet and appear on High Watch Board
Anyone with a glucose >275 mg/dL should hydrate at least 8 oz every 30 min.
Ketone testing needed if glucose >275 mg/dL
All insulin boluses must be determined by a doctor or CDCES.
Anyone in a bed in the HC must be on the Watch Board regardless of glucose.

Glucose		
>400 **Regardless of meal timing** (check ketones)	**<u>Pump</u>**-probably a site failure; ask endo for correction dose - give correction dose via syringe; change site - for Closed Loop pumps "discard" correction dose so pump knows it was given* - retest in 1 hr **<u>Pen</u>** - ask endo for correction dose; retest glucose and ketones in 2 hours	
Glucose	**Ketones Negative, Trace or Small**	**Ketones Moderate or Large**
276-400 (check ketones)	< 90 min after last insulin dose – retest in 1 hour > 90 min after last insulin dose – ask endo about possible correction dose to be given via pump to be sure it's working – test glucose (and ketones if glucose still >275) in 1 hr (pump, 2hr if glucose pre-meal) or 2 hr (pen) - change site if retest glucose not decreased	**<u>Pump</u>**-probably a site failure - ask endo for correction dose - give correction dose via syringe - change site - "discard" correction dose so pump knows it was given* - retest glucose and ketones in 1 hr (2hr if responding to pre-meal glucose) **<u>Pen</u>** - ask endo for correction dose - retest glucose and ketones in 2 hours
<=275 No ketone testing needed except for prior Mod/Lg	No action needed Do not post to watch board or if already there, remove from watch board (unless in a bed in HC)	After having a high glucose hydrate & retest ketones only, in 2 hrs If not after high glucose ask endo

Notes

1. Insulin on Board (IOB) pen: Consider IOB before giving any correction dose for a pen user. Divide last dose by 3 and use the time since the dose to calculate IOB.
2. Insulin on Board (IOB) pump: Do not use the pump to calculate a syringe correction dose because pumps automatically subtract IOB.
3. When changing pump (site, reservoir, tubing, cannula, etc). Look at the cannula before and after removing it to see if it had come out or was kinked. If a site is defective during or immediately before a meal, the camper will receive their pre-meal or post-meal insulin dose via an injection with a syringe and will go to the health center after the meal to replace the insulin pump site.
4. Perform Troubleshooting check (See "Troubleshooting the Pump").
5. If camper is unable to take fluids, contact physician, who may want to give IV fluids or may want to send the camper to the ED.

*For tubed pumps, disconnect infusion set at site, deliver a bolus equal to the injection dose, and then reconnect after bolus complete (varies with pump).

*For non-tubed pumps: remove pod and do NOT deactivate, deliver a bolus equal to the injection dose via the old pod, then continue Change Pod process.

CABIN NIGHTTIME PROTOCOLS (AFTER BEDTIME SNACK)

Put all blood sugars onto the Low E-vent sheet

<table>
<tr><td>Glucose</td><td>“Regular” (Blue bracelet) Campers</td><td>CLP Campers</td><td>RECHECK</td></tr>
<tr><td>< 40 mg/dL</td><td colspan="2">give whole tube of Insta between cheeks and gums
re-check w/ fingerstick in 15 min</td><td>CALL THE HEALTH CENTER
973-383-8556 OR ext. 310</td></tr>
<tr><td rowspan="2">40-69 mg/dL</td><td>4 oz. juice</td><td>2 oz. juice</td><td rowspan="2">recheck at next check time
(12:00 or 3:00 or 7:00)</td></tr>
<tr><td colspan="2">check w/ fingerstick in 15 min, repeat until >70. Then …</td></tr>
<tr><td>70 – 100 mg/dL</td><td>4 oz. juice AND 4 oz. CIB</td><td>2 oz. CIB</td><td rowspan="2">no recheck needed</td></tr>
<tr><td>100 – 120 mg/dL</td><td>2 oz. CIB</td><td>no treatment</td></tr>
<tr><td colspan="4"></td></tr>
<tr><td>>275 mg/dL</td><td colspan="3">check ketones, enter High Watch Board and then call HC</td></tr>
</table>

(CLP – closed loop pumps, CIB=Carnation Instant Breakfast- chocolate lactose-free milk)

No insulin coverage is given for any hypoglycemia treatment.
Those who dropped more than 200 mg/dl from the “bedtime” level will get checked again at 3:00 AM.
Anyone who was <40 throughout the day will get checked at 3:00 AM.
Others at risk of severe hypoglycemia may also be tested at additional times at the discretion of the Health Center personnel.

Questions? Call the HC 973-383-8556 OR ext. 310

Section VII – CAMP ROUTINES

THE HEALTH CENTER

Our goal is to keep the campers out of the Health Center and in their activities. There are few problems, which require a camper to stay in the Health Center. Minor illnesses will be cared for at camp. Major illnesses/and other problems, such as fractures and lacerations, will be cared for at Newton Medical Center. Parents do not need to be notified of a minor illness, but will be called for major illnesses/problems (see below). "Homesickness" is not a medical problem and will be handled by the camp directors and counselors.

The medical staff is available 24 hours a day for emergencies. All routine medications are dispensed during meals. Nurses must watch each camper swallow each pill. Camper meds will be stored in locked cabinets in the Health Center. Controlled medicines are stored in a lockbox to which only the Charge Nurse and Assistant Charge Nurse have keys.

The Senior on Duty (SOD) is often needed to find a camper. The SOD schedule (day and night) along with their cellphone numbers will be kept at the HC desk.

Insulin administration times are always teachable moments, especially at bedtime snack in the cabins. Counselors are expected to keep campers quiet and not be chatting themselves. Any time there is a questions about an insulin dose, ask the endo or resident.

HEALTH CENTER COVERAGE

- 8:00 -16:00 1 day nurse & 1 HC day assistant
- 16:00– 00:00 1 evening nurse & 1 evening HC assistant
- 00:00 – 08:00 1 night nurse & 2-night HC assistants

See job descriptions for the responsibilities for each position.

INSULINS ADMINISTRATION SCHEDULE

Meal/Snack	Staff & SPECs to HC	Meet at Tables	Eat	Post Meal Bolus
Breakfast	08:00	08:15	08:30	09:15
Lunch	12:30	12:45	13:00	13:45
Snack	15:45	16:00	N/A	N/A
Dinner	17:15	17:30	17:45	18:30
Evening Snack	20:45	21:00 in cabin	N/A	N/A

CAMP DAILY SCHEDULE

(Health center related activities in blue)

07:00	Roadrunners	
07:15	Polar Bear swimmers	
07:30	Wake up	ONE HOUR LATER ON SAT AND SUN
08:00	Specs sent to HC	Nurses get report from Night Nurse, check for breakfast medications, ready the Kardex™ and bolus sheets for MDI users
08:15	Insulin at the Pavilion	Administer AM meds
08:30	Breakfast	
09:15	Post-meal carb coverage	
09:30	Flag Raising	
09:35	Period 1 (Sports)	
10:30	Period 2 (Choice)	
11:30	Unit Time	
12:30	Specs & Carbs sent to HC	HC staff reports to Health Center, Nurses check for lunch medications, ready the Kardex™ and bolus sheets for MDI users
12:45	Insulin at the Pavilion	Administer lunch meds
13:00	Lunch	30 MIN LATER ON SAT AND SUN
13:45	Post-meal carb coverage	
14:00	Period 3 (Pool)	
15:00	Rest Hour	
15:45	Specs & Carbs sent to HC	HC staff to report to Health Center, ready the Kardex and bolus sheets for MDI users
16:00	Snack and insulin in the Pavilion	Administer 3 PM meds
16:15	Period 4	
17:15	Specs & Carbs sent to HC	HC staff reports to Health Center, Nurses check for supper medications, ready the Kardex™ and bolus sheets for MDI users
17:20	Flag Lowering	
17:30	Insulin at the Pavilion	Administer BS meds
17:45	Dinner	
18:30	Post-meal carb coverage	
18:35	Evening Activity	
19:35	Showers (even cabins)	
20:45	Specs	All HC staff to Health Center to discuss evening snack coverage according to evening activity
21:00	Snack/Insulin/Talkabetic	Tech Facs head out to cabins for evening snack to supervise insulin via pumps. MDI nurse to pavilion to administer insulin. Nurses to administer bedtime meds
21:45	Camper Bedtime & OD	
00:00	Staff Curfew / Lights out	O.D.s record glucoses for all campers from CGM or finger stick onto Espec sheet. Night nurse/HC Assistant transcribe BGs to Kardex™.
03:00		Night nurse/HC Assisstant re-spec appropriate campers*either recording the BG from the CGM monitor screen or doing a finger stick in the cabin.

* Campers needing 3 AM BGs as per Section V. Blood Glucose Testing

Overnight shift activities
Low glucoses recorded on eSpecSheet by counselors need to be transcribed to Kardex™
Low glucoses overnight need to be recorded in Kardex™
The Hi Watch Board must be maintained to keep track of anyone with glucose over 275.

Daily Schedule for Programs Activities is at
https://docs.google.com/document/d/10joCNVh8aigg3K00h91d5ntGCPhyBJOhxtbwpdnFim4/edit?usp=sharing

PUMP ROOM PROTOCOL

All sites are changed every 2-3 days or as needed. 2 days for steel cannulas and 3 days for most other cannulas. Longer periods may be used if permitted by manufacturer specs.
The Tech Facs coordinate times for each camper to arrive for site change
Responsibilities of the Tech Facs:

- Observe and teach proper technique in site removal, reservoir filling, pump maintenance and new site insertion
- Evaluate sites and encourage rotation
- Initial & time (in pencil) the site change done on each camper, on the "Site Change" form (marking a slash on the days not due for a site change)
- Fill out "Sharp shooters" when camper does something new. Give all "sharp shooter" leaves/stars to charge nurse prior to next meal or put in basket on front desk
- Mark in each of the camper's Kardex under the approximate time site was changed
- Keep pump room clean and restock supplies as needed. Notify HC Assistant if the sharps container is full

COMMUNICATING WITH PARENT(S)/GUARDIAN(S)

Any time a parent calls or is called, it must be recorded in the Parent Communication Log, including the camper name, cabin number, spec number, date, time, family member, phone number, staff member, reason for contact.

An attempt to notify a camper's parent(s)/guardian(s) must be made whenever any serious medical event occurs at camp. (Notification is also required for any counselor under age 18, but CANNOT be done without written consent of any staff member over 18.)
Notification may be done by any appropriate HC staff member. Serious events include (but are not limited to) the following:

- any problem for which the camper goes to the Emergency Room
  Try to notify parents before sending the child.
- any illness requiring an overnight stay in the Health Center
- any serious hypoglycemia (seizure, loss of consciousness)
- any condition requiring treatment with intravenous fluids

- any condition requiring antibiotics or other new prescription medicine
- concussion

MEDICAL WASTE

- ALL used lancets, syringes and pen needles will be deposited in medical waste containers in cabins or Health Center.
- Under no circumstances will any staff member or camper re-cap syringes.
- Gloves must be worn when performing or assisting with blood testing.
- Blood spills will be cleaned with a 1:10 bleach solution (available in Health Center).

MEDICAL WASTE CONTAINERS CARRIED BY COUNSELOR STAFF IN THEIR BACKPACKS ARE ONLY FOR LANCETS, NOT SYRINGES OR NEEDLES.

When full all medical waste containers are sealed and placed in a medical waste disposal container. This is done by the Day Time Health Center Assistant. At the end of the camp season a licensed medical waste disposal company removes and disposes of the medical waste. This is done by the Health Center Director or other designated personal.
ALL nurses should schedule themselves to "shadow" in the pump room at least one morning or afternoon each session to learn about pumps and to keep their skills up to date.

PRESCRIPTION AND NON-PRESCRIPTION DRUGS

All prescription and non-prescription drugs must be stored and locked in the Health Center or on site at day camps except inhalers or epi-pens that need to be in the possession of the user when ordered for camper self-administration. Stock Epi-pens and Narcan are stored in the unlocked cabinet above the sink and are in the Code 100 bag. All prescription drugs must be administered as prescribed by a licensed prescriber either as per a written prescription or as per the original medicine labeling from a NJ licensed pharmacy. All non-prescription drugs must be administered per the camp's written procedures.

Inhalers and epi-pens carried by their users will be checked daily by the Session Charge Nurse or her/his designee at bedtime insulin administration. For inhalers, the number of puffs remaining will be recorded each evening in the Medication Administration Record and compared with the previous night. Any inhaler use will be reported to the physicians who will evaluate whether other measures are needed.

CAMP NEJEDA 2024 PRN MEDICATION STANDING ORDERS

MEDICATION	INDICATION	CAMPER DOSE	ADULT DOSE
Glucagon	Severe Hypoglycemia	0.5 – 1.0 mg SC or IM or 3 mg IN	0.5-1.0 mg SC or IM or 3 mg IN
Epinephrine 1:1000	Allergic Reaction	0.01 ml/kg 0.3 ml max.	0.01 ml/kg 0.3 ml max.
Narcan	Severe altered mental state with glucose greater than 50 mg/dl	4 mg IN	4 mg IN
Acetaminophen	Pain or Fever	10 – 15 mg/kg q6h	325 – 650 mg. q6h
Ibuprofen	Musculoskeletal pain or menstrual cramps (not for fever)	10 mg/kg up to 400 mg q6h.	200 – 400 mg PO q 4-6 hr
Meclizine tablet 25 mg	Antiemetic: prevent/treat motion sickness. First dose 1 hour before starting activity.	Do not use for campers under 12 years of age unless directed by doctor. 12 years and older: 1 to 2 tablets daily or as directed by doctor	1 – 2 tablets daily or as directed by doctor.
Diphenhydramine HCL	Hay fever and/or allergies	1.25 mg/kg q6h; Liquid: 12.5 mg/5ml	12.5 – 25 mg q6h
Loratadine	Antihistamine 24 hour allergy relief	Do not use for campers under 12 years of age unless directed by doctor. 12 years and older: 10 mg tablet daily	10 mg tablet daily
Sugar free Throat Lozenges	Oral anesthetic	1 lozenge PO q4h	1 lozenge PO q4h
Sugar Free Throat Spray	Oral anesthetic	3 yrs to 12 yrs: 3 sprays per application q2h 12 yrs and older: 5 sprays per application q2h	5 sprays per application q2h
Maalox/Mylanta	Gastric distress	0.5 – 1 oz PO q4h	0.5 – 1 oz PO q4h
Calcium Carbonate 420 mg	Antacid	12 years and older: chew 2 tablets q2-3 hrs	chew 2 tablets q2-3 hrs
Pseudo-ephedrine	Congestion	30 mg PRN q6h up to 48 hr	60 mg PRN q6h up to 48 hr

NONE OF THE ABOVE MAY BE CONTINUED LONGER THAT 48 HOURS WITHOUT AN ADDITIONAL PHYSICIAN ORDER.

SIGNED:_____ Date: _____

Ernest M. Post, MD, Medical Director

Good for 1 year only

EMERGENCY SUPPLY BOXES

EMERGENCY CODE 100 BAG

EMERGENCY / CODE 100 Ambu Bag Stethoscope Blood Pressure Cuffs / Adult & Peds	MEDICATIONS Epinephrine 1:10,000 (0.1ml/kg) Injectable Glucagon 1mg Injectable Glucose Tabs / Instaglucose Narcan Assorted Syringes and Needles for Injection
DIABETES TESTING SUPPLIES Glucose Meter & Strips Alcohol Wipes 2x2 Gauze	INFUSION SUPPLIES Tourniquets Alcohol Wipes Assorted Angios (18ga, 20,ga, 22ga, 24ga) Tape 500ml 0.9% NSS for Infusion D10W for Infusion IV Tubing
BANDAGES Band-Aids 2x2 and 4x4 Gauze Roll Gauze / Kling Tape Ace Bandages Sling	OTHER Gloves – Assorted Sizes Sharps Container Trash Bag Personal Protective Equipment

THE CODE 100 BAG MUST BE CHECKED AT THE BEGINNING OF EACH SESSION AND AFTER ANY TIME IT IS USED!!!!

POLAR BEAR AND ROAD RUNNER PROTOCOLS

- Before running or swimming check glucose and ketones in the cabin
- If ketones are moderate or large, notify health center and DO NOT run or swim.
- If ketones are negative, trace, or small you may do the activity.
- If blood glucose is less than 70 get tabs and crackers from a counselor. DO NOT run or swim.
- If blood glucose is 70-120 eat 15 grams of carbohydrates before running or swimming.

TRIP GUIDELINES

TUBED PUMPS ON WATER TRIPS

For tubed pumps the campers will keep their catheter sites, but disconnect the pumps for 12 hours. (DO NOT suspend except the closed loop pumps.) Levemir (calculated as half of the average daily basal) will be given before breakfast on the morning of trip. Pump may be reconnected to give boluses as needed and will be reconnected at 8 PM.

TRIP BAG CONTENTS

First Aid

Acetaminophen, Ibuprophen, Benadryl
Epi-pen (adult & Junior), Inhalers
Camper specific meds
Instant Ice packs x2
Band-Aids, Gauze pads, Tape
Gloves (10)
barf bags (tied to handle of trip bag)
Ace wraps, Self-stick wrap
Finger splint, Triangle bandage
Snake bite kit
Sunscreen, Insect repellant
Antibiotic ointment
Cleansing wipes, Bee sting wipes
Hand sanitizer
Sanitary pads, Toilet paper
Cell phones and telephone numbers

Diabetes Supplies

Glucagon
gel, tabs, crackers, gluten free snacks
Insulin, Needles
Alcohol swabs, Sharps container
Meter, Strips, Lancets, Event cards
Ketone strips
Calculator, Pen, Bolus sheets
Trip Log sheet OR Kardexes®
Hypoglycemia protocol, carb count sheet
Batteries x2, Dime
Sticker dots to date opened vials

Individual meds needed while out of camp

APPALACHIAN TRAIL

Before day of trip:

- Assign HC staff to cabins (their own plus others); minimum 4 HC staff + doc
- Each Nurse and Doctor should bring their Fanny Pack or Back Pack

- Get final Trip Participation sheet from BUL and GUL
- Pack PRN medications in properly labeled white envelops
- Prepare Trip Log sheets for MDI campers only, one for boys and one for girls
- Cellphone list on each bus
- Do Trip Log for MDI campers only
- Need carb counts for all foods before leaving
- Tell campers: no snack boluses on trip except for closed-loop pumps
- Attire: bathing suit (if swimming), sunglasses, hat, sunscreen, other sun covering

Supplies
- Trip Bags (1 for each bus)
- Backpack for PRN medications
- Trip Log sheet for each cabin
- Cooler for PDMs (stays on van)
- Coolers with ice for pumps if swimming (stays on van)

Day of Trip:
- Walkie Talkies for Trip Leader, Sweep, doc, nurse
- Hike is 4 miles (Sunrise Mtn); 5 miles (Buttermilk Falls)
- Pre-breakfast carb coverage is usual
    - Ped Endo may set a reduced temp basal for Buttermilk Falls hike
    - Enter AM insulin doses and glucoses for each MDI camper from cabin spec sheets in Kardex™ and on Trip Sheet
- Collect all meds needed while out of camp
    - Assemble appropriate PRN meds e.g., acetaminophen, suntan lotion
    - Put all hikers' Omnipod PDMs in a cooler in the van for use at lunch
- Leave camp at _9:00 – 9:30_____ am
    - Arrive site at _9:30 – 10:00 – _____ am
- Snack will be given at the beginning of the hike with no insulin coverage except for CLPs
- Pre-lunch: specs, Correct blood glucose as usual for lunch,
- Do not bolus for PM snack; must bolus for glucose >250

Return from Trip:
- Endocrinologist or CDCES must immediately examine Event Cards and Espec sheets to be sure no one is at risk of serious hypoglycemia in the transition from the bus to the cabins
- Transcribe all MDI glucose and insulin records to permanent Kardex™
- Unpack all supplies and restock first aid kits

DELAWARE RIVER RAFTING TRIPS

Before day of trip:
- Get final Trip sheet from BUL and GUL
- Assign nurses in proportion to campers going on the trip + doc
- Senior Staff in charge of trip assigns staff to rafts - one nurse in front raft; doctor in back raft
- Walkie-talkies in each bus; front and back rafts and spread among the other rafts

- Prepare Trip Log sheets for MDI campers only, one for boys and one for girls Pack PRN meds in appropriately labeled white envelopes and a Ziplock bag
- Attire: bathing suit, sunglasses, hat, sunscreen, water shoes, water bottles, and other sun covering

Supplies -
- Trip Bags - in double bags (each tied) for dryness and floatation
- Backpack for PRN medication & trip Log sheet for each cabin – double bagged
- Coolers with ice packs for pumps (1 each for boys and girls); stay on van
- Cooler for PDMs (stays on van)

Day of Trip:
- Double bag all contents of fanny pack in Ziplock bags
- Breakfast – normal coverage
- Move lunch up 1 hour
- ♦ Lunch – normal correction, normal carb coverage
- ▪ 11:00 Specs
- ▪ 11:15 Insulin at Pavilion
- ▪ 11:30 – 12:15 Lunch
- ▪ 12:30 Leave camp
- ▪ 1:30 Arrive at River

At River before getting into boats:
- Disconnect pumps, do not suspend except the closed loop pumps
- Pumps put in plastic zip lock bags by cabin, into cooler, into van; sharps containers into van
- Carb free snacks into each raft
- Do not bolus for snack; must bolus for glucose >250
- At end of rafting, before reconnecting pumps:
  - ○ Visually inspect tubing for air and/or receding insulin at end of tubing
  - ○ If no air, wipe ends with alcohol and reconnect
  - ○ If air is noted, <u>before connecting</u> prime insulin until air is expelled and droplets form

WATER PARK TRIPS (Everyone at camp goes)

Before day of trip:
- Assign HC staff to duties and hours; minimum 2 HC staff (1 nurse & 1 other) scheduled every 2 hours
- At least one HC staff trained to give glucagon per bus
- If possible there should be at least one CDCES or doctor to make insulin decisions
- List of everyone's cellphone numbers for each nurses and doc
- Need carb counts for all foods before leaving
- Attire: bathing suit, sunglasses, hat, sunscreen, other sun covering, staff shirt, fanny pack

Supplies
- Trip Bags

- Pump Supplies Box with extra insulins and pump supplies
- Black PDM baskets & MDI tackle boxes stocked with PDMs, insulin pens & needles and any daily or PRN medication required for the day (put into a properly labeled white envelope)
- Coolers with ice packs for pumps (1 each for boys girls and LIT's)
- Ziploc bags for pumps numbered for each cabin
- Bring Kardex® books and files in milk crates (stays on van)
- Bring camper files unless someone left on campus can be called if a question arises
- Medication books & spiral bound HC visit log books
- Red supply sign-out book
- 5 sharps containers
- Code 100 bag
- Event cards and bolus calculation sheets
- Blanket, pillow, flashlights, paper towels, indelible pens

Day of Trip:

- If an RN CDCES is on the trip s/he will make decisions about insulin, consulting the Ped Endo by phone if needed. If not, the Charge Nurse will contact the Ped Endo by phone to discuss.
- Collect all meds needed while out of camp
- Leave camp at _____ am Arrive site at _____ am
- Mountain Creek 45 min, Camel Beach 1 hr, Dorney Park 2 hrs
- Arrive at Water Park
    - Set up in picnic grove or pavilion. Try to have one table per 1 or 2 cabins for insulin admin
- Set up med table for first aid
    - Disconnect pumps, do not suspend manual pumps. Suspend Closed Loop pumps
    - Reconnect/re-bolus once every one-two hours. In addition to being easier to manage, this is closer to what the kids do at home with pumps and their activities.

DISCONNECT & PUT IN COOLER ONLY IF GOING TO H2O PARK. RAPID ACTING AS NEEDED & CORRECT & COVER

- Pumps put in plastic bags by cabin, into cooler, into van
- Pumps cannot be worn on rides; the force of some of the rides can disable the pump
- Reconnect Pumps
    - Before reconnecting pumps:
    - Visually inspect tubing for air and/or receding insulin at end of tubing
    - If no air, wipe ends with alcohol and reconnect
    - If air is noted, before connecting prime insulin until air is expelled and droplets form
- 12:30 specs, usual insulin coverage
    - After meal bolus, disconnect pumps again, do not suspend except the closed loop pumps
    - Pumps put in plastic bags by cabin, into cooler, into van

- 15:30 pumpers and nurse/TechFac meet (in the Grove at Dorney) and go in groups to purchase snacks; pumps reconnected and insulin given(carb counts to be provided in advance by dietician)
- 16:30 campers return (Grove at Dorney); spec all campers before boarding bus
- 17:30-18:00 back to camp
- 4 nurses start pump changes; others do cabins

Return from Trip:
- Endocrinologist or CDCES must immediately examine Event Cards and Espec sheet to be sure no one is at risk of serious hypoglycemia in the transition from the bus to the cabins
- Unpack all supplies and restock first aid kits

PAULINSKILL RAIL TRAIL BIKE TRIPS

This Rail Trail Bike Trip can be done on one of two nearby legs of the Paulinskill Rail Trail (https://www.traillink.com/trail/paulinskill-valley-trail/). The Newton end is preferable if it's been raining. For either trail it is preferable to drop the riders and bikes at the far end and let them ride back into camp. The sections of the trail that we use are each about a mile on the road from camp. The routes from the trail cross only one busy road for a very short distance. Rail trails are former railroad beds and therefore almost flat, making this a relatively easy ride for campers (and adults) of all ages.

The following is information important in planning the trip:
Time: flexible
Leave: after breakfast or after lunch
Return: approximately 3 hours later
Food: (Remind Health Center which campers are biking and should not get full coverage for the meal preceding the ride.)
- Each camper must have a water bottle on the trip.
- Snack should be handed out to the campers about half-way through the ride.
- **In addition to snack, all staff should restock their backpacks before leaving for hike. (Strips and testing supplies, crackers and tabs.)**

Specs: no group specs are needed
Attire: Riders (campers **and** staff) should wear sneakers or boots. They must wear socks. Inadequate footwear prevents participation. ALL RIDERS MUST WEAR HELMETS.
Supplies/gear that riders may bring on trip: Cameras, backpacks, sun block, sun glasses, bug spray, and water bottles. Most of the trail is in the shade so sun glasses and sun block are not necessary.
Supplies/gear that hikers may not bring on trip: No I-pods are permitted on the trip.
Sun block & Bug Spray: Hikers should use sun block before leaving camp and bug spray if desired. (Health Center has sun block for those who don't have it.)
Walkie-talkies: The following staff must carry a walkie-talkie: trip leader, trip sweeper, nurse or doctor. Staff is permitted to bring a cell phone and should share numbers before departure. Extra batteries should be carried by the staff when appropriate.
Emergency numbers:
Camp: 973-383-2611

Health Center: 973-383-8556
Jim: 412-608-5729
Robin: 973-342-6906
Ambulance/Police/Fire: 911
Newton Hospital: 973-383-2121
Newton Urgent Care: 973-383-9898
Rich: 973-300-0187

Responsibilities of Trip Leader:

Days before trip:

- Count the number of camper participants.
- Assign staff (2-3).
- Fill out a trip request sheet at least 48 hours prior to trip.
- Trip requests should be checked with Jim.
- Camper rosters (if other than LITs) should be passed out to Session Charge Nurse, Program Director, Unit leaders, Director of Programs and the Executive Director.
- A copy should be put on the office bulletin board.

Day of trip:

- Make sure all campers use the rest room prior to leaving.
- Check all participants for proper footwear.
- Make sure all campers have water bottles. Staff should carry a few spare bottles.
- Make sure counselors have stocked their bags with supplies.
- Make sure all walkie-talkies are working properly and on the same channel.
- Discuss with group hiking protocols including: Staying behind leader and in front of sweep, drinking water throughout hike, always follow leader's/counselor's instructions, carryout garbage policy; bears; snakes; Take only pictures, leave only foot prints.
- Facilitate history lessons on the Paulinskill Valley Rail Trail.
- The trail crosses several roads. At each one, the Trip Leader and all campers need to stop at the edge of the road, dismount, and wait for the Trip Sweeper. The Trip Sweeper will stand in the middle of the road while everyone else crosses.
- In a few places where railroad bridges have been removed, the ride goes off the trail onto a road for several yards. The bikes must be walked down these embankments to prevent injury.
- The last 1 mile of the trip is on roads. Riders must right on the right, single file.
- On Saddleback Road, just before reaching camp, at the bottom of a hill there is a bridge with a metal grate. ALL RIDERS MUST DISMOUNT AND WALK THEIR BIKES ACROSS THE GRATE.
- Spec campers when low.
- Trip leader must stop once a low camper is announced on the walkie-talkie.
- Upon return to camp make sure all riders return their bikes to storage area.

CAMP NEJEDA RESEARCH POLICY

Consistent with Camp's mission to "enhance[s] the lives of people with diabetes" we will sometimes want to facilitate research done by part of our staff or an outside individual based on either the usual camp activities and records or on activities/management that are not part of camp routine. The Code of Federal Regulations defines Research (45CFR46) as "a systematic investigation… designed to develop or contribute to generalizable knowledge."

1. Any research done at Camp must be done in a manner that is consistent with federal and state law, including getting the approval of a federally approved Institutional Review Board (IRB). As is required by law, an interventional study, i.e. one which affects the camp experience, can only be done with the written consent of the parent or guardian of any camper participating in the study. A records review may be conducted without consent if so approved by an IRB.

2. In addition, before any research is done at Camp, it must be approved by the Medical Director, the Health Center Director and a majority of the Board of Trustees present at a Board meeting where a quorum is present. Prior to approval the research will be discussed with the Medical Committee, but does not require their approval because their membership is fluid.

3. While any research with more than minimal risk of harm (45CFR46: "the probability and magnitude of harm or discomfort anticipated in the research are not greater … than those ordinarily encountered in daily life …") is unlikely, the consent form referenced above must state how the treatment of anyone harmed would be affected and who would pay for the treatment.

4. Anyone conducting research at Camp must provide a signed statement that Camp Nejeda is held harmless for all anticipated and unanticipated costs of the research unless the research is financially sponsored by camp either directly or using money from a research grant made to the Camp.

5. Any research conducted at Camp must be designed so that it would not harm those campers who DO NOT participate in the research, such as by excluding them from research activities that seem to be desirable.

6. This policy and any revision thereof requires the same approvals as paragraph 2.

Approved by the Board of Trustees February 9, 2019

Section VIII - OTHER EMERGENCIES

FIRE DRILL PROCEDURE

A fire drill is conducted on the first day of each session. When the air horn is sounded or when a runner notifies the Health Center that a fire drill is being conducted, EVERYONE must go out to the basketball court. The HC Director or Session Charge Nurse will determine if all HC staff are present. Further instructions are given and the group is dismissed as soon as feasible.

BACKBOARD RESCUE

Anytime someone is injured severely enough to possibly need Backboard Rescue, contact the Health Center immediately. Try to keep the person from moving until a nurse or doctor is present but don't physically restrain the person.

A. Backboards are located at pool; stored in Filter Building when pool is not being used.

i. Does the person want help?

a. If the individual is a minor, treatment may begin without prior consent of victim.

b. If individual is 18 years of age or over, the following question should be asked: "May I help you?" Once an affirmative answer has been secured and only then may treatment begin.

ii. Use common sense if you think someone is in danger.

B. Directions for General Exam of Victim

i. Determine extent of injury:

a. How did it happen?

b. What were the conditions of the area during the time of the accident?

c. Caution all personnel not to move victim.

d. Observe victim for all other possible injuries. Treat as necessary. Maintain open airway. Control bleeding.

SUSPECTED SPINAL INJURY IN THE WATER

C. The basic procedure involved in removing a victim with a suspected spinal injury from the water includes the following actions:

D. Give necessary first aid, such as artificial respiration, control of bleeding, and possibly splinting.

E. Use a spine board, if one is not available, a rigid support, such as a door, surfboard or aquaplane.

F. Place the board under the victim by sliding it under the victim and letting it float up.

G. Once the board is in place, protect the victim from sliding or rolling by securing the victim to the support.

H. Take extreme care not to move the victim unnecessarily.

AUTOMATED EXTERNAL DEFIBRILLATOR (AED)

Camp Nejeda keeps and AED in the Health Center on top of the Insulin Refrigerator from May 1 to Oct 1. The rest of the year it is kept in the main camp office. The Health Center Director assures that it is properly maintained and stocked.

IVS

RN's familiar with or IV certified may start IV; otherwise the physician or resident should start the IV.
Check the IV every hour for rate volume and infiltration for maintenance fluids.
For fluid bolus IV should be checked every 10 min.

COMMUNICABLE DISEASE PLAN

Camp Nejeda recognizes the unique risks and challenges that communicable diseases present to the camp community, especially for a residential camp. In response to these risks and challenges, this Communicable Disease Plan outlines prevention, response, recovery, and mitigation policies and procedures to lower the impact of a communicable disease. Policies and procedures are subject to change depending on the illness, rate of transmission, severity of symptoms, and availability of treatment. The following plan applies to Residential Camp Programs, Day Camp Programs and BFF weekend(s). The plan does not apply to Family Camps, Boot Camps or Counselor retreats, where responsibility for safety is left to the participants. In the case of day camps, these policies will be in addition to the policies of host sites, but the latter will prevail whenever there is a difference.

Prevention

Camp Nejeda requests that all individuals arrive to camp healthy. If any individual is showing signs of a communicable disease, we ask that they not come to camp without prior approval of the Health Center Director. Camp Nejeda reserves the right to not admit an individual with signs or symptoms of a communicable disease.

Screening

- Pre-screening
    - o All staff and campers attending camp are required to submit the health history before arriving at camp. This information is reviewed and used by the Health Center Staff when caring for and treating staff and campers for illnesses.
    - o All staff and campers should self-screen for the presence of symptoms of a communicable disease before arriving at camp.

- Screening of campers on arrival - Health Center Staff will conduct an initial health screening with each camper (including health history, health status and special needs) when they arrive at camp. This screening includes measuring temperature, a lice check, a foot check, confirmation of health information, and discussing any medications in addition to insulin.

- Screening of staff - Health Center Staff will conduct an initial health screening (including health history, health status and special needs) with each staff member when they arrive at camp for the first time. Health Center staff also sees every counselor at Check-in the evening before each session or BFF Weekend begins and will "check for observable evidence of illness, injury, or communicable diseases or conditions" (ACA).

- Ongoing screening - *Staff and campers are expected to monitor themselves and those they supervise for symptoms of communicable diseases, e.g. sore throat, runny nose, cough, headache, malaise. Anyone with a symptom should report to the Health Center for evaluation and possible isolation.

Preventing Spread

• Hand Hygiene - Communicable diseases can pass person to person through contact. An individual's hands are one of the most contacted contact points and should be consistently cleaned to lower the spread of a disease. All staff and campers will be encouraged to wash their hands with soap and water:

    - Before eating food.
    - After being in contact with someone who is sick.
    - After touching frequently touched surfaces.
    - After using the restroom.
    - After using common items, such as activity and sports equipment.
    - After coughing, sneezing, or blowing your nose.
    - Hand sanitizer will be located around camp for hand cleaning when soap and water are not accessible.

- Physical Distancing - Depending on the contagiousness of a disease, social and physical distancing procedures may be implemented. These procedures will be determined by the Health Center staff based on recommendations from government health agencies.

- Cleaning & Disinfection
    - Cleaning and disinfection practices will differ for different areas and equipment. Cleaning and disinfection will happen regularly in common use areas and activity areas/equipment.
    - In the event of a bathroom accident, an individual throwing up, an injury involving blood, or other incidents where surfaces are contaminated, additional cleaning will be done in the area of the incident.

- Training

- Staff will be trained in illness prevention and reducing the spread of illness and bloodborne pathogens and their role in the response plan to illnesses.
- Staff will remind campers about proper handwashing and other illness reducing strategies, as needed.

- Communication
  - HC staff will communicate to campers and parents, informing them of the screening process, safety measures, and the Communicable Disease Plan.
  - HC staff will regularly communicate with counselors and senior staff, informing them of safety measures, the Communicable Disease Plan and other educational resources, and potential changes to their role.

Response to Suspected Infections
It is the responsibility of the Session Charge Nurse to notify the camp director and jointly implement proper infection control/isolation procedures as needed.

In the event of a suspected case of a communicable disease in the camp community:

- The individual will go to the Health Center for care.
- The HC Nurse will record the individual's symptoms and the suspected diagnose(s), communicating with the Resident Physician and/or Endocrinologist, if necessary. On site strep and COVID testing will be done as appropriate and available.

  *Anyone who has a fever (>=100.4 F) will remain in the Health Center or be sent home until afebrile for 24 hours without the use of antipyretics.

  *In the case of Strep, campers/staff may return to regular programming after completing 24 hours of antibiotics.

  *Others may be isolated or sent home at the discretion of HC staff

In the event that a suspected case of a communicable disease is confirmed:

- An affected individual will be isolated and housed in Room 2 of the health center until they can be picked up/go home.
- A restroom will be designated and cleared marked as solely for that individual's use.
- If appropriate, HC Staff will don PPE before interacting with the individual. PPE and bags for disposal will be available in the treatment room and "Contagion Precaution" signage will be placed on the door of Room 2.
- Meals will be delivered using disposable dishes and utensils.
- Staff and campers who were in contact with the infected individual will be informed and monitored for symptoms. If appropriate, camper parents/guardians will be informed.
- The areas used by the infected individual will be closed off, cleaned, and disinfected.
- Regular Camp programming will continue for any unaffected staff members and campers unless the HC decides that the risk of spread is so great that all exposed individuals need to leave camp.

In the event of an illness affecting more than one individual the following procedures are to be followed until they are able to leave camp.

- Affected individuals will be housed in a separate area, away from other staff and campers,
- Separate bathroom facilities will be designated for the use of affected individuals.
- Meals will be delivered using disposable dishes and utensils. These must be disposed of separately, using proper precautions after use.
- Appropriate medical equipment must be brought to this area, including containers for disposal of contaminated items.
- All affected areas of camp will be thoroughly cleaned and disinfected.

Day Camp Programs

- If a camper becomes ill during the day, the Camp Nurse or Director for that site will contact the parent/guardians to pick up the child. The parent/guardian must discuss with the Camp Nurse or Director whether it is safe for the camper to return on subsequent days.
- If other individuals develop symptoms, they will be immediately isolated and sent home.
- If the outbreak progresses, the Director, Health Center Director and Medical Director may decide that continuing camp is unsafe.

Recovery & Mitigation

The Health Center Director, Medical Director and on-site Endocrinologist will decide when and whether to remove or add additional infection prevention measures. Reporting to the county health department will be done according to their guidelines.

Special considerations for COVID (SARS-CoV-2 2019)

COVID is a respiratory illness caused by a virus that can spread from person to person and which can have serious short and long-term consequences. Camp Nejeda will use the following guidelines (adapted from recommendations given by the CDC (https://www.cdc.gov/coronavirus/2019-ncov/your-health/isolation.html, accessed 1/25/23), Sussex County Department of Health and American Camp Association) in addition to those described above for all communicable diseases.

Screening

• Pre-Screening - Those planning to attend residential or day camp will:

- Report to the Health Center the presence of any symptoms consistent with COVID (fever of 100.4 degrees F or greater, cough, shortness of breath, diarrhea, fatigue, headache, muscle aches, nausea, loss of taste or smell, sore throat, vomiting, etc.) for 10 days before arriving at camp. The details of possible precautions need to be discussed with the Health Center.
- Report to the Health Center if the individual has been in close contact with a person who has been diagnosed with COVID during the 7 days prior to camp or diagnosed while camp is in session.

- Any individual who is suspected to have COVID will be removed from residential or day camp as soon as possible. After going home, a confirmed diagnosis of COVID should be reported to the Health Center immediately.

- Screening at camp - All staff, campers and guests will be screened for COVID upon arrival at (or return to) camp with a rapid COVID antigen test. Anyone with a positive test will not be admitted to camp.

References:

COVID-19 Public Health Recommendations for K-12 Schools, Childcare and Youth Camp: **https://www.nj.gov/health/cd/documents/topics/NCOV/PH_Recommendations_K-12_Childcare_Camp.pdfs** (Accessed 1/22/2023)

Sussex County Department of Health: **https://sussex.nj.us/cn/webpage.cfm?tpid=17089&utm_source=covid19&utm_medium=web&utm_campaign=coronavirus** (Accessed 1/22/2023)

American Camping Association: https://acacamps.app.box.com/s/p1leb3prty40utd3s22a6y1hzz4i5hya (Accessed 1/25/23)

DIAGNOSTIC TESTING ONLY (LAB OR X-RAY)

ON-SITE STREP AND COVID TESTING

As of 2022, we have CLIA waiver to perform COVID and rapid strep tests at camp. They can be done by any licensed medical professional as long as the person has been trained to use the materials/machine.

If a person has a T≥100.4 OR any symptoms that could indicate COVID infection (including URI symptoms), rapid COVID test performed. Management of the results is in the Camp Nejeda 2023 COVID Plans.

If rapid COVID test is negative and NOT presumptive positive for COVID, person will be tested for Strep in the HC and antibiotics, if appropriate, will be prescribed by resident or endocrinologist.

a. Regardless of Strep Test result, person will stay in Health Center isolation for 24 hours.
b. After 24 hours if afebrile (without antipyretics) may return to normal activity
c. If fever persists more than 24 hours, must go home

CAMPER OR STAFF UNDER 18 YEARS OLD "MINORS"

- When hospital care is needed the parent/guardian will be contacted if possible. If they are not available, the secondary contact previously designated by the parent/guardian will be contacted. Medical personnel will try not to unnecessarily alarm the person being contacted.

- The doctor will decide if a parent/guardian should take the person to the hospital. If the parent/guardian is unable to do so, camp will provide the transportation.
- Any minor going to the hospital will be accompanied by a nurse or doctor and a counselor from camp in a camp vehicle.
- A copy of the Health History Form and consent for treatment and a copy of all insurance cards are needed. Staff members must also bring workers compensation forms.
- The nurse/doctor must bring a glucose meter with strips, insulin, lancets, syringes, glucose tabs and snack.
- Parent/guardian will be contacted once the camper returns to camp.
- Discharge papers should be returned to Health Center.
- When diagnostic tests (lab or x-ray) only are needed, they can be done during routine hours at Newton. The licensed physician must complete Newton's form.

STAFF OVER AGE 18

- When a staff member needs to go to the hospital they may go in their own vehicle or be taken by any other staff member.
- Staff should take with them a glucose meter with strips, insulin, lancets, glucose tabs and snack and a copy of all insurance cards along with workers compensation forms.
- Discharge papers should be returned to Health Center.
- When diagnostic tests (lab or x-ray) only are needed, they can be done during routine hours at Newton. The licensed physician must complete the Hospital's or Urgent Care's form.

HOSPITAL GUIDELINE/PROCEDURE

Overview: This is a guideline and procedure on how to handle a camper or staff member who is injured or sick and may need to go to the hospital for any laboratory, x-ray or medical/surgical treatments.

Guideline: It is the guideline at Camp Nejeda that anyone in need of medical attention that cannot be rendered here at camp will be sent to Newton Medical Center. When a non-urgent problem requires outside care, parents may be contacted to ask if they want to transport the camper to a different place of their choice. This need is determined by the doctor(s) on duty. If a staff member is injured on camp grounds during their time on duty, then it is considered a worker's comp case. If a staff member is injured on camp grounds while not on duty, it is to be covered by their own personal insurance.

The most likely reasons to need to send someone to the hospital are fractures, lacerations and diabetic ketoacidosis (DKA). Sprains are much more common than fractures and many injuries can be managed overnight or even for 1-2 days without an x-ray and just with appropriate first aid, especially immobilization. Lacerations that need stitches are NOT to be repaired at camp.

Mild DKA may be managed at camp (including IV fluids, but NOT including IV insulin) at the discretion of the endocrinologist up to the point where concern about electrolytes or other safety issues require hospital care.

All campers and staff members must have a signed consent/release form (that is within the Health History Form) and a copy of insurance cards at time of arrival to camp.

Procedure: All campers and staff are to be examined by medical personnel before going to the hospital for medical diagnosis or treatment except if a non-medical staff person thinks there is an immediately life-threatening emergency.

If it is an emergency 911 is called.

EXPOSURE TO ANOTHER PERSON'S BLOOD

Campers and staff are required to be vaccinated against hepatitis B virus or sign a release form prior to coming to camp. It is recognized that all precautions should be undertaken to prevent blood exposures. Campers and or staff should immediately report any exposure of a body fluid that could lead to an exposure to a blood-borne pathogen to the Health Center. If the occupational exposure occurs, the circumstances and post exposure management should be recorded in the exposed person's confidential medical record (usually on the Incident/Accident Report form).

Definition of significant exposure

- Needle stick: The needle must perforate the skin and not simply be a scratch. The needle must have perforated the source's skin.
- Blood splash: eyes, mouth, nose, or large splash to non-intact skin.

Known source:

- Test known sources for HBsAg, anti-HCV, and HIV antibody
  - Direct virus assays for routine screening of source patients are not recommended
  - Consider using a rapid HIV-antibody test
  - If the source person is not infected with a bloodborne pathogen, baseline testing or further follow-up of the exposed person is not necessary
- For sources whose infection status remains unknown (e.g., the source person refuses testing), consider medical diagnosis, clinical symptoms, and history of risk behaviors

Evaluation of source of blood:

a. Has the camper or staff member NOT received any hepatitis vaccine?
b. Is the camper or staff member known to carry or a possible carrier of any hepatitis virus?
c. Has the camper or staff member ever received a blood transfusion?
d. Does the camper or staff member have a history of any blood borne viral illness?
e. Does the camper or staff member have a history of drug abuse, especially IV drug abuse?
f. Is the camper or staff member sexually active, especially with multiple partners?

The answers to these questions should come from the camper's parents, the staff member, and the physician of the person who is the source of exposure (see attached questionnaire). Due to the

sensitivity of some of these questions, this information should be collected by a physician or the charge nurse and kept in a locked cabinet. If the source is known to be positive for a blood-borne pathogen or an answer to the above questions is yes, the exposed camper or staff member will be transported to Newton Medical Center for evaluation of potential exposures to blood-borne pathogens and, when necessary, to initiate post-exposure prophylaxis.

Unknown Source:

- For unknown sources, evaluate the likelihood of exposure to a source at high risk for infection
  - If the exposure source is unknown or cannot be tested, information about where and under what circumstances the exposure occurred should be assessed epidemiologically for the likelihood of transmission of HBV, HCV, or HIV. Certain situations as well as the type of exposure might suggest an increased or decreased risk; an important consideration is the prevalence of HBV, HCV, or HIV in the population group from which the contaminated source material is derived. Exposure to a blood-filled hollow needle or visibly bloody device suggests a higher risk exposure than exposure to a needle that was most likely used for giving an injection.

Newton Medical Center follows the most current recommendation of the Centers for Disease Control and Prevention and the U.S. Public Health Service in the evaluation and treatment of potential exposures to blood-borne pathogens including hepatitis B, hepatitis C, and the human immunodeficiency virus. AHS (Atlantic Health System) is in compliance with the Occupational Safety and Health Administration's (OSHA's) "Blood-borne Pathogen Standard."

Campers and or staff should immediately report any exposure of a body fluid that could lead to an exposure to a blood-borne pathogen to the Health Center. If the occupational exposure occurs, the circumstances and post exposure management should be recorded in the exposed person's confidential medical record and on the Annual Accident Report Youth Camp Safety Act.

The camper or staff member will be referred back to his or her own healthcare team for follow-up. All information already obtained will be communicated to that team. If that is not possible, the camper or staff member will be followed by Morristown Memorial Hospital's Occupational Medicine Service.

Form to be completed to evaluate the source of a blood exposure

Due to the sensitivity of some of these questions, this information should be collected by a physician or the charge nurse and kept in a locked cabinet.

Date_____ Time_____

Physician taking history_____

Person giving history_____

1. Has the camper or staff member received any hepatitis vaccine?
_____

2. Is the camper or staff member a known carrier or a possible carrier of any hepatitis virus?
_____

3. Has the camper or staff member ever received a blood transfusion?
_____

4. Does the camper or staff member have a history of any blood borne viral illness?
_____

5. Does the camper or staff member have a history of drug abuse, especially IV drug abuse?
_____

6. Is the camper or staff member sexually active, especially with multiple partners?
_____

****

Physician of exposed camper/staff notified? _____

Person Notified: _____

Date and Time Notified

Date_____

Time_____

Action taken_____

_____

Signature of Person Completing this form

_____

Section IX - JOB DESCRIPTIONS

[Starts on next page]

SESSION CHARGE NURSE

Responsible To: Health Center Director

Purpose: The SCN coordinates and facilitates the daily operations of the Camp Nejeda Health Center during 1-2 of the 8 weeks of camp.
Minimum 1 full week (Saturday-Saturday)
Assures that the SCN or the Assistant SCN is present on camp grounds at all times.

Qualifications: Current NJ licensed RN with pediatric experience and at least two prior years at Camp Nejeda

Duties/Responsibilities:

1. Facilitate the daily operations of the Health Center
2. Review all camper Confidential forms after intake of each session.
3. Administers all medications (other than insulin) to male campers that are being supervised by an unlicensed Technology Facilitator for all 4 meals/snack
4. Supervise the nurses and Health Center Assistants on a daily basis
5. Determine assignments, HC shift schedules, nurse staffing for off-campus trips and time-off schedules.
6. Responsible for carrying the keys to the controlled medicines lockbox and following standard procedures for controlled medicines.
7. Serves as a resource for and responds to medical questions from non-medical staff.
8. Run the Saturday evening HC staff meeting, including but not limited to, reviewing health center routines, distribute fanny packs, t-shirts & keys, assign cabins & intake stations, collect vital information and golf cart driving lessons.
9. Supervise the medical preparation for off-campus trips in coordination with the trip nurse.
10. Attend the directors' meeting with the Executive Dir., Camp Dir. and Maintenance Dir.
11. Attend weekly counselor staff meetings
12. Serves as role models for staff and campers.
13. Follows and enforces all Camp Nejeda policies.
14. Other duties as assigned

Revised 11/2022

FLOAT NURSE

Responsible To: Session Charge Nurse, Health Center Director

Purpose: The FL assists the SCN and performs all of the SCN duties when the SCN is off duty.
Minimum 1 full week (Saturday – Saturday)
Assures that the SCN or the FL is present on camp grounds at all times.

Qualifications: Current New Jersey licensed RN or LPN, with pediatric experience and at least one prior year at Camp Nejeda

Duties/Responsibilities:

1. Cover all Health Center positions for staff days off including Session Charge Nurse position
2. Assist the Session Charge Nurse with the schedule, assignments, medication administration and all other SCN duties
3. Share with the SCN, the responsibility of overseeing the daily activities in the health center
4. Will be responsible for carrying the keys to the controlled medicines lockbox and following standard procedures for controlled medicines.
5. Serves as role models for staff and campers.
6. Follows and enforces all Camp Nejeda policies.
7. Other duties as assigned

Revised 11/2022

HEALTH CENTER NURSE – DAYS & EVENINGS

Responsible To: Health Center Director, Session Charge Nurse

Qualifications: LPN, RN with current New Jersey license

Duties and Responsibilities:

1. Day shift 08:00 – 16:00. Evening shift 16:00 – 24:00
2. Provides care for diabetes and other problems with medical staff for campers and staff including administration of insulin and other medications.
3. Administers all medications (other than insulin) to female campers that are being supervised by a unlicensed Technology Facilitator for the 2 meals/snack during their shift.
4. Supervises all activities of the Health Center Assistant.
5. Assists or supervises blood glucose monitoring done in the Health Center.
6. Answer phone calls to Health Center when the HC Assistant is busy.
7. Follow up on Watch Board and E-vent cards
8. Copy glucose number and treatment from eSpec Sheets and E-vent cards to the Kardexes® for pen users.
9. Monitor and chart CGM alarms in HC as required
10. Empty HC trash if needed.
11. Maintains medical records either on paper or EMR.
12. Provides informal education in diabetes care to campers and staff.
13. Wears a fanny pack or backpack while on camp grounds, or trips. The fanny pack or backpack must contain the following:
    a. Treatment supplies - glucose tabs, crackers, Instaglucose, glucagon, syringes and glucagon.
    b. Testing supplies – glucometer, glucose test strips, lancets, alcohol wipes, gloves, 2x2s, and event cards.
14. All nurses are considered "On Duty" while on camp grounds and emergencies are responded to by all available staff.
15. Communicates with camper parents as needed.
16. Assists with care and upkeep of Health Center and medical equipment.
17. Serves as role models for staff and campers.
18. Follows and enforces all Camp Nejeda policies.
19. All other duties as assigned

Revised 11/2022

HEALTH CENTER NURSE - NIGHTTIME

Responsible To: Health Center Director, Session Charge Nurse

Qualifications: LPN, RN with current New Jersey license

Duties and Responsibilities:

1. Shift 23:00 – 08:00
2. Provides care for diabetes with medical staff for campers and staff including administration of insulin and occasionally other medications.
3. Assists or supervises blood glucose monitoring.
4. Supervise midnight blood glucose checks by the counselors and perform 3am glucose checks with the Health Center Assistants.
5. Answer phone calls to Health Center when HCA is busy
6. Follow up on Watch Board and E-vent cards
7. Copy glucose number and treatment from eSpec Sheets and ~~E-vent cards~~ to the Kardexes® for pen users.
8. Monitor and chart CGM alarms in HC as needed
9. Maintain medical records either on paper or EMR.
10. Wears a fanny pack or backpack while on camp grounds, or trips. The fanny pack or backpack must contain the following:
    a. Treatment supplies - glucose tabs, crackers, Instaglucose, glucagon, syringes and glucagon.
    b. Testing supplies – glucometer, glucose test strips, lancets, alcohol wipes, gloves, 2x2s, and event cards.
11. All nurses are considered "On Duty" while on camp grounds and emergencies are responded to by all available staff.
12. Communicates with camper parents as needed.
13. Assists with care and upkeep of Health Center and medical equipment.
14. Serves as role models for staff and campers.
15. Follows and enforces all Camp Nejeda policies.
16. All other duties as assigned.

Revised 11/2022

MDI NURSE

Responsible To: Health Center Director, Session Charge Nurse

Qualifications: LPN, RN with current New Jersey license

Duties and Responsibilities:

1. Provides diabetes care for campers and staff including administration of insulin and other medications.
2. Assists or supervises blood glucose monitoring.
3. Provides formal and informal education in diabetes care to campers and staff.
4. Attends medical meetings and educational session(s).
5. Administer injectable insulin to campers that use pens only at each meal & bedtime snack
6. Administer all other medications to assigned campers during meals & at bedtime snack
7. Maintains medical records
8. Communicates with camper parents as needed
9. Wears a fanny pack or backpack while on camp grounds, or trips. The fanny pack or backpack must contain the following:
    a. Treatment supplies - glucose tabs, crackers, Instaglucose, glucagon, syringes and glucagon.
    b. Testing supplies – glucometer, glucose test strips, lancets, alcohol wipes, gloves, 2x2s, and event cards.
10. All nurses are considered "On Duty" while on camp grounds and emergencies are responded to by all available staff.
11. Spend time assisting or observing in the pump room.
12. Provides nursing coverage and first aid on out-of-camp trips as assigned.
13. Serves as role models for staff and campers.
14. Follows and enforces all Camp Nejeda policies.
15. All other duties as assigned

Developed 11/2021

LIT NURSE

Responsible to: Health Center Director, Endocrinologist/doctor on duty and Session Charge Nurse

Qualifications:

1. Current NJ licensed RN with pediatric experience and at least two prior years at Camp Nejeda preferred
2. Ability to operate all current diabetes "technology", including all commercially available models of insulin pumps, Continuous Glucose Monitors (CGMs), and the camp Electronic Medical Record (EMR) as adopted by Nejeda.
3. Pediatric diabetes education and diabetes camp experience preferred.
4. Must be able to work independently with diabetes management
5. Willing & able to attend off camp activities & trips

Duties and Responsibilities:

1. Supervises blood glucose monitoring while encouraging independence in diabetes management. Allows campers to self-manage their own diabetes but report it to the nurse.
2. Provides formal and informal education in diabetes care to campers.
3. Attends educational sessions in the evenings to review camp protocols with LITs
4. Attends medical meetings and educational sessions.
5. Administer all other medications to assigned campers during meals & at bedtime snack
6. Maintains medical records on paper and electronically as needed
7. Communicates with camper parents as needed
8. Wears a fanny pack or backpack while on camp grounds, or trips. The fanny pack or backpack must contain the following:
    a. Treatment supplies - glucose tabs, crackers, Instaglucose, glucagon, syringes.
    b. Testing supplies – glucometer, glucose test strips, lancets, alcohol wipes, gloves, 2x2s, and event cards.
9. All nurses are considered "On Duty" while on camp grounds and emergencies are responded to by all available staff.
10. Spend time assisting or observing the in the pump room.
11. Provides nursing coverage and first aid on out-of-camp trips as assigned.
12. Serves as role models for staff and campers.
13. Follows and enforces all Camp Nejeda policies.
14. Other duties as assigned

TECHNOLOGY FACILITATOR - LICENSED

Responsible to: Technology Manager

Qualifications:

1. Ability to operate all current diabetes "technology", including all commercially available models of insulin pumps, Continuous Glucose Monitors (CGMs), and the camp Electronic Medical Record (EMR) as adopted by Nejeda.
2. Pediatric diabetes education and diabetes camp experience preferred.

LPN, RN with current New Jersey license

Duties and responsibilities (many duties rotated among the Tech Facs):

1. Participate in Intake and Outtake activities as needed
2. Troubleshoot pump and CGM problems for all available pumps and CGMs
3. In the pavilion prior to each meal, witness campers' entering correct amount of carbs (and glucose if necessary) into pumps prior to campers' initiating pump bolus. If camper unable to operate pump, enter the data and initiate pump bolus. Supervise the calibration of all closed loop systems that require it.
4. After each meal, in the pavilion, will facilitate changes in pump settings ordered by endo/CDCES, Initial the paper Kardex® to indicate that the change was made.
5. Be cross trained in all of the following areas and jobs to be divided up amongst the technology facilitators (licensed and unlicensed):
    a. 2 tech facs to cover pump room 9 AM–12:30 PM
    b. 2 tech facs to cover pump room 1:30 PM–5:30 PM
    c. 1 tech fac to cover pump room in the evening 6:30 PM-10 PM
    d. 1 tech fac to be on call overnight (rotates each night) for pump emergencies 10 PM–8 AM
    e. 2 tech facs to cover cabins at bedtime snack
6. Primary responsibility when covering the pump room is to
    i. Supervise, educate and provide support to campers with their site changes and pump problems, if any. Change camper's pump site when needed.
    ii. Record site changes for pumps (delta) and CGMs (C) in EMR or paper Kardex,
    iii. Download the data on all pumps into Tidepool during the site change
    iv. Develop creative and fun ways to teach campers good pump management skills.
    v. Keep pump room organized and stocked.
7. Complete any paperwork and charting associated with the above duties.
8. Administer all other medications to campers in assigned cabins during meals & at bedtime
9. Communicate with camper parents as needed.
10. Complete counselors' evaluations weekly.

11. Wear a fanny pack or backpack while on camp grounds, or trips. The fanny pack or backpack must contain the following:
    a. Treatment supplies - glucose tabs, crackers, Instaglucose, glucagon, syringes and glucagon.
    b. Testing supplies – glucometer, glucose test strips, lancets, alcohol wipes, gloves, 2x2s, and event cards.
12. All nurses are considered "On Duty" while on camp grounds and emergencies are responded to by all available staff.
13. Encouraged to attend Medical Committee meetings.
14. Serve as role models for staff and campers.
15. Follow and Enforce all Camp Nejeda policies
16. All other duties as assigned.

Revised 11/2022

TECHNOLOGY FACILITATOR - UNLICENSED

Responsible to: Technology Manager

Qualifications:

1. Ability to operate all current diabetes "technology", including all commercially available models of insulin pumps, Continuous Glucose Monitors (CGMs), and the camp Electronic Medical Record (EMR) as adopted by Nejeda.
2. Pediatric diabetes education and diabetes camp experience preferred.
3. Availability for 8-9 weeks in the summer during residential camp (including staff training week) preferred.
4. Have a college major in a medically related field or have first-hand experience with diabetes
5. At least 21 years old in the calendar year of camp.

Duties and responsibilities (many duties rotated among the Tech Facs):

1. Attend nurse training days the Saturday prior to each of 6 sessions to assist Nurse Educators
2. Troubleshoot pump and CGM problems for all available pumps and CGMs
3. In the pavilion prior to each meal and bedtime snack (in cabins), witness campers' entering correct amount of carbs (and glucose if necessary) into pumps prior to campers' initiating pump bolus. Supervise the calibration of all closed loop systems that require it (Medtronic pumps).
4. Before or after each meal, in the pavilion, will facilitate changes in pump settings ordered by doctor or CDCES, Initial the paper Kardex® to indicate that the change was made.
5. Evaluate insulin requirements on day 3 for campers on any Medtronic closed loop system and discuss with the Endocrinologist the need to change the manual (off auto-mode) basal rate settings in the pump.
6. Be cross trained in all of the following areas and jobs to be divided up amongst the technology facilitators (licensed and unlicensed):
    a. 2 tech facs to cover pump room 9 AM–12:30 PM
    b. 2 tech facs to cover pump room 1:30 PM–5:30 PM
    c. 1 tech fac to cover pump room in the evening 6:30 PM-10 PM
    d. 1 tech fac to be on call overnight (rotates each night) for pump emergencies 10 PM–8 AM
7. Primary responsibility when covering the pump room is to
    a. Supervise, educate and provide support to campers with their site changes and pump problems, if any.
    b. Record site changes for pumps (delta) and CGMs (C) in EMR or paper Kardex,
    c. Download the data on all pumps into Tidepool during the site change

d. Develop creative and fun ways to teach campers good pump management skills.
e. Keep pump room organized and stocked.

8. Participate in Intake and Outtake activities as needed
9. Complete any paperwork and charting associated with the above duties.
10. Communicate with camper parents as needed
11. Encouraged to attend Medical Committee meetings to provide education/management input.
12. Will meet with the Technology Manager frequently to discuss any issues or concerns.
13. Serves as role models for staff and campers.
14. Follows and enforces all Camp Nejeda policies.
15. All other duties as assigned.

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TECHNOLOGY MANAGER

Responsible to: Health Center Director

Qualifications:

1. Ability to operate all current diabetes "technology", including all commercially available models of insulin pumps, Continuous Glucose Monitors (CGMs), and the camp Electronic Medical Record (EMR) as adopted by Nejeda.
2. Pediatric diabetes education and diabetes camp experience preferred.
3. Availability for 8-9 weeks in the summer during residential camp (including staff training week) preferred.
4. Have a college major in a medically related field or have first-hand experience with diabetes
5. At least 21 years old in the calendar year of camp.

Duties and responsibilities:

1. Attend to all duties & responsibilities of the Technology Facilitator (see Technology Facilitator job description).
2. Help teach & support all health center personnel and cabin counselors in use of the Technology and Medical Records (Electronic and paper).
3. Serve as a Technology Facilitators in an emergency.
4. Help to maintain the records of each individual's activities necessary for the Continuing Education program.
5. Communicate with the Endocrinologist regularly in regards to pump management.
6. Input the camper's names in Tidepool before every session
7. Teach weekly nursing CEU classes and maintain the necessary records
8. Make the schedule for the pump room (~~including pool hour pump downloads)~~
9. Download reports at end of session (and save to server)
10. Add camper names into eSpecSheet before each session
11. Remind Tech Facs to check orders & make changes at next available meal.
12. Make sure that pump downloads are completed for campers that leave early
13. Serves as role models for staff and campers.
14. Follow and enforces all Camp Nejeda policies.
15. All other duties as assigned.

Revised 11/2022

HEALTH CENTER ASSISTANT - DAYTIME & EVENING

Responsible To: Day Health Center nurse, Health Center Director (HCD), Session Charge Nurse (SCN)

Purpose: Assist health center staff in the functions of the health center (HC)

Qualifications:
Nursing or other medical student preferred. (Possible internship)
Applicant should have: Good organizational skills, be able to take direction, good communication and phone skills (screen/prioritize calls), and basic office skills (e.g. fax, copier and word processing). The position requires moderate physical ability.

Duties and Responsibilities:

1) Day shift 08:00 – 16:00. Evening shift 16:00 – 24:00
2) Assist with Intake day.
3) Check and record the temperatures of all refrigerators in Health Center (days only). Notify the SCN if any are out of range.
4) Answer phone calls to Health Center. Record parent calls in the log book and post the copy for the appropriate HC staff to return any calls.
5) Assure that campers on the Watch Board and Low Events board are re-checked as planned
6) Record the information froom the Watch Board and Low Events board are recorded in the Kardex®
7) Monitor and chart confirmed CGM alarms in the Kardex®
8) File all camper/staff forms from bin into file cabinet
9) Inventory/restock supplies:
    a) Spec table:
    Lancets, empty sharps containers, hand sanitizer, gauze or cotton balls, gloves, and alcohol wipes
    b) Front closet:
    Tabs, strips, and insta
    c) Refrigerator:
    Juice, milk, and ice
10) Restock/Photocopy:
    a) Bolus Calculation Sheets
    b) Kardex® tops and bottoms
    c) Incident Reports
    d) Progress Notes
    e) MARs
    f) Prescription forms
    g) Intake forms

h) Evaluations
i) Sign-out sheets

11) Laundry
    a) Wipe down mattresses with sanitizing wipes before making beds
    b) Wash and fold any dirty linens
    c) Make sure beds have clean linen
12) Keep kitchen/medication area clean
13) Sharps Containers: (day shift only)
    a) Check all cabins and Health Center rooms for full containers and replace as needed
    b) Remove and store full containers
14) Keep First Aid Closet stocked and put needs on Supply Order Form
15) Assist in preparing the next Session's files.
16) Help to file forms and documentation on Outtake Day.
17) Print camper technology labels for next session intake
18) File printed emergency contacts in camper files.
19) Review and list missing camper paperwork prior to next intake.
20) Shred all confidential papers in basket above file cabinet. (Diabetes related records are not considered confidential at camp.)
21) Maintain printer/copier with sufficient paper
22) Serves as role models for staff and campers.
23) Follows and enforces all Camp Nejeda policies.
24) Other duties as needed.

Revised 11/2022

HEALTH CENTER ASSISTANT - NIGHTTIME

Responsible To: Night HC Nurse, Health Center Director and Session Charge Nurse

Purpose: Assist health center staff in the day-to-day functions of the health center (HC)

Qualifications:
Nursing or other medical student preferred. (Possible internship)
Applicant should have: Good organizational skills, be able to take direction, good communication and phone skills (screen/prioritize calls), and basic office skills (e.g. fax, copier and word processing). The position requires moderate physical ability.

Duties and Responsibilities:
1. Shift 00:00 – 08:00
2. Assist Night Nurse in Health Center as needed.
3. Assist Night Nurse with 3am blood glucose checks.
4. Review midnight & 3 AM glucoses with Night Nurse.
5. Answer phone calls to Health Center.
6. Follow up on Watch Board and E-vent cards
7. Copy glucose number from eSpecSheets and E-vent cards to the Kardexes® for pen users.
8. Monitor and chart CGM alarms in HC
9. Restock Front Closet: Glucose tabs, insta, and test strips
10. Restock Spec Cart: Lancets, Alcohol Swabs, gloves, gauze, sharps containers, paper Event cards, and hand sanitizer
11. Copy Kardex™es and Spec sheets for Outtake Day.
12. Assist in getting next Session Books prepared.
13. Replace full Sharps Containers in Health Center.
14. Laundry:
    a. Make sure clean linen on beds.
    b. Wash and Dry and put away any dirty laundry for Health Center.
15. Make coffee at 7:00 am.
16. Wash dishes in sink.
17. Wipe down all surfaces with sanitizing wipes
18. Empty HC trash if needed.
19. Shred all confidential papers in basket above file cabinet. (Diabetes related records are not considered confidential at camp.)
20. Serves as role models for staff and campers.
21. Follows and enforces all Camp Nejeda policies.
22. Other Duties as assigned.

Revised 11/2022

PSYCHOSOCIAL/MESH SPECIALIST

Mental, Emotional and Social Health

Qualifications:

1. NJ licensed social worker, professional counselor, psychiatrist or psychologist preferred
2. Basic knowledge of type 1 diabetes and its management required
3. Direct pediatric diabetes experience preferred
3. Demonstrated experience with chronic illness and its psychosocial components
4. Demonstrated experience working with people ages 7-24
5. Ability and willingness to work as a part of a multidisciplinary team
6. Knowledge of HIPAA confidentiality rules.

Reports to Health Center Director and Camp Director

Purpose

1. To provide ongoing psychosocial support to campers and staff in the camp environment
2. To help address camper and/or counselor psychosocial issues and crises as they arise
3. To identify appropriate follow-up resources to families, campers and staff

Duties/Responsibilities

1. Maintain complete confidentiality as per HIPAA guidelines except when someone is threatening harm to self or others or other legally mandated reporting is required such as suspected child abuse/neglect.
2. Communicate with senior program and Health Center staff as appropriate to promote camper and counselor well-being.
3. Attend and participate in staff training week to
    - build his/her basic understanding of type 1 diabetes, daily life at camp, and camp policies and protocols
    - Introduce him/herself to staff
4. Provide training during staff week on basic MESH care for campers and staff including:
    - effective crisis and de-escalation techniques
    - wise use of time off and other self-care techniques
    - How to handle campers with mild autism, eating disorders and homesickness
5. At the start of each session advise the Unit Leaders and assigned cabin staff of potential issues and ways to handle them.
    - Review developmental histories of campers provided by the Health Center Director prior to sessions' starting.
    - Review the Confidential Intake forms for any psychosocial issues and any psychotropic medicines being administered at camp.

6. Participate in camp activities to develop rapport with campers and counselors and educate them on available support services.
7. Help address interpersonal issues that arise between/among campers and/or counselors and follow up as necessary.
8. Utilize appropriate crisis intervention and de-escalation techniques when appropriate with campers and staff.
9. Facilitate de-briefing groups or individual sessions as needed after a crisis
10. May make and maintain an anonymous suggestion box to refer staff for stress-related interventions.
11. Facilitate developmentally-appropriate sessions regarding diabetes and mental health once a session with each cabin, focused around self-care and mindfulness
12. Facilitate evening "Talk-a-betes" sessions in each cabin to provide psychosocial assessment and interventions in a group setting.
13. Be knowledgeable about the best-practice guidelines relevant to children and young adults as laid out by National Association of Social Workers (NASW) and any other ethical guidelines psychologists/psychiatrists have.
14. Serve as role models for staff and campers.
15. Follow and enforce all Camp Nejeda policies.
16. Confidentially document all activities regarding individual campers or staff on a secure camp server accessible to only the Health Center and Medical Directors.
17. All other duties as assigned.

Revised 12/2022

DIABETES EDUCATION COORDINATOR

Responsible to: Health Center Director

Qualifications:

1. RN with current NJ licensure preferred.
2. CDCES or CDCES eligible
3. Pediatric diabetes education experience required
4. Diabetes camp experience preferred

Duties and responsibilities:

1. Coordinates and provides education of medical personnel as needed.
2. Participates in evaluation and revision of Staff Training Curriculum prior to camp.
3. Coordinates Staff Training Week by assisting with and providing education.
4. Provides education on management of diabetes in children and education of children with diabetes on Nurse Training Days. Facilitates Nurse Training the day before the start of each summer residential camp session.
5. Develops and maintains the Canvas education platform
6. Supervises and supports educational experience of campers. Provides assistance as needed/requested daily, during cabin teaching and all camp educational sessions. Helps prepare visual aids, educational materials. May directly provide teaching of campers if asked to do so.
7. Attends medical meetings during summer sessions and year-round and provides educational/management input.
8. Completes paperwork as needed and insures data collection as needed.
9. Available to assist/advise nurses during insulin administration.
10. Meets with families during check-in and check-out. Reviews educational forms, surveys, etc., answers questions; clarifies expectations.
11. Serves as role models for staff and campers.
12. Follows and enforces all Camp Nejeda policies.
13. All other duties as assigned.

Developed 11/2022

RECRUITMENT COORDINATOR

Responsible to: Health Center Director

Purpose:
To assist the Health Center Director with recruiting potential Health Center summer employees.

Qualifications:
1. LPN or RN with current NJ licensure preferred.
2. Diabetes camp experience required

Duties/Responsibilities:
1. Connect with schools of nursing in the state of NJ to appeal to undergraduate students and new grads of nursing programs
2. Maintain a presence on the Handshake website (career postings for colleges in NJ)Attend career fairs at various colleges & Universities around the state of NJ.
3. Speak at educational lectures that are sponsored by Camp Nejeda to describe the benefits of working at camp
4. Keep the HCD appraised of programs attended, connections made and progress in recruiting.
5. Collect email addresses from interested parties and forward them to the appropriate camp directors for interviewing & hiring processes.
6. Represents camp in a professional manner
7. Follows and enforces all Camp Nejeda policies.
8. All other duties as assigned.

Developed 12/2022

HEALTH CENTER DIRECTOR (HCD)

Responsible to: The HCD reports to the Executive Director, receives input and direction from the Medical Director and works with other directors as required.

Purpose: Staff, organize and supervise the operations of the Health Center for the Camp Nejeda Foundation (CNF), a diabetes camp for children and adults with T1D.

- **Qualifications:** Current New Jersey RN license and a minimum of two years experience in diabetes education and management.
- Demonstrated leadership and management skills
- Self-motivated and capable of working independently and cooperatively with other directors.
- Pediatric expertise. CDCES preferred.

ESSENTIAL JOB FUNCTIONS

1. Recruit, hire and train nurses and Health Center (HC) support staff (paid and volunteer) for all programs
2. Order, inventory and supervise the stocking of purchased and donated medical supplies for programs
3. Maintain existing Professional Development programs and accreditation
4. The HCD is expected to average 20 hours per week for the year with actual hours fluctuating depending on season/program needs

OTHER DUTIES AND RESPONSIBILITIES

1. Review all completed camper and staff medical forms
2. Prepare the HC prior to programs, including ensuring adequate supplies, medication and appropriate camper and staff documentation
3. Work with the Development Director to have appropriate diabetes supplies donated as needed for programs.
4. Maintain relationships with industry representatives
5. Organize and/or provide appropriate medical training for Program staff during staff week and as needed throughout all programs.
6. Organize and supervise all program intakes, including the recruitment of additional medical volunteers as needed: Doctor's, CDCES's and other medical staff. Familiarize doctors and CDCES's with the intake paperwork and procedures
7. Provide ongoing supervision of HC staff
8. Provide ongoing supervision of HC staff
9. Work with the Program Directors to maintain the facility's medical compliance with ACA accreditation, NJ Dept of Health standards and established CNF standards.
10. Attend Department/Director Meetings minimum once a week during summer camp, and weekly evening Counselor or Staff meetings.

11. Hire nurses for Day Camp programs and orient Day Camp Director to medical guideline.
12. Organize and provide all medical supplies for Day Camp
13. Evaluate and document HC staff at the end of each program.
14. Compose an annual report after the close of Summer Camp
15. Evaluate HC protocols and participate in establishing Health Center Guidelines
16. Assist in coordinating and managing Medical Committee meetings (five evenings per year)
17. Maintain and distribute the Medical Manual as updated by the Medical Committee
18. Maintain an active presence in mission related organizations such as DECA, AADE, NJSSNA
19. Represent Camp Nejeda at exhibits and/or via presentations at diabetes expo's, health fairs, diabetes support groups, etc. Represent Camp Nejeda at local, state and national meetings.
20. Keep medical areas of website updated and current
21. Respond to parent medical inquiries as needed.
22. Train charge and assistant charge nurses
23. Maintain an organized list of nurses and their salaries to hand in to the bookkeeper on a biweekly basis for payroll purposes
24. Other duties as assigned by the Executive Director with input from the Medical Director.
25.

RESIDENT PHYSICIAN

Requirements: Pediatric or Family Practice Resident from an ACGME approved program
Responsible To: Attending Physician

Duties and Responsibilities:
1. Read the Camp Nejeda Medical Guide before coming to camp. View the required Canvas modules: https://canvas.instructure.com/login/canvas

2. When you meet the attending (sometimes two per week) discuss responsibilities and expectations, using this document as a guideline.

3. Those whose rotation includes intake day (first Sunday of each session) must be at camp ready to work no later than 7:30 AM that morning. (Your cabin is available, so you may arrive Sat evening if your prefer.) Campers start arriving at 8 AM, but a few minutes are needed for introductions and orientation. Intake day is hectic and you won't have "down time" until lunch. Breakfast is available if you arrive earlier than 7:30 Sunday. A detailed description of the Intake process is in the Medical Guide. You will be one of 3-5 people who collectively do intake for 70-90 campers between 8 and noon.

4. Insulin is administered to campers 2-7 times daily. The times are before each meal, after each meal and at bedtime, depending on each camper's insulin regimen. At bedtime insulin is administered in the cabins. The other times it is done at the pavilion or in the dining hall. You need to be around during those times to learn about insulin dosing and to discuss insulin doses with nurses and campers when necessary.

5. Each camper's insulin regimen is set up on intake day, but every camper's glucoses need to be reviewed by a doctor at least daily to see if any changes in the regimen are needed. You will do the daily review and regimen changes with the attending. Only physicians (and CDCESs) are allowed to make changes, but many of the camp nurses are very knowledgeable about diabetes and will suggest necessary changes that might have been overlooked in the daily review.

6. You will be the person most responsible for dealing with any non-diabetes health problems. Most of the problems are minor ones that parents usually handle at home, such as bruises, sprains, and insect bites. (It is RARELY necessary to send someone to the hospital for an x-ray emergently. Some attending physicians maintain veto power over that decision.) Most of the problems are handled by the nurse on duty. We have "sick call" each morning and non-urgent problems that require physician input can often be deferred until then. Most problems can be documented on a single line in the log book. When you encounter a more complicated one, use a progress note. Generally, anything that requires a progress note also requires a phone call to the parent within 24 hours. (See guidelines in the MedGuide.)

7. A Watch List is kept on a white board in the Health Center. (See the description in the Medical Guide.) Be sure to add and remove campers as needed and be sure that those who are due to have their glucose checked again get it done.

8. There are 1-2 off-campus trips (rafting, hiking, water park) per week (except 1st session). Most residents have enjoyed participating in these trips. The resident is only required to go on those trips that include the vast majority of the campers.

9. You should attend the medical meetings where the doctors and nurses to discuss management issues. These are sometimes daily, but may not occur at all in a week.

10. Residents covering the first week of a two week session sign over responsibilities on Friday at 5 PM. The sign-out takes just a few minutes. If your week starts in the middle of a session, you should arrive at camp at 9:00 Sunday morning. If you are covering a one week session or the second week of a session, your participation in Out-take on the last day of camp (Friday) will be to answer parents' questions when they pick up the campers. Your duties are finished when the campers are gone, no later than 3 PM (earlier for 2 week sessions).

11. You are encouraged, but not required to participate in all camp activities. There is no better way to learn about diabetes than to live with those who have it.

12. "Down time" is flexible. When an attending is at camp, you will discuss with the attending when you can have hours off. When no attending is present, you should be on the camp grounds as much as possible, always available by cellphone and never more than 20 minutes away. (The nearest town, Newton, is about 15 minutes from camp.)

13. Carry a fanny pack with emergency Glucagon and keys to the medicine cabinet at all times.

14. Alcohol, smoking, marijuana products without a prescription and peanuts are NOT permitted on camp grounds at any time.

ATTENDING PHYSICIAN

Requirements: NJ State Licensed physician
Experienced in care of children and adolescents with diabetes
Responsible to: Medical Director

Duties and Responsibilities:

1. Supervises insulin administration five times daily (breakfast, lunch, afternoon snack, dinner, bedtime snack
   a. discusses insulin regimens/doses with residents, counselors, nurses, technology facilitators and campers as needed.
   b. reviews every campers' glucoses at least daily and writes orders for changing insulin regimens as needed
   c. for campers using closed loop pumps, work with Technology Facilitator (Tech Fac) to make any necessary changes in the pump settings
2. Supervises the treatment of intercurrent and chronic illnesses of campers.
3. Collaborates with staff in the evaluation and management of problems of campers which may affect or impact diabetes.
4. Supervises medical coverage for out-of-camp activities in conjunction with other camp medical staff.
5. Participates in scheduled educational sessions by organizing and presenting topics of interest to the medical staff and campers.
6. Is directly responsible for teaching the residents about diabetes management.
7. Completes the resident evaluation near the end of the week (link to Google Form will be provided).
8. Participates in/supervises check-in and check-out procedures by assisting with completion of forms, history taking, etc.
9. Is available to help make decisions about a camper's continuing to stay at camp when serious situations arise.
10. In the effort to enhance each camper's personal growth and to maximize his/her camp experience, the attending physician should be an active participant in camp activities. Such involvement will provide one-on-one or small group teaching moments and foster an atmosphere of goodwill at camp.

MEDICAL DIRECTOR

Responsible to: Executive Director

Requirements: NJ State Licensed physician or nurse
Experienced in care of children and adolescents with diabetes

1. Chair the Medical Committee and assure that its goals are met
2. Make medical guideline decisions when they are not covered in the Medical Manual and are needed before the committee can meet
3. Respond to parent concerns about medical issues at camp as requested by the Health Center Director, Session Charge Nurse, Camp Director or the Executive Director.
4. Be a member of the Board of Directors

Section X - CONSENTS AND INFORMATION FOR FAMILIES

CLOSED-LOOP INSULIN PUMPS 2024

This guideline and procedure is intended to assure the safety of children with closed-loop insulin pumps. Closed-loop pumps (CLP) are a major advance in technology that promotes the health of those with diabetes.

1. Whenever the pump alarms the camper must notify the counselor or Health Center staff.

2. The insulin delivered by the CLP is determined by individual's recent insulin needs. The vast majority of children need 15%-30% less insulin at camp than at home because of the higher activity level. Pump settings will be adjusted accordingly at intake.

3. We have Technology Facilitators at camp who are very familiar with diabetes technologies and they are available to handle problems 24/7.

4. Some CLPs are not FDA approved. Starting in 2024, we will allow the use of such as system as long as all the following are met:

- The CLP system uses the FDA-approved Tidepool Loop to connect the CGM and pump.
- The CGM and the pump are both FDA approved.
- The camper must know how to manage all of the components of the system, including the steps for starting a new CGM or a new infusion site.
- A parent or guardian must be available 24/7 during the camper's stay.
- A parent or guardian signs a release of responsibility form to be provided.

Revised 5/2024

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"TIDEPOOL LOOP"- DRIVEN CLOSED LOOP PUMP LIABILITY WAIVER

Please sign this waiver ONLY if it is applicable to your child.

Recognizing that some families have chosen to use a closed loop pump (CLP) system that is NOT FDA approved to deliver their child's insulin and that Camp Nejeda strives to provide diabetes care at camp that is at least as good as that available at home, we have decided this year to support the use of those systems with the following caveats:

- The CLP system uses the FDA-approved "Tidepool Loop" algorithm to connect the CGM and pump.
- The CGM and the pump are both FDA approved. (The combined systems are not approved.)
- The camper must know how to manage all of the components of the system, including the steps for starting a new CGM and a new infusion site.
- A parent or guardian must be available 24/7 during the camper's stay.
- A parent or guardian signs a release of responsibility form to be provided.

I hereby release and hold harmless Camp Nejeda and all of its employees and volunteers from any responsibility for harm to my child and/or his/her CLP system resulting from the use or operation of the CLP system we have chosen to use. I attest that the caveats listed above are true.

Parent's signature _____ Date _____

Camper's signature _____ Date_____

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CONTINUOUS GLUCOSE MONITORS (CGM)AND CELL PHONES 2024

(Please read, sign and return if applicable)

Camper_____ Birthdate_____ Session____

Cell Phones

At Camp Nejeda we keep campers as safe and healthy as we can while they have fun and learn. Many diabetes devices require that a camper have a cell phone nearby to continuously monitor their glucose or control their insulin pump. The cellphone is permitted as a medical device only; using the cell phone for other purposes is not allowed at camp. The camper will be responsible for carrying the phone during the day and charging the phone nightly.

A camper/family may opt for the phone to be used for night time monitoring only. Those cell phones will be locked in their cabins so that their glucose can be monitored in the Health Center at night.

1. Nejeda will not be responsible if the cell phone or CGM receiver is lost, stolen or damaged.

2. At intake the SIM card will be given to the parent/guardian to take home. This prevents a camper from using their phone for any non-medical purpose.

3. The phone will be connected to a limited wifi to allow the Health Center to monitor glucoses.

4. At intake, we will turn off any communication from the cell phone to the parents/guardian, e.g. following glucoses.

5. Campers will not be allowed to use the phone to call, text, take pictures or access the internet. Taking pictures is prohibited because other campers have not consented to have their pictures taken.

6. Failure by campers and/or parents to follow these rules will result in the cell phone being inactivated and placed in the camp director's office for the remainder of camp and can also result in camper being sent home from camp.

7. Please make sure you pick up your child's cell phone, charger and cord at the end of camp. If you neglect to do so, we have to charge a nominal fee for shipping it.

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Continuous Glucose Monitors (CGMs)

This policy and procedure is intended to allow the maximum benefit from CGMs with the least burden for the camper, counselor, and medical staff.

CGMs potentially reduce the risk of missing important hypo- or hyperglycemia and, for those models and camper ages that are FDA approved, provide an alternative to finger stick glucose measurements. CGMs require responding to their alarms, which may require a check of blood glucose with a meter. Since CGMs monitor the glucose surrounding the cells (interstitial) instead of blood glucose, the readings are delayed by about 15 minutes compared to blood glucose.

1. Whenever possible, CGM readings will be used to manage a camper's diabetes. There may be times when a finger stick is necessary, particularly if the CGM alarms.
2. Because camp is noisy and tired people sleep soundly, any receiver alarm will be set at its loudest. The repeat alarm interval will be set at 30 minutes for a low glucose and 120 minutes for a high glucose.
3. At camp the low glucose alarm will be set at 70 and the high alarm at 275 mg/dl to maximize the value of the alerts and minimize interruptions in activities and sleep.
4. If the camper so chooses or at the discretion of the pediatric endocrinologist at camp, use of the CGM may be discontinued for all or part of the day. The endocrinologist will most likely discontinue use of the camper's CGM if it has many false alarms.
5. We understand that some parents are able to follow their child's BG readings through certain apps that connect directly to the Dexcom servers. Although we will not be removing apps from a parent's phone, we do strongly encourage parents to temporarily disconnect their follow capability in order to take a well-deserved respite from the stress of constantly having to monitor diabetes. Be assured that we are also following your child. We will receive the same alerts and treat them accordingly and in a timely manner.

I have read and understand the above Nejeda policy regarding Cell Phones and CGMs.

Parent's signature _____ Date _____

Camper's signature _____ Date_____

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NUTRITION AND DIET POLICY 2024

Camp Nejeda has established these policies to enable us to expediently provide food for about 80 campers and 60 staff during each camp session. We try hard to accommodate each person's needs, but it is impossible to accommodate everyone's preferences.

1. The camp will not purchase any specialized foods except to accommodate those with Celiac Disease or lactose intolerance. We routinely have gluten free and lactose free foods and do not have room to store any additional family-supplied foods.

2. The camp will only accommodate food allergies if a note from a licensed physician is provided to us.

3. Due to some participants having severe allergies, please remember that our campus is COMPLETELY PEANUT FREE. No food or drinks containing peanuts will be permitted on campus.

4. You MAY NOT bring outside foods to camp unless they are to accommodate a food allergy documented on a note from a licensed physician AND discussed with the camp dietitian at least 1 week prior to your camper's arrival. We do not have the storage space to hold extra food.

5. We treat low blood sugars with glucose tablets, apple or grape juice, cheese crackers or a gluten free/lactose free alternative or Carnation Instant Breakfast depending on the circumstances and the time of day. Low blood sugars are medical emergencies and we cannot accommodate taste preferences in these situations.

6. For picky eaters, we will be offering the following alternatives at each meal along with the regular menu options and salad bar at lunch and dinner.
   - Breakfast: cereal, yogurt, fruit, milk, packaged oatmeal, bread
   - Lunch/Dinner: cottage cheese, beans, bread (with butter, sun nut butter, and/or jelly), at least one of the following: egg, tuna, or chicken salad

7. For vegetarians, the only options available besides menu options will be the above and veggie sausage patties, veggie burgers, and black bean burgers.

8. Religion-based food preferences will be respected and allowed at camp. However, we will not provide these foods (Kosher, Halal, etc.) and cannot provide separate cooking facilities for these foods. If you have a religious dietary preference that you would like to be observed at camp, you must provide your own food including all carbohydrate counts and ingredients clearly labeled. If you plan to bring your own food, you must also speak with the dietitian at least 1 week prior to your camper's arrival.

9. As there is unsubstantiated evidence of the safety and efficacy of very low/no carbohydrate diets (specifically, with regard to avoiding severe hypoglycemia in a residential camp setting) we cannot support the implementation of these types of diets at camp. Meals and snacks at Camp Nejeda follow nutritional guidelines set by the Academy of Pediatrics to include a variety of fat, protein, and carbohydrate-containing foods to support optimal blood glucose levels and fuel increased activity levels at camp. Your child may attempt to adhere to such a diet as much as s/he can within the constraints of the food choices available, but the camp staff will not be able to assist.

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LIT DIABETES SELF-MANAGEMENT AGREEMENT 2024

(Please read, sign and return.)

Recognizing that most of Camp Nejeda's Leaders in Training (LITs) probably manage their own diabetes at home, the Medical Committee would like to allow them to manage their diabetes at camp under the supervision of the Health Center staff.

Each LIT will determine insulin doses as per the camp routine along with making adjustments in the insulin regimen.

They are required to report and record all of their glucoses, carb intakes, insulin doses and regimen changes in the record used for all campers under the supervision of the LIT nurse. The record must be kept up to date before every meal and after the meal when appropriate. The LIT nurse will maintain open communication with each LIT to discuss their individual diabetes management decisions and provide continuing education on their expected responsibilities in caring for themselves and others. The records will be reviewed by the ped endo daily who may overrule the LIT's choices when they feel it is appropriate and after having a conversation with them as to why.

Both the LIT and his/her parent(s)/guardian must agree that the LIT is responsible for diabetes management and the consequences of those decisions.

By signing below, I certify that I have read and understand the above Nejeda policy regarding LIT Diabetes Self-Management and either Agree or Do Not Agree to have my child self-manage during the LIT Program (please place an X next to one of the two options below).

_____ Agree _____Do Not Agree

Parent's signature _____ Date _____

Camper's signature _____ Date_____

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A NOTE FROM THE MEDICAL COMMITTEE 2024

Camp Nejeda's Health Center staff are committed to (1) helping each camper have an enjoyable experience in a safe and healthy setting and (2) increasing the camper's knowledge about diabetes management. Good diabetes control is important for children with diabetes; however, life at camp is very different from life at home (e.g. meals and activity level) and therefore, diabetes management in a camp setting can pose special challenges. We recognize that we cannot always customize the management of your child's diabetes at camp as well as you do at home and we continue to do the best we can.

INSULIN DOSES: The medical staff usually prescribes lower insulin doses at camp than those used at home. Since we review every camper's blood glucose (BG) levels at least daily, we sometimes achieve better control than is achieved at home. It is possible that, despite our best effort, BG control may not be as good as it is at home. Regardless, the Health Center staff (nurses and doctors) will provide real-time feedback to help the camper understand the causes and effects in diabetes management. We give the insulin for food before the meals, which is best for diabetes control. Each camper is shown a menu and asked what s/he plans to eat. If s/he eats more than planned, additional insulin is given after the meal. Children using tubed pumps will get a morning dose of Levemir before water trips so their pumps can safely be disconnected for 12 hours.

HYPOGLYCEMIA TREATMENT: When a camper's glucose is low (less than 70 daytime, less than 100 nighttime), we use a standard treatment protocol for all campers. The camper is given glucose tablets (juice overnight) followed by a complex carbohydrate snack. For those in closed loop mode on a closed loop pump, we use a reduced treatment protocol. We cannot customize treatment for individual campers except in cases where there are medically documented dietary restrictions, e.g. gluten free. If your child experiences a hypoglycemic event while at camp and requires glucagon, we will be administering whichever type of glucagon is most readily available at the time and will notify you about the event.

SKILLS: The staff will assist campers who express an interest or appear ready to advance in their independent diabetes management skills, but no undue pressure will be applied. When a child demonstrates a new skill, such as using a new site, they are recognized by the camp at the next meal as a "sharp shooter".

INTAKE: When you bring your child to camp on Intake day you will meet with the Health Center staff. This is an opportunity to discuss any concerns or questions you may have regarding your child's care at camp. When you retrieve your child the Health Center staff will be available to review your child's diabetes record and answer your questions. To protect all the campers we take each child's temperature and inspect them for lice and visible signs of infection on intake day. Any child with a fever or lice has to be sent home. (See Head Lice Policy form for details.)

The Health Center is staffed 24 hours a day and is able to handle everything from minor injuries to true emergencies should they arise. You can call the Health Center phone 973 383-8556 any time to check on your child's diabetes status, but you may have to leave a message if no one can answer your call immediately. Your call will be returned within 18 hours. For questions other than medical care, please call the main office 973 383-2611.

NOTIFICATION: Either a doctor or nurse will notify the camper's parent(s)/guardian(s) if a serious medical event occurs at camp. Notification may be done after the event is resolved, at the discretion of the HC staff. Events that warrant notification include (but are not limited to): a trip to Urgent Care or the Emergency Room, serious hypoglycemia (involving a seizure or loss of consciousness), severe ketoacidosis or dehydration, the need for prescription medication, any illness requiring an overnight stay in the Health Center or any medication error more serious than a minor insulin miscalculation.

Thank you,
The Medical Committee 2024

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MEDICAL SUPPLIES PACKING GUIDE 2024

ALL OF THESE SUPPLIES & MEDICATIONS MUST BE BROUGHT TO THE HEALTH CENTER DURING THE INTAKE PROCESS SO THEY CAN BE PROPERLY LABELED AND STORED.

INFUSION SITES are changed every three days at camp. Please bring TEN (five for the one-week sessions) change-outs to camp on intake day. Bring reservoirs, infusion sets, IV prep, dressings, and EMLA cream if used. Also bring extra batteries, your inserter; and anything else you use. Unused supplies will be returned when you come to pick up your camper. *Please remember to get those supplies when you pick up your child so we don't have to charge you $10 to ship them.* Please do not arrive at camp needing to change your pump site on intake day. Please change it Saturday or Sunday before you come to camp.

INSULIN PENS: If your child uses a pen with refill cartridges (ex: NovoPen Echo, HumaPen Luxura, InPen) please bring the PEN with you. It will be labeled with the camper's name and returned at the end of camp.

INSULIN: Camp will supply most types of common insulin. If your camper is using a new or unusual form of insulin, please contact Camp Nejeda before arriving to determine if you need to bring your insulin.

CGMs: You will need to bring all supplies needed to manage & maintain your child's CGM. This includes: at least 3 sensors (more if they fall off frequently), 1 extra transmitter, tape/adhesives, receiver (if used), receiver charging cord & block, cell phone (if using phone app to see readings), phone charging cord & block. The receiver, phone and all cords and blocks must be labeled with camper's name prior to coming to camp. *We do not have extra CGM supplies to lend to campers, if your camper runs out of supplies while at camp we will discontinue use of the CGM.*

NON-DIABETES MEDICATIONS:

- No medications, including over-the-counter items and vitamins, are permitted in the camper cabins except asthma inhalers.
- All prescriptions must be in their original bottle with a pharmacy label. If the current dose does not match the dose on the label you must also bring a written note or prescription from the prescribing physician. Otherwise, we cannot accept/dispense it.
- Please send a few extra pills for the session in case one is dropped.
- Over-the-counter (OTC, non-prescription) medicines (including vitamins) will NOT be administered at camp unless you provide a signed request from the child's physician that we do so (see *Administration of Medications at camp* form).
- If your child takes allergy or asthma medication, please remember to bring it to camp (with a doctor's order) even if he/she has not used it recently. Allergies may be triggered in the camp environment.

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HEAD LICE POLICY 2024

WHAT ARE HEAD LICE?
Head lice are tiny insects that live in, and lay eggs (nits) on, human hair. Head lice are highly contagious and often spread before being discovered. The sharing of a comb or a hat or putting a child's head on someone else's pillow case is all it takes to spread head lice from one person to another. The presence of lice has nothing to do with cleanliness and does not reflect poorly on parents.

OUR POLICY IS:
All campers are checked for head lice upon arrival at the Health Center on the first day of camp. Campers with head lice are not able to attend Camp Nejeda. Refunds cannot be given.

CHECK YOUR CHILD FOR HEAD LICE
Check your child for head lice before she/he comes to camp, especially if there has been an outbreak in their school system. It is advisable to check your child several weeks before camp because successful treatment can take several weeks.
Head lice themselves are not easily visible, but the nits (eggs) can be. Nits look much like spots of dandruff, but cannot be easily removed from the base of the hair they're attached to.

TREATING YOUR CHILD FOR HEAD LICE
Treatment needs to be performed at least two times a few days apart. Once to kill the living lice and again a few days later to kill lice that may have hatched since the first treatment. In addition to treating your child, wash bedding and clothing in hot water and dry on high for at least 20 minutes to kill possible "hitchhikers".
Ask your pharmacist, school nurse or physician for a treatment recommendation. There are nontoxic treatments available for head lice.

PREVENTING THE FURTHER SPREAD OF HEAD LICE
To prevent the re-infestation or spread of head lice you also need to check the rest of your household and alert anyone else your child might have had close contact with.

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ADMINISTRATION OF MEDICATIONS 2024

Dear Parent/Guardian,

We need you and your child's doctor to complete this form to help us safely administer medicines (both prescribed and "over the counter") and supplements to minors (campers and a few counselors) at camp. Camp Nejeda prohibits campers and staff from having medication in their possession and from administering their own medication. If the nurse is to administer the medication, parental permission and a written statement from the physician prescribing the medication is required. This applies to all prescription and non-prescription medications or necessary "dietary supplements."

Please do not use this form for the following medications as we keep them in stock and have a standing order from our Medical Director to administer them as needed: insulin, acetaminophen (Tylenol), ibuprofen (Motrin, Advil), calcium carbonate (Tums), diphenhydramine (Benadryl), glucagon, cough drops, throat spray, epinephrine (Epi-pen) and Maalox/ Mylanta.

Please use a separate sheet for each medicine/supplement.

Parent/Guardian Request for Administration of Medicine/Supplement at Camp

I request that my child _____

receive _____while at camp.

(specify medicine, by mouth or other, dose and time(s) of day)

_____

(Parent/Guardian Signature)

Please bring medication to camp in its original pharmacy container labeled with child's name, drug name, dosage, time(s) to be given and prescribing provider's name. Thank you for your cooperation in this matter!

Provider Request for Administration of Medicine/Supplement at Camp

Name of Patient _____Birth Date _____

Name of Drug/Supplement _____

Dose _____ Time(s) of Administration _____

Reason for Medication _____

Side Effects _____

Provider Name _____ Signature _____

Provider Address _____

Phone # _____

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SUMMER CAMP INSULIN CONTRACT AND BEHAVIOR AGREEMENT 2024

Camper_____Year ____Session ____
LAST NAME, FIRST NAME

Parents: Please take a moment to review the following agreement with your camper. Signify that you both understand and agree to each statement by checking the box.

- Insulin: I understand that I am not allowed to carry or possess insulin or have it in my cabin at any time except the insulin that is in my pump, if I use one. All insulin will be kept in the Health Center at all times. Insulin administration will only be done or supervised by Health Center staff. If I use an insulin pump, I will not administer insulin to myself and will not change the settings except when told to do so by Health Center staff.
- Insulin: Anyone possessing or administering insulin without the knowledge of the Camp Nejeda Health Center staff may be sent home immediately at the discretion of the camp. No refunds will be given.
- I will arrive and remain at camp with a positive attitude, open to meeting new people and trying new activities.
- I will work with my counselors and cabin mates towards creating a cabin environment that is safe and welcoming for each of us.
- I will work with my counselors and cabin mates to set expectations for our cabin behavior and will adhere to these expectations.
- I understand that doing intentional harm or bullying another camper, either physically or emotionally, is grounds for dismissal from camp.
- I understand that although I may be able to solve some conflicts on my own, my counselors are always ready to listen and assist if there is a problem. I understand that my counselors and all of the camp staff need and want to help but can only do so if I am willing to share any concerns that I have with them.
- I will remain with my cabin or activity group as required.
- I will use appropriate language and understand that the use of excessive, deliberate, profane language will not be accepted.
- I will not bring the following items to camp: laptop computers, IPod Touches, smart watches, handheld gaming devices. I might however bring a good book!
- I will be respectful of the property and personal space of other campers. I will only take pictures of those who agree to be photographed.
- I will not possess smoking or vaping materials, lighters, matches, illegal drugs, alcohol, or marijuana products without a prescription or weapons of any kind on the camp grounds.

We have read and agree to the above behavior agreement and understand that not following these policies may result in disciplinary actions including dismissal from camp.

Camper's Signature:_____ Date _____

Parent's Signature: _____ Date _____

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DEVELOPMENTAL HISTORY 2024

Camper_____ Year ____ Session _____
LAST NAME FIRST NAME

Does your child have a 504 or IEP at his/her school? YES NO

If your child has an IEP or 504 at school, would you be willing to share important topics of the document with us? YES NO

If yes, please explain: _____

Have there been any recent changes in your family dynamics (divorce, separation, death of loved one, etc)? YES NO
If yes, please explain: _____

Have there been any impactful events in your child's life in the past year (change of home or school, etc)? YES NO
If yes, please explain: _____

Does your child have any emotional or behavioral challenges (homesickness, anxiety, socialization challenges, etc) that we can help to manage in the camp setting? YES NO
If yes, please share details: _____

If your child becomes upset, what kinds of coping mechanisms do they use to calm down?
_____

Does your child have any physical issues that we will need to know about during his/her stay at camp (bedwetting, sleep walking, night terrors, etc)? YES NO
If yes, please share details:_____

Is there anything about your child that you can share with us that will help your child to succeed at camp? YES NO
If yes, please explain: _____

What are your camper's interests? _____

What are your camper's biggest fears? _____

Revised 11/2022

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Phone: (973) 383-2611 • Fax: (973) 383-9891 • E-mail: information@campnejeda.org

MEDICAL PRIVACY POLICY AND DISCLAIMER (HIPAA FORM 2024)

Camper_____Birthdate_____ Session 1 2 3 4 5 Day Camp BFF
LAST NAME, FIRST NAME

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) protects the privacy of a patients' health information. Although Camp Nejeda is not a health care provider, we are telling you some of your rights under HIPAA. Personal health information (PHI) includes information about: (1) an individual's physical or mental condition; (2) the provision of health care to an individual; and (3) the payment for health care.

Camp Nejeda makes an intense effort to maintain the confidentiality of any Private Health Information (PHI) that we think or you tell us is sensitive except as related to diabetes as noted below. The files are kept locked and are only available to medical personnel, the camp director, the executive director and his/her designees. Since, the medical care at Camp Nejeda is administered by a team, anyone on that team, including nurses, doctors, residents and a health center administrative person, may require access to an individual's record. In addition, if care is required in an Emergency Room or other health care facility, personnel at such facilities may need and will be given access to an individual's medical records.

However, Camp Nejeda cannot guarantee the confidentiality of the PHI of campers or staff. This includes glucose readings, insulin doses, and medications taken by an individual other than insulin. Since glucose measurement, insulin administration and medication administration are performed in a group setting, anyone in the group might view another person's health information or recognize the medicine that another person is taking,

A patient's personal health information may not be used for purposes unrelated to health care, nor can such information be shared with or marketed to an outside business such as a life insurer or marketing firm without a patient's written authorization. An authorization allows the use and disclosure of protected health information for purposes other than treatment, payment and health care operations. Other than the information that might be discernable to others in a group setting, Camp Nejeda maintains the strict confidentiality of all other medical information.

Release and Consent

I have read the above and understand the limits to which my or my child's personal medical information will be protected by Camp Nejeda. I agree that these limits are reasonable and that the medical information cannot be kept as confidential as it might be in a medical facility. I understand that Camp Nejeda is not offering any method to enhance confidentiality beyond what is stated above. If the limits are unacceptable, I will withdraw my child from participation in Camp Nejeda.

_____ _____
Printed Name of Signer Relationship to Camper

_____ _____
Authorized Signature Date

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HEALTH EXAMINATION BY LICENSED PROVIDER 2024

(Preferably completed by child's endocrinologist – Must be returned by May 1, 2024)

Camper _____ Birthdate _____ Gender _____ Session 1 2 3 4 5
LAST NAME, FIRST NAME

Date of DM onset _____OR Age at onset _____ Date of Last Exam _____
(must be within the past 12 months)

Height_____cm / in %-tile ___ Weight_____kg / lb %-tile ____ B/P _____

Other pertinent physical findings

_____

Date of Last HbA1c _____HbA1c _____

History of DKA, Nocturnal Hypoglycemia, Hypoglycemia requiring IV Glucose or IM Glucagon:

(Please include dates)

_____

Allergies: Reaction to allergens:

_____ _____

_____ _____

_____ _____

_____ _____

Other Medical Conditions

_____

Other Medications

_____

Activities to be encouraged or limited at Camp

_____

Are there any physical, emotional or behavioral health issues which might create a problem for the camper?

Provider: Check here if parent/guardian is allowed to make small changes on above orders under your supervision
If uses multiple daily injections please attach regimen.

Licensed Provider's Signature _____

Stamp required here

Date of Completion _____
By_____(initial if completed by nurse/asst.)

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HEALTH HISTORY STAFF – 2024

For All Staff (with or without Diabetes)

Name _____ Birthdate _____ Gender ____ Age _____
(Last) (First)

Gender Identity ☐ Male ☐ Female ☐ Non-Binary/Non-Conforming ☐ Other _____

Race (select all that apply) ☐ Caucasian ☐ African American ☐ Asian ☐ Hispanic

☐ Native Hawaiian/Pacific Islander ☐ American Indian/Native American ☐ I choose not to disclose

To celebrate the diverse backgrounds of our staff at Camp Nejeda, flags are displayed in the dining hall which represent our cultural heritage. If you would like to participate, please tell us which countries you would like included:

_____

Home Address _____

Email Address _____

Parent or Guardian _____ Phone(s) _____

If not available in an emergency, notify:
Name _____
Relationship _____ Phone(s) _____

HEALTH HISTORY

- ☐ Diabetes
- ☐ Kidney Disorder
- ☐ Frequent Ear Infections
- ☐ Hypertension
- ☐ Heart Defect/Disease
- ☐ Asthma
- ☐ Bleeding/Clotting Disorder
- ☐ Hepatitis
- OTHER_____
- ☐ Convulsions/Seizures
  Most recent date: _____
- ☐ Psychiatric Treatment
  Details: _____
  _____

ALLERGIES

- ☐ Insect Stings
- ☐ Latex allergy
- ☐ Environmental allergies _____
- ☐ Drug Allergy: _____

Date of last tetanus shot _____ (Very Important)

Operations or serious injuries (include date) _____

Disability, chronic or recurring illness or medical condition (other than diabetes) _____
_____

Do you take any medication other than insulin? If yes, list the name of medicine, times and doses (be specific)
_____

Medication (attach sheet if needed)	Dose	Time
_____	_____	_____
_____	_____	_____

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Name of Primary Care Physician: _____Phone: _____

Name of Endocrinologist: _____ Phone: _____

Please notify the camp if you have had any illness in the three weeks prior to camp.

YOU MUST BRING YOUR INSURANCE CARD TO CAMP AT INTAKE TO BE PHOTOCOPIED.

Name of Subscriber _____ Subscriber's Date of Birth _____

Subscriber's Employer _____ Subscriber's Occupation _____

Please Note: YOU ARE NOT ALLOWED IN CAMP WITHOUT A COPY OF YOUR IMMUNIZATION RECORD FROM YOUR DOCTOR OR SCHOOL. If records are already on file, only updates are required (including tetanus).

Staff signature _____ **Date** _____

(A parent/guardian signature is ALSO required below for any staff member who will not yet be 18 on the day that staff orientation starts.)

Parent/Guardian consent for staff members who are minors

I give consent to the administration of insulin and whatever other medical care may be deemed necessary while at camp. I understand that as a staff member, my child's insulin administration is NOT being supervised by Camp Nejeda. In case of MEDICAL EMERGENCY, I understand every effort will be made to contact the staff person's parent(s) or guardian(s). I do hereby state that I am the parent/guardian having legal custody of:

_____ a minor, age _____.

I authorize Camp Nejeda to consent to any laboratory or X-ray examination, anesthetic, medical, or surgical treatment and hospital care to be rendered to my child under the supervision of a licensed physician. I hereby release the camp from any liability for any accident or injury to said person occurring at camp or on a camp-sponsored trip off the site. Forms may be photocopied as necessary.

Signature _____ **Date** _____

Printed Name _____ **Relationship to Camper** _____

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CAMPER HEALTH HISTORY 2024 *page 1 of 2*

(To be completed by Parents)

Camper _____ Birthdate _____ Session ____
Last Name First Name

Parent or Guardian _____ Home Phone _____
Home Address _____ Cell Phone _____
Home Email Address _____ Occupation _____
Employer Name _____ Employer Phone _____
Business Address _____

Second Parent or Guardian _____ Home Phone _____
Home Address _____ Cell Phone _____
Home Email Address _____ Occupation _____
Employer Name _____ Employer Phone _____
Business Address _____

If not available in an emergency, notify:
Name _____ Relationship _____ Phone _____
Address _____

HEALTH HISTORY

- ☐ Frequent Ear Infections
- ☐ Asthma
- ☐ ADHD
- ☐ Convulsions/Seizures most recent date: _____
- ☐ Bleeding/Clotting Disorders _____
- ☐ Incontinence (bedwetting, soiling) _____
- ☐ Environmental Allergies
- ☐ Insect Allergies
- ☐ Other _____
- ☐ Food Allergy (need MD verification) _____
- ☐ Medication Allergy _____
- ☐ Hypertension
- ☐ Heart Defect/Disease

Operations or serious injuries (include dates) _____

_____

Has your child ever had a seizure with a low blood sugar? _____

Does your child require any medication other than insulin? _____ If yes, please complete the Administration of Medication form and list medications here: _____

Name of Family Physician/Pediatrician _____ Phone _____
Name of Endocrinologist (if applicable) _____ Phone _____
Name of Dentist/Orthodontist _____ Phone _____

Do you carry family medical/hospital insurance? _____ If yes, indicate Carrier:

_____ Policy or Group # _____

Prescription Plan _____

YOU MUST BRING YOUR INSURANCE CARD TO CAMP AT INTAKE TO BE PHOTOCOPIED.

Name of Subscriber _____ Subscriber's Date of Birth _____

[COMPLETE AND SIGN PAGE TWO]

continued on next page

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HEALTH HISTORY 2024 *page 2 of 2*

Campers with diabetes complete the following section:

If on an insulin pump, please list brand/model: _____ Pump serial number: _____

If on an insulin pump, when did they begin using this pump, and has he/she had any problems with this pump? _____

_____

If on an insulin pump, what is their level of independence? (check any that apply)

☐ Able to input carbs into pump with adult supervision ☐ Requires nurse to enter carbs into pump

What was the result and date of your child's last Hemoglobin A1c (HbA1c)? _____

Diabetes Diagnosis Date (month/year): _____ Age at Diagnosis: _____

What rapid acting insulin does your child use? _____ Long acting? _____

If on injections, what skill(s) does your child have? (check any that apply)

☐ Prepares pen for injection ☐ Injects self ☐ None of the above

==========

What is your child's level of activity? ☐ Active ☐ Moderate ☐ Sedentary If sedentary, how many hours/day are they sedentary? ___

If applicable: Has your child ever had a period? _____ If not, has your child been told about it? _____

If yes, does your child have periods every month? _____Any problems with periods? _____

PLEASE NOTIFY THE CAMP IF CHILD HAS ANY ILLNESS WITHIN THREE WEEKS PRIOR TO CAMP.

Please note:

YOU MUST PROVIDE A COPY OF YOUR CHILD'S IMMUNIZATION RECORD FROM HIS/HER DOCTOR OR SCHOOL. YOUR CHILD CANNOT BE ALLOWED IN CAMP WITHOUT THIS INFORMATION. Please submit by 3/1/2024.

Suggestions for camp medical personnel _____

_____

If my child attends camp, I give consent to the administration of insulin and whatever other medical care may be deemed necessary while at camp. In case of MEDICAL EMERGENCY, I understand every effort will be made to contact parents or guardians of campers.

I do hereby state that I am the parent/guardian having legal custody of

_____ a minor, age _____

I authorize Camp Nejeda to consent to any laboratory or X-ray examination, anesthetic, medical or surgical treatment and hospital care to be rendered to my child under the supervision of a licensed physician. I hereby release the camp from liability for any accident or injury to said child occurring at camp or on a camp-sponsored trip off the site. Camper's forms may be photocopied as necessary.

Signature _____ Date _____

Printed Name _____ Relationship to Camper _____

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TWO WEEK GLUCOSE/KETONE RECORD 2024

Camper_____Birthdate_____ Age____
LAST NAME, FIRST NAME

Temperatures for one week and glucose/insulin for two weeks prior to camp
(You MUST bring this completed form with you to Camp for Intake)

Please list only insulin taken to correct blood sugars - NOT insulin taken for carbohydrates!

		Before Breakfast			Before Lunch			Before Supper			Before Bedtime		
Date	Daily Temperature	Blood Glucose	Ketones	Insulin (for corrections)	Blood Glucose	Ketones	Insulin (for corrections)	**Blood Glucose**	Ketones	Insulin (for corrections)	Blood Glucose	Ketones	Insulin (for corrections)
Mon													
Tue													
Wed													
Thu													
Fri													
Sat													
Sun													
Mon													
Tue													
Wed													
Thu													
Fri													
Sat													
Sun camp starts					AT CAMP								

Revised 10/30/2021

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