



CAMP

HO MITA KODA

*A place where kids with diabetes
discover they can.*

MEDICAL MANUAL

★ REVISED 2026 ★



PREPARE



PREVENT



RESPOND



SUPPORT

A guide for safe, effective, and confident
diabetes care at Camp Ho Mita Koda.



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Introduction

All policies laid out in this manual are supplemental to the Camp Ho Mita Koda Staff Handbook. The policies and procedures in this manual are subject to change based on the ever-developing medical field that experiences technology advancements, new research discoveries, changes in standards of practice, and new health obstacles. Policies and procedures are also subject to change based on the Camp Ho Mita Koda Foundation leadership.

All Camp Ho Mita Koda Foundation staff, volunteers, and supporters are expected to follow all the policies and procedures provided in this manual and all other manuals owned by the Camp Ho Mita Koda Foundation. Medical staff is defined as any member of the medical team, whether they are staff, volunteer, or other.

This manual is not intended to be an educational tool about type 1 diabetes or pediatric health. Educational resources will be provided by Camp Ho Mita Koda Foundation.

The purpose of this manual is:

- To provide strict guidelines of care through policies and procedures in regard to the health and treatment of campers and staff.
- To serve as a contract between Camp Ho Mita Koda Foundation and its representational medical staff to carry out the actions in this manual.
- Not only to be consulted when needed, but to be carefully read and understood in its entirety before assuming responsibilities and then referred to when needed.

Annual Review of Policies and Procedures

All policies and procedures included in this manual are thoroughly reviewed and updated annually by the Camp Ho Mita Koda Foundation Medical Committee - a team of dedicated medical professionals that includes Pediatric Endocrinologists, Pediatricians, Diabetes Educators, and other licensed medical professionals. All members of the Medical Committee have extensive experience with treating and caring for children with type 1 Diabetes, and a scope of practice that allows them to apply their collective knowledge and experience to review and update the policies and procedures in this manual.

As the Medical Director for Camp Ho Mita Koda Foundation, and on behalf and as a representative of the Medical Committee, I verify that the current version of the Medical Manual has been reviewed and updated for the current program year and I approve all policies and procedures contained within this medical manual.

Medical Director: _____  _____

Healthcare Director: _____

Executive Director: _____

Last review conducted by Medical Committee: May 15, 2026

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Contact Information

<u>Emergency Services</u>		
Newbury EMS	Local Emergency Services	440-564-2261 or 911
University Hospital Geauga Medical Center	Local Hospital	440-285-6000 13207 Ravenna Road Chardon, OH 44024
<u>Medical Staff</u>		
Erikka Hardy, LPN	Healthcare Director	
Dr. Jamie Wood	Medical Director	857-719-2660
Drs. Wood and Shrefler	Healthcare Provider Week 1	
Dr. Kim and CCF	Healthcare Provider Week 2	
Drs. Kutney and Lundgrin	Healthcare Provider Week 3	
Drs. Tonyushkina and MacLeish	Healthcare Provider Week 4	
Dr. Kim and CCF	Healthcare Provider Week 5	

<u>Camp Staff</u>		
Kristine Frankenberry	Executive Director	440-655-6837
Alex Richardson	Camp Director	248-826-9756
Erikka Hardy	Healthcare Director	
Mitch Myers	Facilities Manager	440-537-6986
Elizabeth Johnson	Development Director	440-645-2234
Kristi French	Foundation Administrator	330-810-1345

Camp Ho Mita Koda Healthcare Department

Pillars of Purpose

The Healthcare Department at Camp Ho Mita Koda is led, inspired, and fostered by the following objectives:

- To create and maintain a safe, healthy, fun, and convenient environment for kids living with type 1 diabetes to have an authentic camp experience and develop new skills that will help them in the future.
- To create caring and trusting relationships between staff and campers that allows staff to provide the best possible care to campers and encourage them to push their boundaries, try new things, and take steps towards becoming independent in a safe and supportive environment.
- To never limit camp activities or experiences because of type 1 diabetes, but rather to find creative solutions to improve diabetes management while still participating in desired life activities. Staff exist to make campers' lives easier, even if it means making their jobs harder.
- To provide a level of care that is both equally effective and beneficial, yet the least intrusive and disruptive in order to support and encourage an authentic camp experience.
- To celebrate courage, resilience, and the indomitable spirit of the campers.
- To encourage the development and sustainability of community, education, and confidence centered around type 1 diabetes.
- To have strong dedication and conviction to operate as an equal team with all camp staff.



The above actions are required of the medical staff to carry out for the following populations:

1. Our campers
2. Our campers' families
3. Our camp team
4. Ourselves
5. Our community
6. Our future

The Healthcare Department is advised by the Medical Committee – an active body of like-minded medical professionals with extensive experience and knowledge of treating children with type 1 diabetes. Members are responsible for setting the vision and direction for appropriate medical management practices with an emphasis placed on aligning to accepted industry standards and best practices for medically based summer camp programs. This includes the overall creation, update, and approval of medical manuals, policies, procedures, and protocols related to medical management at camp.

There are four sub-committees:

Diabetes Policy: Responsible for the overall review and approval of all policies/protocols/procedures in the most current Medical Manual that directly impact type 1 diabetes health and management strategies for program participants. This includes preventative measures, treatments, emergency protocol, technology, scope of practice, documentation (EMR), and reporting.

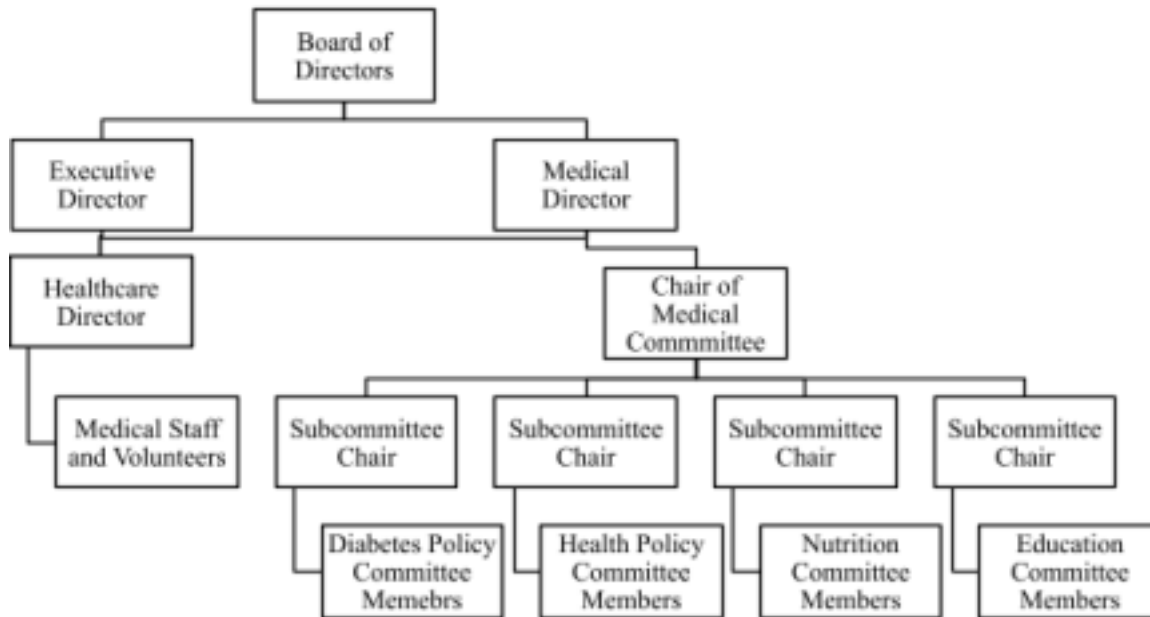
Health Policy: Responsible for the overall review and approval of all policies/protocols/procedures in the most current Medical Manual that directly impact on general health and wellbeing of campers and staff. This includes emergency protocol, psychosocial care and support, standing orders for OTC and PRN medicine, staff health and medication, universal precautions, inventory protocol, and non-diabetes health care.

Education and Training: Responsible for the training and continuing education of all medical and field staff during the onboarding and training process.

Nutrition: Responsible for providing meal and snack menus that are delicious, nutritious, and have dietary alternatives that will best serve our campers so they can gain the fuel they need to have a great camp experience.

Hierarchy

All medical staff and volunteers report to the Healthcare Director, who directly reports to the Executive Director. The Healthcare Director is advised by the Medical Committee, who is made up of four subcommittees. Each subcommittee is represented on the Medical Committee by an assigned Chair. The Medical Committee is also governed by the Chair, who oversees all of the committee. The Chair reports directly to the Medical Director, who serves on the Board of Directors and is a liaison to the Medical Committee. The medical care of diabetes and other direct healthcare matters is under the direction of the Medical Director, who is a Pediatric Endocrinologist.



Diabetes Policies

Blood Glucose Monitoring

- Blood glucose monitoring can be conducted either using a Continuous Glucose Monitor (CGM) or a glucometer.
- Field staff may supervise or check a camper’s blood glucose only after completing training and being checked off by the Healthcare Director.
- If it is necessary to check a camper’s blood glucose, gloves must be worn.

Glucose will be checked a minimum of 4-5 times daily by all campers at the following times:

- Before meals.
- Before snacks.
- Before any water activity.
- Before bedtime.

Additional glucose monitoring will be done at the following times:

- When a camper is reporting or exhibiting irregular symptoms.

- o If symptoms differ from the CGM reading, check using a glucometer. •
- During nighttime checks (see Nighttime protocols on page 59).
- Per protocols for follow-up of hypoglycemia and hyperglycemia.
- If requested by a medical staff member, camper, or counselor

Factors that affect Blood Glucose

<u>Food</u>		
↑	↑	Carbohydrate quantity
⇒	↑	Carbohydrate type
⇒	↑	Fat
⇒	↑	Protein
⇒	↑	Caffeine
↓	↑	Alcohol
↓	↑	Meal timing
	↑	Dehydration
	?	Personal microbiome

<u>Biological</u>		
	↑	Insufficient sleep
	↑	Stress and illness
	↓	Recent hypoglycemia
⇒	↑	During-sleep blood glucose
	↑	Dawn phenomenon
	↑	Infusion set issues
	↑	Scar tissue and lipodystrophy
↓	↓	Intramuscular insulin delivery
	↑	Allergies
	↑	A higher glucose level
↓	↑	Periods (menstruation)
↑	↑	Puberty
↑	↓	Celiac disease
	↑	Smoking

<u>Activity</u>		
⇒	↓	Light exercise
↓	↑	High-intensity and moderate exercise
⇒	↓	Level of fitness/training
↓	↑	Time of day
↓	↑	Food and insulin timing

<u>Environmental</u>		
	↑	Expired insulin
	↑	Inaccurate BG reading
↓	↑	Outside temperature
	↑	Sunburn
	?	Altitude

<u>Medication</u>		
⇒	↓	Medication dose
↓	↑	Medication timing
↓	↑	Medication interactions
↑	↑	Steroid administration
	↑	Niacin (Vitamin B3)

<u>Behavior & Decision Making</u>		
	↓	Frequency of glucose checks
↓	↑	Default options and choices
↓	↑	Decision-making biases
↓	↑	Family relationships & social pressures

Hypoglycemia

Hypoglycemia, or low blood glucose levels, put people who have type 1 diabetes at risk of loss of consciousness or impaired organ functions due to the absence of enough glucose in the blood to produce energy. At camp, campers are at a higher risk of hypoglycemia than normal due to increased activity levels, changes in diet, increased time in the sun, and many other factors.

Common signs/symptoms of hypoglycemia include:

- Irritability

- Fatigue
- Slow movements/sluggishness
 - Pale skin
- Sweaty/clammy skin
- Tremor
- Cold extremities
- Mood changes

In severe cases: Any/all of which is a medical emergency (see page 50)

- Confusion
- Loss of consciousness/decreased consciousness
- Slurred speech
- Inability to move
- Seizures

Campers who may be experiencing or showing signs/symptoms of hypoglycemia will have their blood glucose checked immediately. If their glucose is considered low (determined by the ranges below), they will receive treatment wherever they are, such as the cabin, activity area, or dining hall.

Level of Hypoglycemia	Blood Glucose	Possible Qualifiers
Mild Hypoglycemia	54-80 mg/dL	Camper is alert and fully functioning
Moderate Hypoglycemia	<54 mg/dL	Camper is alert and fully functioning
Severe Hypoglycemia	Any Glucose	Camper cannot treat without significant assistance from others due to an alteration in mental status including loss of consciousness or seizure; may not recognize symptoms; may not be able to follow directions

Glucagon

- Glucagon is a pancreatic hormone that counteracts insulin and elevates blood glucose by stimulating the liver to release stored glucose (glycogen).
- Glucagon is used when the camper is unconscious, convulsing, or so lethargic or combative that other methods of treating hypoglycemia are unsafe or impractical.
- Glucagon will be located in the following locations at all times:
 - In all medical backpacks.
 - At all activity areas.
 - In all tackle boxes.
 - In the dining hall.
 - In the clinic.

- o In all cabins.
- There are different types of Glucagon that may be available:
 - o GVOKE Pre-Filled Syringe (0.5 mg or 1 mg) - premixed solution.
 - Children <100 lbs receive 0.5 mg.
 - Anyone >100 lbs receive 1 mg.
 - o GVOKE Pen - auto injector (0.5 mg or 1 mg) - premixed solution.
 - Children <100 lbs receive 0.5 mg.
 - Anyone >100 lbs receive 1 mg.
 - o Zegalogue Pen - auto injector (0.6 mg / 0.6 mL) - premixed solution.
 - Children age 6 years and older receive 0.6 mg
 - o Zegalogue Pre-Filled Syringe (0.6 mg / 0.6 mL) - premixed solution.
 - Children age 6 years and older receive 0.6 mg
 - o BAQSIMI Nasal Spray comes in one dose option of 3 mg
 - Children age 1 year and older receive one spray (3 mg)

Mini-Dose Glucagon

*ONLY administer a mini-dose glucagon if **GVOKE vials** are available. Mini-dose glucagon **cannot** be given with GVOKE or Zegalogue pens.

- Administering a mini-dose glucagon is giving a smaller dose of glucagon than is standard for severe hypoglycemia.
- Mini-dose glucagon will only be drawn in the clinic when needed.
- Mini-dose glucagon will only be used in the following situations:
 - o Follow-up treatment for persistent hypoglycemia when blood glucose is still <70 mg/dL despite previous treatments (camper can still choose to treat with other options instead).
 - o To prevent or treat hypoglycemia during sick-day management when the camper is too nauseated or vomiting and is unable or unwilling to take carbohydrates to treat hypoglycemia or impending hypoglycemia.
 - If this is required, notify the Healthcare Provider.
 - o If camper is <50 mg/dL but still alert, camper can be given the option to receive a mini-glucagon.
- Mini-dose glucagon can be repeated after one hour if needed. If administering two or more doses in a 24-hour period, the Healthcare Provider should be notified so that insulin doses can be modified.
- How to give Mini-dose from Gvoke Vial (1 mg/0.2mL):
 - o Draw up dose in an insulin syringe and administer SQ:
 - 5-7 years receive 1 unit
 - 7-10 years receive 1.5 units
 - 10-12 years receive 2 units
 - 12-15 years receive 2.5 units
 - >= 15 years receive 3 units

Hypoglycemia Treatment Protocol

- A person experiencing hypoglycemia:
 - o Can never be left alone, even for a short amount of time.
 - o Must stop doing any activities and sit in a safe, non-elevated location with proper

- support (so they cannot fall if they lose consciousness).
- o Must be transported by the Campulance if going to a different area at camp.
- o Must be accompanied by a staff member if going to the clinic for treatment.

Mild-to-Moderate Hypoglycemia

- Hypoglycemia is considered mild or moderate if a camper is awake, alert, and able to cooperate.
- The initial treatment for hypoglycemia (if the individual is awake and alert) is always rapid-acting carbohydrates, such as glucose tabs, gels, or juice.

	8 years or younger	9 years or older
Daytime: <80 (meter or CGM)	8g carbs (2 glucose tabs)	15g carbs (4 glucose tabs)
Water Activity: <100		
Nighttime on AID: <80		
Nighttime Non-AID: <100		

Daytime:

- Recheck glucose **15 minutes** after initial treatment using a glucometer (do not use a CGM).
 - <80 - retreat per table above
 - 80 - 100 and will NOT be active - no further action necessary
 - Not active examples would be going to a rest period, Arts & Crafts, Outdoor Education, or not participating in the next activity.
 - 80-100 and WILL be active - give a complex carb
 - 8 years and younger - 8g of complex carbs
 - 9 years and older - 15g of complex carbs

Nighttime:

- Recheck glucose **20 minutes** after initial treatment using a glucometer (do not use a CGM). If camper remains symptomatic, recheck after 15 minutes rather than waiting the full 20 minutes.
 - **Camper on AID:**
 - <80 - retreat per table above
 - 80 - 100 - 5-8g of complex carbs
 - >100 - no further action necessary
 - **Camper not on AID:**
 - <100 - retreat per table above
 - >100 - 5-8g of complex carbs

Severe hypoglycemia without loss of consciousness or seizure:

1. Ensure that the camper is sitting with support, for example, in front of a seated counselor with the camper resting against the counselor’s chest.

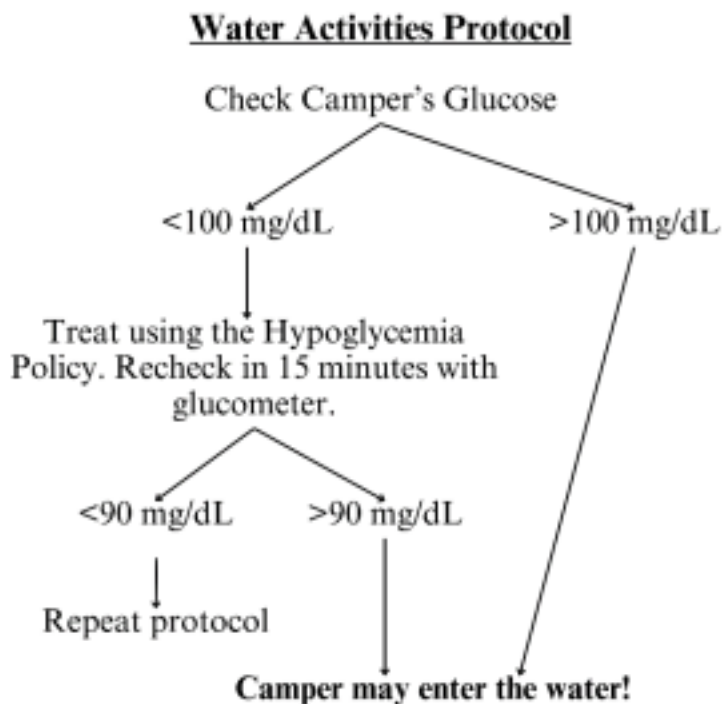
2. Alert a licensed medical staff member to respond using the radio.
3. While waiting, administer treatment. Glucose gel or Mini-Glucagon may be easier because it does not require chewing/swallowing.
4. Continue to administer treatment until the camper is able to follow commands. When the camper is able to respond to commands, treat again using the hypoglycemia policy.

Severe hypoglycemic event *with* loss of consciousness or seizure:

1. If symptoms suggest severe hypoglycemia (seizure, unconsciousness, convulsions, confusion):
 - a. Administer full dose Glucagon immediately.
 - b. Turn camper on their side to protect airway from aspiration.
2. Announce a medical emergency over the radio and request immediate assistance.
 - a. All medical staff, especially licensed staff, should immediately report to the scene if safe to do so and it would not be leaving campers unattended.
3. Check glucose level immediately while administering emergency treatment:
 - a. If camper is able to swallow, administer glucose gel.
 - b. If camper cannot swallow, administer Glucagon.
4. Check blood glucose every 5 minutes
5. If no response to first Glucagon treatment, repeat treatment after 10 minutes.
 - a. Check ABC's (airway, circulation, breathing) initiate any additional emergency procedure(s) if necessary
 - b. Request for someone to call 911 and request an emergency rescue squad.
 - c. **Newbury EMS: 440-564-2261 or 911.**
6. The Healthcare Director will follow Ambulance Transportation policies on page 52.
7. Once the event is complete, all involved individuals will complete a Quality Improvement form within 24 hours.

Water Activities

- All campers are required to check blood glucose before entering the water (lake or pool).
- Glucometers or CGMs may be used.
- If a camper's glucose is <100 mg/dL, they will be treated per the hypoglycemia protocol (page 12).
 - The camper will wait 15 min and recheck using a glucometer. If glucose is >90 mg/dL, the camper is permitted to enter the pool.
 - If glucose is <90 mg/dL, hypoglycemia protocol will be repeated and camper will be rechecked after another 15 minutes.
- If there are back-to-back water activities, glucose needs to be checked prior to each one.
- If glucose is elevated and it has been less than two hours from a meal, then a correction insulin dose is not necessary.
- It is not necessary to check ketones prior to a water activity for those using an insulin pump unless glucose is over 300 mg/dL for more than 3 hours (see Ketone Policy on page 17).



Insulin

- Insulin will be provided to all campers while they are at camp. If a camper is prescribed a type of insulin that is not available at camp, they will need to bring their own.
- All insulin will be stored in the clinic. Vials and unopened pens will be stored in the designated locked fridge.
- If a camper brings their insulin to camp and it is not needed, it can be returned home with the family.
- Camp does not utilize premixed insulins at camp (70/30, 75/25, 50/50), nor does camp ever mix insulins.
- The ultimate decision for an insulin dose will be at the discretion of the Healthcare Provider.

Insulin Calculations

Insulin calculations before/during mealtime: page 24.

Insulin calculations for hyperglycemia treatment: page 18.

Insulin will be administered for two of the following reasons:

- A Carbohydrate Bolus to cover the amount of carbs a camper is going to eat.
- A Correction Bolus to correct a camper's blood glucose.

Insulin calculations will be done using the following equations:

1. Calculate the Carbohydrate Bolus:

$$\text{Carbohydrates to eat} / \text{Carbohydrate Ratio} = \text{Carbohydrate Bolus}$$

2. Calculate the Correction Bolus:

$$\text{Blood Glucose} - \text{Correction Target} = \text{Amount to Correct} / \text{Correction Factor} = \text{Correction Bolus}$$

3. Calculate Total Insulin Bolus:

$$\text{Carbohydrate Bolus} + \text{Correction Bolus} = \text{TOTAL}$$

- If the calculated dose is within 3 decimal points of a whole unit, round up or down appropriately. Example: 2.7 rounds up to 3 units; calculation of 2.3 rounds down to 2 units.
- If calculated dose is approximately halfway between whole units (0.4-0.6):
 - Round up if glucose >150 mg/dL.
 - Round down if glucose <150 mg/dL.
- All calculations must be double-checked by a licensed medical staff member.

Insulin Pens

- Unused pens will be stored in the clinic in the locked fridge.
- All campers not on pumps will be assigned an insulin pen at the beginning of the session and clearly labeled with their name and cabin. Once a camper has been assigned an insulin pen, it may not be used on anyone besides that camper, even if the needles are changed.
- The first time an insulin pen is used, it must be primed 10 units.
- After a pen has been used, it must be primed 2 units before administering insulin.
- Open pens will be stored at room temperature and must be kept at less than 86 degrees Fahrenheit.
- Do not store pens with needles attached, as it may cause leakage.

Insulin Vials

- All insulin vials will be stored in the clinic in the designated locked fridge.
- One vial of insulin can be used for multiple campers as long as it is always a clean, unused needle being inserted into the vial (pump site changes).

Hyperglycemia

Hyperglycemia Management

- **Frequent monitoring**
 - Glucose levels and ketones (checked in the urine or blood) will need to be

monitored at least every two hours. Campers may require observation and treatment at the clinic.

- **Hydration**
 - This will help flush out ketones in the urine and replace fluid losses from increased urination caused by hyperglycemia. It is preferable to give electrolyte-containing, sugar-free fluids.
- **Additional insulin**
 - This will stop the production of ketones. Usually, insulin doses will need to be administered every two hours by injection or pump. In campers using an insulin pump, troubleshooting the pump's insulin delivery must be done.
- **Treatment of any underlying illness**, when applicable.

Ketones

Check ketones if any the following is true:

- Glucose is >250 mg/dL upon awakening in the morning.
- Glucose is >300 mg/dL for over 3 hours.
- Glucose is >300 mg/dL after a water activity.
- Glucose is >400 mg/dL.

Ketones will be tested using a urine test in all situations except for when a blood test should be used in the following:

- If a urine test results in Moderate to Large ketones, use blood test to verify.
- If a bathroom is not easily accessible, such as areas including the lake, archery, or hiking.
 - Areas like the pool, rock wall, low ropes, and any activity within sight of the main building should use urine tests for initial checks.
- If a camper is unable to urinate enough to produce a viable test.
- Overnight in the cabins.
- If a urine test result is unclear.

Results for blood ketone tests:

- Negative: <0.6 mmol/L
- Small: 0.6 – 0.9 mmol/L
- Moderate: 1.0 – 1.5 mmol/L
- Large: >1.5 mmol/L

Insulin Syringe Injections

- Injections via syringe are only to be given if:
 - Giving a correction dose while doing a pump site change.
 - If requested by the Healthcare Provider.
- Injections via syringes are ONLY to be drawn and administered by a licensed medical staff member.
- Insulin calculations for syringe injections must be calculated by a minimum of two medical staff members, one of which needs to be licensed.

- Before administering, both medical staff members must verify:
 - The camper's name
 - The camper's insulin type
 - The correct insulin ratio numbers have been used to calculate the dosage
 - The correct dose has been drawn
- Once everything is verified, the insulin may be administered by a licensed medical staff member. If a camper would like to administer themselves, they may do so under supervision of a licensed medical staff member.

Hyperglycemia Treatment

Campers should get a high glucose correction if their glucose is above treatment threshold before meals, before morning and afternoon snack, before bedtime snack, and at overnight checks. See snack guideline on page XX. Check ketones if any of the criteria are met before giving the correction. Campers do not need to meet a criteria for checking ketones in order to get a high glucose correction. If the camper's glucose is elevated, their glucose alarm goes off, or the camper is requesting a correction bolus outside of these times, contact a licensed medical staff member or the Healthcare Provider to discuss if a correction bolus is necessary.

Ketones - Negative to Small

1. Have a licensed medical staff member give a correction bolus
 - a. Pump – give a correction bolus as calculated by the insulin pump
 - b. Injections – give a correction bolus only if it has been more than 2 hours since the last dose of insulin
 - i. $\text{Blood Glucose} - \text{Correction Target} = \text{Amount to Correct} / \text{Correction Factor (ISF)} = \text{Correction Bolus}$
 - ii. If calculated dose is approximately halfway between whole units (0.4 – 0.6), round up.
 - iii. Have a second licensed medical staff member do the math equation as well without looking at the first person's math to verify they have the correct number. Be sure to double-check the camper's correction target and ISF number in the EMR.
2. Camp activities can be resumed until the recheck in 2 hours.
3. Recheck glucose in 2 hours
 - a. If <300, no further action needed
 - b. If >300, recheck ketones and follow appropriate protocol
 - i. If camper is on a pump, change pump site before giving another insulin dose, even if ketones are negative/small

Ketones - Moderate to Large

1. Confirm results with a blood ketone test.
2. Notify the Healthcare Provider.
3. Have a licensed medical staff member give a correction bolus plus a booster dose through injection
 - a. $\text{Blood Glucose} - \text{Correction Target} = \text{Amount to Correct} / \text{Correction Factor (ISF)} = \text{Correction Bolus}$
 - b. Moderate ketones (1.0 – 1.5) – multiply calculated dose by 1.2.
 - c. Large ketones (1.6+) – multiply calculated dose by 1.5.
 - d. If calculated dose is approximately halfway between whole units (0.4 – 0.6), round up.
 - e. Have a second licensed medical staff member do the math equation as well without looking at the first person’s math to verify they have the correct number. Be sure to double-check the camper’s correction target and ISF number in the EMR.
4. If camper is on a pump – change the pump site and set pump into manual mode for next 2 hours.
5. Hydrate and rest – encourage camper to drink at least 1 cup every 30 minutes.
6. Recheck blood and ketones in 2 hours and respond with the appropriate protocol
 - a. If glucose is <300 and ketones are still elevated – discuss with the Healthcare Provider whether more insulin is needed. Continue hydration and recheck ketones every 2 hours until they are negative.

Ketones - iLet Pump

1. Confirm results with a blood ketone test.
2. Notify the Healthcare Provider.
3. Disconnect from the iLet pump before giving an insulin injection.
4. Have a licensed medical staff member give a correction bolus plus a booster dose through injection
 - a. If an insulin dose has been given in the past 2 hours, discuss the appropriate dose with the Healthcare Provider.
 - b. $\text{Blood Glucose} - \text{Correction Target} = \text{Amount to Correct} / \text{Correction Factor (ISF)} = \text{Correction Bolus} \times \text{Booster Dose} = \text{Dosage to administer}$
 - c. Moderate ketones (1.0 - 1.5) - multiply calculated dose by 1.2.
 - d. Large ketones (1.6+) - multiply calculated dose by 1.5.
 - e. If calculated dose is approximately halfway between whole units (0.4 - 0.6), round up.
 - f. Have a second licensed medical staff member do the math equation as well without looking at the first person’s math to verify they have the correct number. Be sure to double-check the camper’s correction target and ISF number in the EMR.
5. If ketones were negative/small, camper can continue camp activity until recheck in 2 hours. If ketones were moderate/large, camper must hydrate and rest, drinking at least 1 cup of water every 30 minutes.
6. Recheck glucose and ketones in 2 hours. Change the infusion set and reconnect iLet.
 - a. If glucose is <180 and ketones are negative: no further action needed.
 - b. If glucose is >180 and ketones are negative: continue to monitor and check ketones

every 2 hours to ensure they stay negative.

- c. If glucose is >180 and ketones are present: continue hydration, discuss with the Healthcare Provider whether more insulin is needed, and recheck ketones every 2 hours until negative.

Night Shift

The main priority of night shift staff is to monitor, check, and respond to any high or low blood glucoses or medical needs during the night. The second priority of night shift staff is to help organize and prepare the clinic for the next day.

General Night Staff Policies

- Night staff are required to utilize any and all tools that will make their work safer. For example, flashlights must be used when traveling outside. In the cabins, it is recommended to use a red flashlight to not wake up the campers.
- No peanut butter is ever allowed in the cabins, including hypoglycemia treatment options.
- The Campbulance may be used during the night shift, but should be plugged in and charging when not in use. Lights must be used on the Campbulance at all times when the vehicle is moving.

Bedtime Snack

See bedtime snack policy on page 26.

Glucose Reports

All day staff assigned to a cabin are responsible for compiling a report and delivering it to the night staff with a list of all the campers in that cabin and their glucose levels at 10:00 pm. From this list, the night staff will decipher which campers need to be checked at the scheduled checks (see below).

Before the end of their shift, night staff will report anything important that happened during the night in the WhatsApp night staff group chat. Examples include repetitive lows, severe highs/lows, pump site changes, etc.

Cabin Alarms

- At night, all glucose low alarms will be set at 80 mg/dL.
- Field staff are responsible for listening for and alerting medical staff if a CGM alarm sounds. Here are the steps they will take:
 1. Hear alarm
 2. Go to the door where the devices are stored and check which alarm went off.
 3. Using the specified WhatsApp Night Staff group chat, put in text the following items:
 - a. Cabin name
 - b. Camper name
 - c. Current Glucose
 - d. Glucose trend (arrow up, down, sideways, etc.)
 4. The night staff will then let the sender know that they have seen and acknowledged their message by “liking” the message. Field staff are not to go back to bed until the message has been liked or acknowledged.
 5. Night staff are NOT permitted to treat campers, except for under one of the following situations:
 - a. It is an emergency and a camper is in need of emergency glucagon
 - b. The medical staff respond that they are currently busy and would like the field staff to administer treatment. In this case, the medical staff will give clear instructions of how to treat and the medical staff will confirm once treatment is given.
 - i. Example: “I am in another cabin right now and am not able to respond right away. Give camper 4 tabs and confirm once given. I will do the recheck in 20 minutes.”
- Medical staff are responsible for conducting all 20-minute rechecks.

Overnight Hypoglycemia Treatment Protocol

	8 years or younger	9 years or younger
Nighttime on AID: <80	8g carbs (2 glucose tabs)	15g carbs (4 glucose tabs)
Nighttime Non-AID: <100		

- Recheck glucose 20 minutes after initial treatment using a glucometer (do not use a CGM).
 - Camper on AID:
 - <80 - retreat per table above
 - 80 - 100 - give 5-8g of complex carbs
 - >100 - no further action necessary
 - Camper not on AID:
 - <100 - retreat per table above
 - >100 - give 5-8g of complex carbs
- The only campers who will receive carbs and protein after treatment are campers on AID between 80 and 100 after recheck and campers NOT on AID over 100 after recheck.

Scheduled Checks

- There will be two scheduled glucose checks throughout the night: at 1:00 am and 4:00 am. Other checks may be conducted as needed.
- The first night of each session (Sunday night or Monday night for Mini-Camp), all campers will have their blood glucose checked at the 1:00 am scheduled check despite their blood glucose at bedtime snack.

Check before bedtime snack:

- All campers - report numbers to the night staff

Check at 1:00 am:

- If it is the first night of the camp session (all campers) regardless of previous check
- Camper on AID was <80 mg/dL at last check.
- Camper on non-AID was <100 mg/dL at last check.
- Camper was >300 mg/dL at last check.
- Camper participated in activity (hiking, swimming) after bedtime snack
- Camper's alarm is activated
- Camper is experiencing signs/symptoms of hypo/hyperglycemia

Check at 4am:

- On AID and <80 mg/dL at 1:00 am check
- Not on AID and <100 mg/dL at 1:00 am check
- >300 mg/dL at 1:00 am check
- Camper is having signs/symptoms

Other Tasks as Assigned

When not attending to campers, the night staff should be completing the following:

- Document refrigerator temperatures. This must be done every night.
- Prepare the next day pump site changes. Identify which campers will need a pump site change, flag them in the EMR, and write their names and cabin on a dry erase board in the clinic.
- Clean, organize, and restock all backpacks, tackle boxes, dining hall supplies, and other supply areas.
- Clean the clinic: wipe down counters, organize supplies, and make sure the clinic is fully prepared to operate in the morning.
- Any other tasks assigned by the Healthcare Director.

Nutrition and Meals

Mealtimes and Bolusing

- Campers are required to attend all meal and snack times.
- Campers may get a second helping of food at each meal, but 3rds and 4ths, etc. are not allowed
- Before any mealtime (breakfast, lunch, or dinner), campers may receive a dosage of insulin to cover the carbohydrates the camper is about to consume, as well as a correction bolus if needed.
- Post meal bolusing should not be done as it leads to large glucose spikes followed by hypoglycemia. If medical staff is concerned that the camper may not eat all of the food, bolus for half the carbohydrates prior to the meal, and bolus for the remaining carbohydrates as soon as the camper is done eating.
- At least one hour before a meal, the menu with accurate carb counts will be distributed to medical and field staff.
 - Before coming to the dining hall, staff will work with campers to determine what they want to eat for the upcoming meal. This will include foods, amounts, sides, fruits, snacks, dressings, sauces, condiments, and anything else a camper might ingest during a meal.
- All items will be counted, regardless of carb amount. There will be no “free” items, or items that have a low carb amount so they aren’t counted.
- Bolusing will be done in the dining hall and include all Healthcare Assistants that are assigned to a cabin, Nutrition Assistants, any available licensed Healthcare Assistants, and the Healthcare Provider.
- Nutrition Assistants will be present to assist with any part of the bolusing process, as well as provide education and support to campers about nutrition.
- Some campers will not receive a correction bolus based on the criteria below:

Glucose before meal	Carbohydrate Bolus	Correction Bolus
Higher than Correction Target	Yes	Yes
Lower than Correction Target	Yes	No
80 – 100 mg/dL	Yes, first in line to get food	No
Lower than 80 mg/dL	Treat for hypoglycemia, when glucose >80 mg/dL, give carbohydrate bolus	

- Campers with blood glucose levels <100 mg/dL should go to the front of the line to ensure they start eating in the least amount of time possible.
- If a camper is on an insulin pump, medical staff or campers will input the information

into the pump. If a camper enters the information, a staff member must double check the numbers for accuracy before submitting.

- Every time a bolus is given on an AID system, medical staff should double check that the CGM values are visible on the pump (not just on the CGM app/campviews), and that the system is in automated mode.
- If a camper is on injections, Healthcare Assistants will calculate the amount of insulin to administer using the following equation:

1. Calculate the Carbohydrate Bolus:

$$\text{Carbohydrates to eat} / \text{Carbohydrate Ratio} = \text{Carbohydrate Bolus}$$

2. Calculate the Correction Bolus:

$$\text{Blood Glucose} - \text{Correction Target} = \text{Amount to Correct} / \text{Correction Factor} = \text{Correction Bolus}$$

3. Calculate Total Insulin Bolus:

$$\text{Carbohydrate Bolus} + \text{Correction Bolus} = \text{TOTAL}$$

- All calculations must be double-checked by a licensed staff member.
- Before dialing up units in the insulin pen, prime the pen 2 units first to ensure there is no air in the needle.
- Once the dosage is dialed up in the insulin pen, the units must be double checked by a licensed medical staff member before administering.
- Insulin should not be given more than 15 minutes before eating.

Mealtime Bolusing Steps:

Campers on Pumps:

1. Input information into the pump.
 - a. Ensure that CGM values are visible on the pump and the system is in automated mode. If not, trouble shoot why CGM values are not connected to the pump.
2. Have someone double check the correct amount is input into the pump before submitting. This can be a staff member or a camper.
 - a. If a camper inputs the information, the double check needs to be done by a staff member.

Campers on Injections:

1. Complete the insulin dosage equation and find the total amount to be administered
2. Have another licensed staff member double-check the equation for accuracy

3. Prime the pen 2 units
4. Draw up the total units to be administered in the insulin pen
5. Have the units double-checked by a licensed medical staff member
6. Administer insulin

- Campers must consume the amount of carbs they were bolused for. If this does not happen, a camper will be given other alternatives such as grilled cheese, fruits, or other snacks. If these are not acceptable options, the camper must consume other means of carbs such as tabs or gels.
 - Do not post meal bolus for the entire meal. If you are concerned that the camper will not eat all of their food, bolus for half of the carbohydrate amount, and then bolus for the remainder of the carbs as soon as the camper is done eating.
- If a camper gets seconds or eats more than what was bolused, a post-bolus will be administered after the meal. Campers are not allowed to get more food after seconds. It is the responsibility of the Healthcare Assistant to track any additional food that is consumed by campers.

Daytime Snacks

- Campers are not required to eat a snack, but will still check glucose at that time.
- Snacks will be given three times a day: after breakfast, after lunch, and at bedtime.
- Morning snack will be 0g of carbs. Afternoon snack will be 15g – 20g of carbs. Bedtime snacks will be 15g - 20g of carbs and mainly fats/proteins.
- If a camper is on an iLet pump, do NOT announce a snack.
- Campers on injections WILL NOT get carb coverage at snack time during the day, but may get a high glucose correction if necessary.

<u>Glucose</u>	Insulin dosing at AM and PM snacks	Insulin dosing at Bedtime Snack (avoid second helpings)
<100 (if under 80, treat as a low first)	NONE	NONE
100-200	HALF	HALF
201-300	HALF	FULL
>300	Give FULL carb bolus and a FULL correction dose if on AID. If on non-AID or injections, don't give a correction dose, but still give a FULL carb dose. If questions, contact the Healthcare Provider for further instructions.	

- **HALF INSULIN DOSE:**
 - If using pump/AID: Enter carb amount and glucose, then give half of whatever the AID system recommends.

- If using injections, calculate dose based on carbs and glucose and give half of the calculated dose
- **FULL INSULIN DOSE:**
 - If using pump AID: Enter carb amount and glucose, then give the full dose recommended by the AID system.
 - If using injections, calculate the dose based on carb and glucose value and give the full dose.

Food Allergies and Dietary Restrictions

- Dietary needs and accommodations of campers will be identified before the start of camp through the online forms completed by the camper's guardian. It will also be reported during check-in, where the guardian and camper can have a discussion with medical staff about accommodations and appropriate alternatives. All campers with a serious food allergy will be given a yellow wristband to wear so kitchen staff can easily identify campers with different dietary needs.
- The Nutrition Committee provides camp with a list of approved alternatives for each type of food allergy that still ensures a well-balanced diet. The kitchen staff will present these options to the camper to find out what they would prefer or not. If a camper's allergies are extremely severe, their physician may be contacted for further guidance.
- Camp staff will work with the kitchen staff to make necessary accommodations for campers who need them. For example, if a camper needs a quieter place to eat their meal, that area will be provided to them and adequately staffed. If a camper needs to eat outside of the normally scheduled times, accommodations can also be made at the discretion of medical and kitchen staff.
- Before giving any camper food (including a snack or treatment), the staff member should check to see if the camper is wearing a yellow wristband first. If they are, they will then identify what kind of food allergy the camper has to determine if the food they are about to provide is safe. If a staff member is unsure, they should consult a Nutrition Assistant.
- If a camper is given food that they are allergic to, a licensed medical staff member should be immediately alerted. If the camper is having difficulty breathing or is exhibiting symptoms of anaphylactic shock, an Epi-Pen should be administered immediately.
 - See General Emergency protocol on page 50.

Technology

Camp Ho Mita Koda is not responsible for the loss, damage, or theft of any camper's transmitters, sensors, receiver devices, cell phones, insulin pumps, or any other equipment brought to camp.

For all technology devices, follow all instructions provided by the manufacturer. If a technology device is malfunctioning, contact the manufacturer for further guidance.

Cell Phones

- Cell phones are permitted as diabetes management devices at camp, although the phone will not be in control or overall possession of the camper.

- Cell phone settings will be changed at Check-In to block certain apps from being used, turning off unnecessary notifications, and changing alarms.
- Campers are prohibited from using their cell phones for anything other than accessing diabetes management information or apps, or if allowed by a medical staff member.
- Cell phones will remain with the medical staff member with the cabin or the counselors if no medical staff is present. If a camper has to leave the cabin group, the medical staff member will make sure that their cell phone is taken with them to remain in-range.
- Cell phones will be charged during the following times:
 - At night in the cabins
 - If needed during water activities
 - As needed throughout the day
- If a camper forgets to bring their charger to camp, the clinic will provide one for the rest of the camp session.
- If for any reason a medical staff member feels that a camper cannot be trusted with their cell phone, the Healthcare Director reserves the right to put a passcode on the cell phone that the camper does not know until the end of the camp session.

Glucometers

- Glucometers and all necessary supplies will be provided by camp.
- All glucometers will be disinfected, and tested before a new camp session begins. If a glucometer has a low battery, the battery will be replaced.
 - All glucometers will be calibrated at the beginning of the camp season and as needed.
- If a glucometer is broken or does not work properly, it will be discarded immediately.
- Blood glucose test strips must be kept in their original containers and be properly closed. Moisture, water, and humidity can affect the reagent surface.
- Only single-use lancets are permitted to be used at camp, unless a camper brings their own lancet device or a lancet device is assigned to each camper at the beginning of camp.
- Always clean the testing finger with an alcohol pad or soap/water and allow it to dry.

Continuous Glucose Monitor Systems

- Camp Ho Mita Koda recognizes the important and sustaining role that technology plays in diabetes management and leans into those medical advancements. The use of CGMs is encouraged at camp for those who choose to wear one, but not required.
- Medical staff will assist campers with insertion of new sensors when needed. Campers are asked to place a new CGM 12-24 hours prior to the start of camp to reduce the likelihood that they will need to change it during camp.
- All CGM data sharing will be turned off while at camp. If a camper's guardian(s) are very

apprehensive of this, they will be referred to speak to the Healthcare Director. In the case that guardian(s) insist on monitoring their camper, exceptions can be made at the discretion of the Healthcare Director.

Setting Alerts:

- All rate of change alerts will be turned off.
- The CGM alerts will be set at the loudest audio volume and repeat alerts will be turned on.
- The high glucose alert will be set at 350 mg/dL.
 - If the high glucose alert sounds, verify using a glucometer and follow the hyperglycemia protocols on page 18.
- If there are multiple false alarms, the Healthcare Provider may change alert thresholds.
- The low glucose alert will be set at 90 mg/dL during the day and 80 mg/dL at night.
 - If the low glucose alert sounds, follow the hypoglycemia protocols (page 12).
 - If available, the repeat alarm interval will be set at 30 minutes for a "LOW glucose."

When to use CGM vs Glucometer

When to use CGM data	When to use a Glucometer
<ul style="list-style-type: none"> ● During scheduled glucose checks (meals, water activities, bedtime) ● If a CGM alarm sounds ● If a camper is having symptoms of hypo- or hyperglycemia ● As requested by medical staff 	<ul style="list-style-type: none"> ● For all re-checks 15 minutes after hypoglycemia treatment ● If a camper’s symptoms aren’t consistent with CGM data ● If it is suspected that a CGM is malfunctioning ● If requested by camper/med staff

Insulin Pumps

- All campers’ pumps and pump supplies will be labeled with their name and cabin. All supplies not in use will be stored in the clinic.
- Campers may only give a bolus of insulin under the approval and supervision of a medical staff member.
- If for any reason a medical staff member feels that a camper cannot be trusted with their pump (they are giving themselves boluses without consulting a medical staff member, altering their insulin dosages, etc.), the Healthcare Director should be alerted immediately. They will work with the camper and potentially their guardian(s) to create a plan to prevent it from happening again, which may include setting a pin on the pump.
- While at camp, pumps must be set on the highest sound level for alarms and may not be on vibrate.
- If a pump malfunctions while at camp, the camper is to be brought to the clinic immediately and further action will be taken to resolve the issue.
- For Omnipod pumps, the insulin delivery unit with insulin is affixed to the skin, but the PDM will be kept with the camper’s medical staff or charging in the cabin.

- The medical staff will periodically check the pump history to support the campers' safe dosing and delivery of insulin.
- In the event that a pump is malfunctioning, call the Pump Helpline. If the problem cannot be resolved, the camper's guardian should be notified (following the policy of contacting guardians on page 52).

Pumps and Swimming/Showering:

- It is the responsibility of the medical staff to ensure all tubed pumps are suspended before taking off to shower or swim, and are reconnected and resumed after the activity is done.
- When at the lake, all tubed pumps should be charged in the boat house.

Insulin Pump Troubleshooting:

- Is the battery dead?
- Is the pump suspended?
- Does the reservoir/cartridge have insulin?
- Do you smell insulin?
- Is the infusion site painful to the touch? Red? Swollen? Warm?
- Are there any leaks between the reservoir and the tubing? Do you see wetness?
- Is the tubing kinked or damaged?
- Are there any leaks at the skin site?
- Is the site secure?
- Is there blood in the tubing?
- Do you see air bubbles in the tubing that may be causing high glucose?
- Has the insulin become damaged (excessive heat, expired, etc.)?
- Is the time of day set correctly on the pump?
- Is the camper in the correct Basal Program for Camp?
- Check the history menu for time/delivery of the last bolus. Was it completed?
- Does the pump have insulin in it?
- If using an AID system, which delivery mode is activated?

If you are not sure if the pump is malfunctioning or not, bring the camper to the clinic and conduct a pump site change to be sure.

Medtronic 780G

The Medtronic 780G is a hybrid closed loop system using both a Medtronic insulin pump and Medtronic Guardian 4 CGM. The Guardian 4 only requires a glucometer glucose calibration at the time of entry into Smartguard (automated mode).

The 780G algorithm automatically calculates and adjusts the basal rate but also gives automated corrections if the automated basal rate has reached maximum delivery. It has adjustable glucose targets of 100, 110, or 120 mg/dL. A temporary target of 150 mg/dL can be used for times of higher risk of hypoglycemia. The 780G will not deliver automated corrections if the temporary target is on. 780G has Bluetooth capabilities and a mobile app which shows CGM readings in addition to viewing CGM readings on the pump.

While in auto mode, the 780G will automatically adjust basal rates, and will also automatically calculate insulin sensitivity factors. The insulin on board feature and the carbohydrate ratios are the only adjustable settings while in auto mode. Insulin on board should be adjusted if there is a concern about over- or under-correcting hyperglycemia. Every night at midnight, the pump will re-calculate the total daily dose based on the average total daily dose for the past six days. There are also minimum and maximum auto basal delivery limits, based on the total daily dose.

The goal is to keep campers in automated mode as much as possible during camp. When campers are very active, they typically do not need as much insulin. However, as the total daily dose on the 780G is an average over the past six days, the basal rates and insulin sensitivity factor may not change as quickly as needed if there is a sudden increase in activity. We recommend that campers are as active as possible during the week prior to camp. This will allow the total daily dose to reset and be more accurate for the increased activity level at camp. A temporary target of 150 can be set as needed based on discretion of medical staff, for up to 12 hours at a time.

The 780G must be suspended any time it is removed, including the swimming pool and shower. This is very important because the pump needs to know how much insulin the patient is actually receiving to appropriately adjust the insulin doses.

The 780G algorithm will account for changes in glucose trends so a correction can be given at any time. A carbohydrate bolus can be given at any time regardless of the arrows. The auto basal on the system will always be working to bring the glucose to 100-120 mg/dL (150 with the temp target).

If the camper has an alert that the pump is exiting auto mode, or if there is an alert that the pump requires a fingerstick glucose confirmation, the camper should see a clinic member within the next 60 minutes for assistance. The clinic staff will assist the camper in entering a fingerstick glucose into the system, or if needed further troubleshoot to try to re-enter auto mode. Clinic staff should refer to the Medtronic School Nurse guide for further information. It is our goal to keep the camper in auto mode as much as possible during camp, but there may be situations where this is not possible and manual mode will be used.

Considerations and Adjustments prior to starting camp:

- **At check-in, manual basal rates and other manual settings must be adjusted by the physician as would be done for any other pump, in the case that auto mode is turned off and the pump reverts to manual mode.**

Tandem

- The TandemX2 insulin pump is integrated with Dexcom G6, G7, or Libre 2 plus CGM and works with the Control IQ/IQ+ algorithm. It is small, touch-screen and has a rechargeable lithium battery. The pump charges just like a cell phone does. Pumps should be charged daily at camp.
- The Tandem Mobi insulin pump is a smaller screenless pump. It is compatible with Dexcom G6 or Dexcom G7 and also uses the Control IQ/Control IQ+ algorithm. Insulin doses are programmed in the Mobi app and boluses are also given through the app.

There is a rapid bolus button on the Mobi which can be used if the app is not available. I

Control IQ/IQ+ is a hybrid closed loop insulin pump software/algorithm using a t-slimX2 pump with a Dexcom G6 or G7 or Libre 2 plus CGM, or with Mobi with Dexcom G7 or G7. It uses the programmed basal rates as a starting place, and automatically adjusts the set basal rates up and down to reach the target glucose using 30-minute predictions. When in automated mode, the target is automatically set to 110 mg/dL (basal will decrease if glucose predicted to drop below 112.5 mg/dL, and increase if glucose predicted to go over 160 mg/dL). Targets can also be set for correction doses, but only for manual mode. The pump also uses the programmed carbohydrate ratios and insulin sensitivity factors. It has a factory set insulin on board of 5 hours. It gives automatic correction boluses up to every hour if the glucose is predicted to be over 180 mg/dL; the bolus is 60% of what the usual bolus would be, and is only given if it has been one hour after the previous bolus. If the camper is on IQ+, a Healthcare Provider can also program a temporary basal if needed.

Exercise mode is an option under the “activity” menu. Exercise mode can be turned on as needed based on the discretion of the medical staff. When exercise mode is turned on, the target glucose is increased to 140-160. This means that it will decrease basal delivery if the glucose is predicted to drop below 140, and increase basal delivery if glucose is predicted to increase over 160 mg/dL. An automatic correction bolus will be given every hour as needed, if the predicted glucose is over 180 mg/dL. You can tell that exercise mode is on because a small running person icon will show up in the upper right corner of the pump screen.

There is also an option for “sleep mode” on Control IQ. Sleep mode is typically not on during camp, but can be used if requested by the family and the camp endocrinologist agrees. In sleep mode, the basal will decrease if glucose is predicted to drop below 110 mg/dL, but will increase if glucose is predicted to go above 120 mg/dL (rather than 160 as in normal or exercise mode). Automatic corrections are not given in sleep mode. You can tell that sleep mode is on because a cloud icon with “zzz” will show up in the upper right corner of the pump screen.

Control IQ will remain in “automated” mode as long as it is receiving CGM data without signal loss for more than 20 minutes. The goal is to keep campers in automated mode all of the time.

Considerations and Dose Adjustments at the Start of Camp:

- Tandem Control IQ hybrid closed loop system at Check In:
 - Reduce correction
 - Reduce carb ratio
- The camper should create a second basal profile with settings appropriate for camp, usually at least a 10-20% reduction. This basal profile should be the active profile during the duration of camp. Campers may also need less insulin for carbohydrates and correction doses (ISF); this should be an individual consideration at check-in.
- At check-in, clinic staff should check if there are any pre-set sleep mode settings and make sure the family discusses this with the pediatric endocrinologist at check-in. The Control IQ system must be suspended any time it is removed, including the swimming pool and shower. This is very important because the pump needs to know how much insulin the patient is actually receiving to appropriately adjust the insulin doses.
- Campers must bring all pump and CGM supplies with them, including several extra

- sensors in case one falls off early.
- Camp is not responsible for lost or damaged Control IQ systems.

Omnipod 5

The Omnipod 5 System is a hybrid closed loop system that consists of the Omnipod 5 app (using either an Insulet-provided Controller or compatible smartphone), Omnipod 5 application, Omnipod 5 pod, and the Dexcom G6, Dexcom G7, or Libre 2+ CGM. .

The Insulet provided controller or compatible smartphone (Android and iPhone) have a mobile app for controlling the pods, which also displays CGM data. If using a Dexcom G6 or G7, the sensor must be started and stopped on the Dexcom app, and glucose alerts will come from the Dexcom app. If using a Libre 2+, the Omnipod app is used to start and stop the sensor and glucose alerts come from the Omnipod app. . Libre 2+ can only be used with an Insulet provided controller. Either the Insulet-provided Controller OR the mobile app is used. If the Insulet provided controller is used, a separate smart device is needed for the Dexcom.

At system initiation, the Omnipod 5 System uses the programmed basal rates as a starting point for automated insulin delivery. It then adapts with each pod change over time by tracking insulin delivered by the system. Insulin history and adaptation is stored in the Omnipod 5 controller or Omnipod 5 app. As each pod is deactivated and a new one is activated, the system adapts insulin delivery based on physiological needs and total daily insulin (TDI) delivered. The system increases insulin delivery for predicted hyperglycemia and decreases or pauses insulin delivery for predicted hypoglycemia based on one-hour predictions. The basal rate changes are called “adaptive basal rate”. The adaptive basal rate can be up to 4 times as much as the standard basal rate. The basal rates that are programmed only matter in manual mode. They have no impact at all on automated mode; automated mode basal rates are calculated by the algorithm based on the total daily insulin, as described above.

Target glucose is customizable and can be set between 110-150 mg/dL, in 10 mg/dL increments and up to 8 segments can be added per day. The system uses user-set bolus calculator settings (insulin to carbohydrate ratios, correction factor, and target glucose), current glucose, CGM trend arrow, and entered carbohydrates to calculate boluses with the SmartBolus Calculator in Automated and Manual Modes. The Duration of Insulin Action parameter is used to calculate IOB from recent bolus delivery, is customizable, and impacts user-initiated bolus delivery.

The only setting that directly impacts insulin delivery by the algorithm is the target glucose. The system will stay in Automated Mode as long as it is receiving CGM data. If CGM data is lost, the system will enter “Automated Mode: Limited ” and it will use the lower basal rate (programmed vs. most recent automated basal rate) during “Automated Mode: Limited”. If the automated basal rate was zero, a zero basal rate will be delivered for up to one hour, at which time the programmed basal rate will resume. To troubleshoot “Automated Mode: Limited” outside of the CGM warm-up period or water activities, ensure there is a CGM signal and open up the CGM mobile app. If maximum basal delivery is reached, the system will alert and revert to manual mode. To go back in automated mode, the alert must be acknowledged, and after waiting for 1 CGM cycle, the user must re-enter automated mode.

Considerations and Adjustments prior to starting camp:

- The camper should create a second basal profile with settings appropriate for camp, usually at least a 10-20% reduction. This basal profile should be the active profile during the duration of camp in case of utilizing manual mode (programmed basal rates do not matter while in automated mode). Also consider reduction of carb coverage and correction doses (ISF). This should be an individual decision at check-in.
- If someone starts with a target of 110, it should be increased to 140. If the starting target is 120, 130, or 140, the target should be increased to 150. If the target starts at 150, consider turning on activity mode.
- Activity feature can be used as needed on an individual basis and should be discussed at check in with the camper and family. If it is turned on, activity feature has to be reset every 24 hours. Using activity feature increases the target to 150 but also limits the adaptive basal rate by half (adaptive basal rate will be up to 2x the standard basal rate, rather than the usual 4x).
- The Omnipod 5 pods can be worn in the pool and are waterproof. This is different from other HCL systems and must be kept in mind, because these campers will continue to receive their insulin the entire time during swimming and water sports, while other tubed pump users will not be receiving insulin. They may require even lower insulin settings during swimming. Water often interferes with the signal between the CGM and the pod, so the system may enter “Automated Mode: Limited” frequently during swim time.
- Campers must bring all pods and CGM supplies with them, including several extra sensors and pods in case any fall off early.
- Camp is not responsible for lost or damaged Omnipod 5 systems.

iLet Pump

The iLet Bionic Pancreas System is a closed-loop system that delivers insulin based on input from an integrated continuous glucose monitor (iCGM) in order to automatically regulate blood-glucose levels. The iLet System uses autonomous lifelong learning to calculate and deliver insulin doses and to continually adapt these doses to changing insulin needs. It is approved for use in ages six and older and is compatible with Dexcom G6, Dexcom G7 and Libre 3+ CGMs.

There are no insulin dose settings for the iLet; there is no basal rate, no carbohydrate ratios, and no correction factors. There is no “manual mode” with the iLet, and no exercise or activity mode. If there are no CGM readings, iLet will enter “BG-run mode”. BG run mode will work for up to 48 hours within the first seven days of starting the iLet, and up to 72 hours thereafter. BG-run mode requires frequent entry of BG values to continue insulin dosing. The user will be alerted when BG values need to be entered. After the maximum allowable period (48 or 72 hours), BG-run mode will expire and CGM values are required to resume dosing. When BG-run mode expires and CGM values are not available, ALL insulin dosing will stop. In this case, the camper must be switched to injection therapy (discuss this with the Healthcare Provider).

The usual target for iLet is 120 mg/dL. Less than usual is a target of 110 mg/dL, and more than usual is a target of 130 mg/dL. At camp, a target of usual will be used during the day, and more than usual will be used overnight (also known as the sleep target). A target of more than usual could be used as needed during the day or for extra physical activity, based on the discretion of

the medical staff.

Meals are announced as less than usual, usual, or more than usual based on the type of meal (breakfast, lunch, dinner) and carbohydrates in the meal. Exact carbohydrate counting is not required. A meal that is less than half the amount of carbs compared to a usual meal should be announced as less than usual, and a meal that is more than 1.5 times the carbohydrates than usual should be announced as more than usual. For the meal announcements to work correctly, most meals must be announced as usual. At camp check-in, the Healthcare Provider will determine the usual carbohydrate range for breakfast, lunch and dinner and use this to determine carbohydrate ranges to be used for meal announcements at camp. Meal announcements should occur between 15 minutes ahead of the meal to right before the meal. Do not announce a meal more than 30 minutes after starting the meal. A second meal announcement can be made if needed, but this meal announcement should be based only on the additional carbs eaten. Snacks at camp will NOT be announced as meals. Do not announce carbohydrates that are used to treat lows.

	Target	Carb range	Time of Day
Less than usual	110 mg/dL	Half usual carb range	
Usual	120 mg/dL	Usual carb range	Daytime setting
More than usual	130 mg/dL	1.5 times usual carb range	Nighttime setting (sleep target)

Twiiist Pump

- **twiiist** is an automated insulin delivery system that uses the twiiist Loop algorithm
- Currently compatible with the Libre 3+ CGM and Eversense 365. Twiiist works with iPhone and Apple Watch. It holds up to 300 units of insulin. All settings and insulin delivery are managed through the app.
- It uses rechargeable Lithium-ion batteries. Fully charge batteries before camp and recharge as needed. Replace batteries every 2–3 days and with each cassette change. We recommend that the back-up battery be fully charged at all times.
- twiiist has the widest correction range of any current commercially available AID system, and all pump settings are adjustable and impact the algorithm's insulin delivery.
 - **Customizable Correction Target(s)** can be set between 87-180 mg/dL
 - Additional option of “workout preset” which can increase the target as high as 250 mg/dL (this can be used at the discretion of the healthcare provider and with input from the camper as appropriate).
 - "Premeal preset" can decrease the target down to 67 mg/dL (we will not use this at camp)
- **Meal emojis** guide insulin delivery based on the expected speed of carbohydrate absorption
 - 🍭 Lollipop for very quickly absorbed high carb foods
 - 🌮 Taco for a “regular” mixed meal with carbs and protein (default)
 - 🍕 Pizza for a slowly absorbed high fat/high protein meal
- **Glucose is predicted 6 hours ahead**, with updates to this 6-hour prediction every 5 minutes and adjustments to insulin delivery based on the glucose prediction.

- **Adjustable settings:** Basal rates, carbohydrate ratios, and insulin sensitivity factors, (in addition to target glucose) are all adjustable settings that directly impact the algorithm's insulin delivery.
 - **MAX BASAL RATE** is a setting which does impact insulin delivery while in closed loop; the algorithm cannot deliver more basal rate than the max basal rate **Note:** twiist is the only AID system where Max Basal Rate impacts the closed loop delivery. This is different from most other AID systems where the max basal rate is only a safety feature to avoid an error in entering the basal insulin dose.

Considerations and Dose Adjustments at the Start of Camp:

-Reduce carb coverage, basal rates, and correction dose (sensitivity) by about 10-20%; this is an individual consideration at check-in based on usual activity level of the camper and prior experiences at camp. **A second profile cannot be created for twiist, so the current settings will need to be modified. Be sure to document the original settings before making changes.**

-Adjust target glucose as needed based on individual needs of the camper. Target glucose should not be lower than 110 mg/dL.

-Campers must bring all pump and CGM supplies with them, including several extra sensors in case one falls off early, and extra batteries and charger for the twiist.

-Camp is not responsible for lost or damaged

Considerations with bolusing during camp:

-twiist has the unique feature of meal time emojis. The use of which mealtime emoji can be discussed with the camper as well as with the medical providers, but most of the camp meals will best fit with the TACO 🌮 emoji. Breakfast cereal and breakfasts with no protein would usually use the LOLLIPOP 🍭 emoji. Pizza and other very high protein/fat meals will use the PIZZA 🍕 emoji.

Pump Site Changes

- Pump sites will be changed at least every 48-72 hours (depending on the camper and the pump) routinely or at the discretion of the medical staff.
- The Clinic Supervisor will keep a visible daily schedule of all pump site changes to be conducted.
- Pump site changes must be done in the clinic and recorded in the EMR.
- Pump site changes must be done or supervised by a medical staff member. Campers should be encouraged to learn and become independent in doing their own pump site changes as long as they are comfortable and willing.

DIY Closed Loop Systems

- Campers are able to use DIY Closed Loop systems at camp, but must have the ability to manage and troubleshoot on their own.
- Campers must bring a Nightscout/Tidepool report at check-in or other similar report that shows current pump settings.

- If a camper is on a closed loop system and is having difficulty managing their diabetes and medical staff are unable to troubleshoot, the camper will be switched to an open loop system at the discretion of the Healthcare Provider.

General Health Policies

Treatment for General Health Concerns

*As directed = Follow Over the Counter (OTC) package instructions.

*If there is a medication, product, or treatment referenced in below guidelines that is not available at camp, an alternative treatment option can be used or obtained from a local drug store.

<u>Medical Problem</u>	<u>Preparations or Treatment</u>
Abdominal Pain; gastric (upper abdomen)	<ul style="list-style-type: none"> • Check blood glucose and rule out ketoacidosis • Burning sensation after eating or with prone position = <ul style="list-style-type: none"> ◦ Administer antacids as directed
Abdominal Pain; non-gastric (lower abdomen)	<ul style="list-style-type: none"> • Check blood glucose and rule out ketoacidosis • Consult the Healthcare Provider if presence of fever, nausea, and psoas muscle pain (r/o appendicitis) • Infectious: bland diet, rest • Gynecologic: Ibuprofen as directed prn, rest, heating pad to abdomen • See treatment for nausea and/or diarrhea
Abrasions, small lacerations (check tetanus for a dirty wound--must be <5 years ago)	<ul style="list-style-type: none"> • Cleanse with soap and water • Cover with Band-aid or non-adherent dressing until scabbed • Mupirocin or bacitracin ointment for minor signs/symptoms of infection; consult the Healthcare Provider if it worsens • Instruct camper to monitor for infection (redness, pain, swelling, drainage) • If there is a significant area of surrounding redness, outline in pen/marker with time and date to monitor if expanding or improving
Allergic rhinitis	<ul style="list-style-type: none"> • Cetirizine as directed

Allergic Reaction, systemic hives	<ul style="list-style-type: none"> • Cetirizine (10mg) given orally • With shortness of breath, vomiting/diarrhea or fainting/lightheadedness/hypotension, Epi-Pen immediately and call 911 • If a severe reaction, consider oral prednisone*, if available, 1 mg/kg to max of 60 mg (*not on formulary and must weigh the risk/benefits of elevated glucose secondary to prednisone)
Aphthous Ulcer	<ul style="list-style-type: none"> • Swish and spit salt solution • Swish and spit Maalox as directed for pain and protective coating
Asthma exacerbation	<ul style="list-style-type: none"> • Give up to 6 puffs back-to-back with albuterol inhaler and spacer • Consult the Healthcare Provider for inadequately controlled asthma especially in the context of an Upper Respiratory Infection

Bites, insects (bees, mosquitos, other)	<ul style="list-style-type: none"> • With history of significant bee sting allergy, administer Epi-Pen immediately and call 911 • Ice locally • Topical Hydrocortisone or Calamine for itching • Cetirizine 10 mg now (better/as good as diphenhydramine) and daily as needed for itching • Use bug repellants to help prevent
Bites, tick	<ul style="list-style-type: none"> • Remove tick and identify type: Use fine-tipped tweezers to grasp the tick as close to the skin's surface as possible. Pull upward with steady, even pressure. Don't twist or jerk the tick; this can cause the mouth-parts to break off and remain in the skin. If this happens, remove the mouth-parts with tweezers. If you are unable to remove the mouth easily with clean tweezers, leave it alone and let the skin heal • After removing the tick, thoroughly clean the bite area and your hands with rubbing alcohol or soap and water • Never crush a tick with your fingers. Dispose of a live tick by putting it in alcohol, placing it in a sealed bag/container, wrapping it tightly in tape, or flushing it down the toilet • If it is a deer tick and has been attached at least 36 hours (by history or fully engorged), consult the Healthcare Provider for prophylactic antibiotics

Blisters	<ul style="list-style-type: none"> • Reduce friction to area by eliminating surface contact or with Vaseline or ointment as directed • Protect any blisters from tearing • Treat an open/torn blister as an abrasion
Burns: (first and second degree; superficial and partial thickness) **A third degree burn or burns affecting more than 10% of the body require immediate medical care.**	<ul style="list-style-type: none"> • Cold water (running or chilled) to area for 20 minutes at time of burn • Salicylate solution topically (use aspirin in water) • Ibuprofen PRN pain • Use Aloe on intact skin • If superficially blistered and relatively small, treat as blister • Cover burn with bandage to help with pain • For burns on over sensitive areas like joints, face, head, neck, genitals, hands, or where joint function or cosmetic outcome could be compromised, consult the Healthcare Provider as needed

	<ul style="list-style-type: none"> • For a larger or open partial thickness burn, consult the Healthcare Provider
Cerumen impaction (ear)	<ul style="list-style-type: none"> • To soften hardened cerumen, allow hydrogen peroxide to sit in the ear canal for a few minutes, repeat as often as needed • Encourage chewing gum when appropriate to promote natural wax removal • If softening is unsuccessful, consult a Healthcare Provider
Conjunctivitis, allergic	<ul style="list-style-type: none"> • Cool compress for immediate relief • Ketotifen fumarate (Zaditor) • Eye drops as directed • Cetirizine as directed
Conjunctivitis, bacterial	<ul style="list-style-type: none"> • Consult Healthcare Provider • Antibiotic drops (per formulary) • Emphasize anti-contagion measures per Communicable Disease Policy (page 48)

Conjunctivitis, viral	<ul style="list-style-type: none"> • Consult Healthcare Provider • Cleanse eyes with gentle soap like baby shampoo • Emphasize anti-contagion measures per Communicable Disease Policy (page 48)
Constipation, acute	<ul style="list-style-type: none"> • MiraLAX as directed • Dietary teaching. Encourage regular sitting to encourage bowel movement
Cough	<ul style="list-style-type: none"> • Cough drops PRN • See asthma especially for nighttime cough if hx of asthma • If no prior dx asthma, consult a Healthcare Provider for SOB, wheezing or for worsening cough, especially with fever or >2 weeks
Dermatitis, atopic	<ul style="list-style-type: none"> • Hypoallergenic moisturizing cream applied immediately once done drying off after showering • Hydrocortisone as directed

Dermatitis, contact	<ul style="list-style-type: none"> • For blistered dermatitis e.g. poison ivy • Clean skin as soon as possible with poison ivy soap • Apply to the affected area 3-4 times a day: calamine lotion • Hydrocortisone as directed • Blister fluid does not spread poison ivy, but can if oils remain on skin or clothing
Dermatitis, sun rash	<ul style="list-style-type: none"> • Aloe Vera
Diarrhea, acute	<ul style="list-style-type: none"> • Replace fluids, liquid diet advanced to bland as tolerated until resolved • Avoid dairy products
Dysmenorrhea (menstrual cramps)	<ul style="list-style-type: none"> • Ibuprofen as directed • Heating pad to abdomen

Eye irritation; foreign body, dry eye etc.	<ul style="list-style-type: none"> • Flush (with isotonic buffered eye wash) or remove foreign body if present • Can pull out upper eyelid and invert with cotton swab to evaluate for remaining foreign body • Single dose eye lubricant - can use allergy eye drops if no other eye drops available
Fever (Temperature over 100.4 F)	<ul style="list-style-type: none"> • Hydrate • Acetaminophen as directed • Monitor blood sugar and ketones • Consult Healthcare Provider for any fever • Evaluate for source of fever per Communicable Disease Policy(page 48)
Folliculitis	<ul style="list-style-type: none"> • Wash with antibacterial soap • Apply Mupirocin/Bacitracin cream to affected area and keep covered • Consider oral antibiotics if there is a significant lesion or large involved area, consult the Healthcare Provider • Follow Communicable Disease Policy (page 48) to prevent spread
Headache	<ul style="list-style-type: none"> • Hydrate child. Rest in a dark room • Check blood glucose and ketones • Acetaminophen as directed or Ibuprofen as directed
Head Injury	<ul style="list-style-type: none"> • See Head Injury Protocol on page 43.

Herpes - orolabial	<ul style="list-style-type: none"> • Contact parent for history and treatment preference • Consult Healthcare Provider for antiviral treatment within 48 hours if prior history and per parent authorization
Impetigo and infected excoriated insect bites	<ul style="list-style-type: none"> • Apply Mupirocin/Bacitracin cream and cover if lesion is open • Consider oral cephalexin if widespread area, consult Healthcare Provider

<p>Lice</p>	<ul style="list-style-type: none"> ● If lice is discovered at check-in, the camper can be treated in the clinic and allowed to stay at camp, unless otherwise specified by their guardian(s) or the Healthcare Provider ● Nix as directed for live lice or nits with no history of treatment followed by nit removal as much as possible ● Monitor only for nits less than 1” from scalp with hx of treatment ● Heat treat (hot water or dryer) all bedding and recently worn shirts hats jackets combs brushes etc. (anything near the head) or bag these items for seven days
<p>Musculoskeletal injury</p>	<ul style="list-style-type: none"> ● Assess for fracture and consult Healthcare Provider as needed ● Rest, Ice, Compression, Elevation (RICE) ● Ibuprofen as directed
<p>Nausea/vomiting</p>	<ul style="list-style-type: none"> ● Check blood glucose and rule out ketoacidosis. <ul style="list-style-type: none"> ● Encourage small sips of clear liquids every 15 minutes, rest ● Ondansetron as directed in consultation with Healthcare Provider for emesis with dehydration (max 2 doses) ● Advance diet slowly ● Follow Oral Rehydration Solution recipe. Take small sips frequently
<p>Otitis Externa</p>	<ul style="list-style-type: none"> ● Mix 1:1 rubbing alcohol with white vinegar immediately after swimming for mild pain or slight redness ● Ofloxacin ear drops per consult with Healthcare Provider for worsening pain, redness ● Okay to swim, but camper should not put head under water until treatment complete
<p>Otitis Media</p>	<ul style="list-style-type: none"> ● Ibuprofen as directed, PRN pain ● Consult Healthcare Provider for antibiotic with bulging red tympanic membrane or severe worsening pain
<p>Pharyngitis, strep</p>	<ul style="list-style-type: none"> ● Refer to urgent care if high probability (fever, cervical adenopathy, abnormal exam pharynx)

Pharyngitis, viral	<ul style="list-style-type: none"> • Hydrate vigorously • Salt water gargle • Ibuprofen as directed • Comfort measures (Cough drops, honey) • Consult Healthcare Provider for r/o Mono w/symptoms: fatigue, rash, swollen glands
Sinusitis, sinus pain	<ul style="list-style-type: none"> • Ibuprofen as directed • Saline nasal rinse BID (not on formulary) • Vigorous hydration • Consult Healthcare Provider for prolonged symptoms
Urinary Tract Infection	<ul style="list-style-type: none"> • Check LMP/sexual activity in appropriate population • Encourage fluids • Evaluate for s/s of pyelonephritis (CVA tenderness, fever, abdominal/pelvic pain) • Obtain clean catch urinalysis and consult the Healthcare Provider • Use cephalexin as first line antibiotic if UTI, consult Healthcare Provider • Educate campers on completely emptying the bladder, not holding urine, and proper wiping technique for female campers

Standing Order for Medications

Pain Medications

- Ibuprofen – 10 mg/kg/dose (Max 600 mg) q6h PRN
- Acetaminophen – 15 mg/kg/dose (Max 1000 mg) q6h PRN

Anti-histamines

- Cetirizine – 10mg daily or PRN allergic reaction

Gastrointestinal Medications

- Throat lozenges – >5 yrs – 1 every 2 hours PRN
- Antacids:
 - < 5 yrs 1 every 2-4 hours (Max 3 tabs in 24 hours)
 - 6-11 yrs 2 every 2-4 hours (Max 6 tabs in 24 hours)
 - > 12 yrs 2 every 2-4 hours (Max is 15 tabs in 24 hours)
- Miralax – 1 capful twice daily PRN. Mix with 8 oz of water.

Topical Medications

- Bacitracin – Application to cuts and abrasions. 1 application twice daily 42
- Calamine Lotion – Insect bites, poison ivy
- Hydrocortisone 1% or 2.5% - insect bites, dermatitis
- Tecnu – Poison Ivy Wash (Wear gloves, wrap clothes, in shower)
- Aloe Vera – Cooling lotion for sunburn. PRN.
- Sunscreen/Zinc Oxide – Prevention of sunburn on exposed areas. Apply every 2 hours as needed.
- Lotrimin/Tolnaftate powder – Athlete’s foot/ jock itch. Apply twice daily as needed.
- Vaseline
- Eye Flush – Keep the injured eye lower and flush for 15 minutes.
- ALL OTHER MEDICATIONS PER MD ORDER

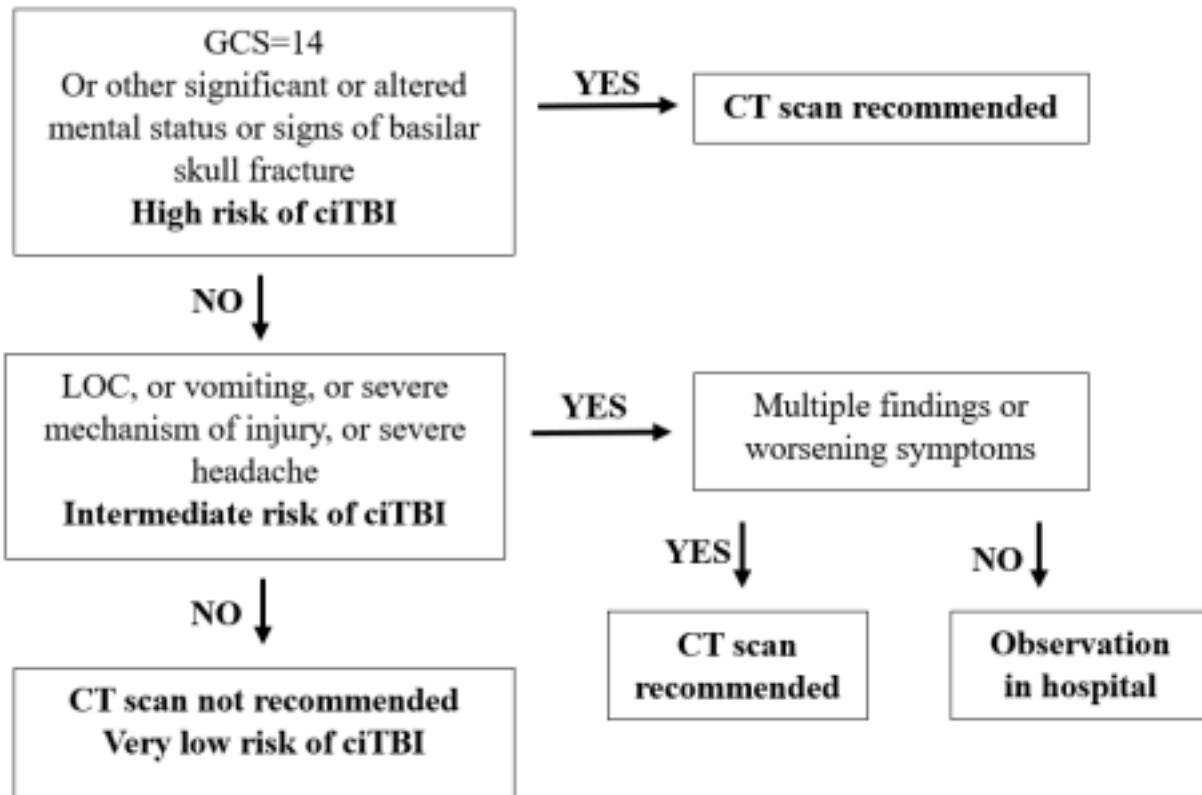
Per MD Order:

Antibiotics, Prednisone, Zofran, Eye/Ear Drops

All other medications, including those on formulary.

Head Injury Protocols

- All incidents of head injury are to be evaluated using the Pediatric Emergency Care Applied Research Network (PECARN) Head Injury Decision Rule.



- Positive TBI Findings
 - Any camper who has a positive finding on the TBI assessment tool will be monitored closely and, depending on the severity of the symptoms or deterioration of symptoms, will result in an ER referral or 911 call. Any positive TBI finding will be reported to the Healthcare Provider.
 - If taken to the ER, follow emergency protocols on page 52.
 - The Healthcare Director will notify the guardian(s).
 - After returning to camp, the camper will be closely monitored for at least 2-4 hours. The development of any neurological deficit or alteration in consciousness, a progressively severe headache, blurred vision, photophobia, or repeated bouts of vomiting will result in a return to the ER. It is understood that a significant period of uninterrupted rest during the night is essential for healing to occur.
- Post-Concussive Syndrome
 - Any camper who develops signs and symptoms of post-concussive syndrome (normal mental status with mild to moderate headache, disrupted sleep pattern, nausea, loss of appetite, and/or dizziness) will be monitored and treated with rest and restricted activity as determined by the severity of the symptoms.
 - If symptoms deteriorate, the Healthcare Provider will be notified and the camper will be referred to the ER.
- A return-to-play plan (to determine participation in camp activity) will be developed by the Healthcare Provider for any camper who has sustained a head injury with positive findings on the TBI assessment tool or post-concussive syndrome.

Exposure Control Plan

This information is provided to camp employees in compliance with OSHA's Blood borne Pathogens Standard.

Training and Education

All medical staff and volunteers are required to successfully complete the medical training program, which includes education on prevention of exposure to bloodborne pathogens, communicable diseases, and other harmful substances. All staff learn about the preventative measures in place by camp, supplies provided by camp, and other illness-reducing strategies.

Camp Ho Mita Koda provides access to applicable resources provided by the Public Health Department, the Center for Disease Control, and the National Institute for Occupational Safety and Health.

Staff Exposure Risk

All medical staff members are at risk of exposure to blood and body fluids. Staff can expect to encounter blood and other body fluids while carrying out basic job functions and tasks. Staff are asked to arrive at camp in full health. Health Screenings will be provided for staff by the Healthcare Provider before the arrival of campers.

Universal Precautions

As part of an exposure control plan, mandated by the OSHA Bloodborne Pathogens Standard, "universal precautions" are part of infection-control practices. They are specific guidelines which must be followed by all staff and volunteers to provide every person adequate protection from diseases which may be present in blood and other bodily fluids. Since blood can carry all types of infectious diseases, even when a person does not look or feel ill, knowledge of universal precautions is essential for anyone who might encounter blood or other body fluids.

The following guidelines apply to all staff and volunteers:

- Minimum 15 seconds of handwashing with antimicrobial soap or hand sanitizer before and after contact with any camper or staff, after removing gloves, between interactions with campers or staff, and before leaving the clinic.
- All medical staff will use appropriate barrier precautions to prevent skin and mucous membrane exposure when contact with blood or bodily fluid of any person is anticipated. Personal protective equipment such as vinyl disposable gloves are readily available in healthcare, housekeeping, and maintenance areas, and with all medical supplies.
- Any person giving first aid will always wear vinyl disposable gloves if blood is visible on the skin, inside the mouth, or if there is an open cut on the patient. Gloves should be changed and thrown away after contact with each person.
- Gloves will always be worn when handling items or surfaces soiled with blood or bloody fluids. Such areas (floor, counter, etc.) will be cleaned with bleach solution (1 part bleach to 10 parts water), alcohol, or a dry sanitary absorbent agent. However, routine cleaning practices are all that are needed if blood is not visible or likely to be present. Gloves do not need to be worn to handle urine-soaked bedding, unless blood is obvious.

- Disposable towels and tissues or other contaminated materials will be disposed of in a trash container lined with plastic. Biohazard bags are to be used for dressings or other materials used to soak up blood or other infectious waste.
- Remove gloves properly – pulling inside out. Place gloves in a bag with waste. Hands and other skin surfaces should be washed with soap and water immediately and thoroughly.
- Masks, protective eyewear, gowns, and/or aprons should be worn during procedures that are likely to generate droplets or splashes of blood or other body fluids.
- Needles will not be recapped, purposely bent, broken by hand, removed from disposable syringes, or otherwise manipulated by hand. After use, disposable syringes and needles, scalpel blades, and other sharp items will be placed in puncture-resistant sharps containers for disposal. Needle recapping will occur only when necessary and the single hand method of recapping will be used. Staff and campers should never hand an unsheathed needle to another person, but instead put it down and let the other person pick it up. Needles must be placed directly into a sharps container immediately after usage.
- Mouthpieces, resuscitation bags, or other ventilation devices will be available for use in areas in which the need for resuscitation is predictable.
- Medical staff who have draining lesions or weeping dermatitis should refrain from all direct care and from handling equipment until the condition resolves.
- All persons who might encounter blood or other body fluids must be trained to follow appropriate procedures.

Needle Stick Injuries

- If a needle stick injury occurs, the Healthcare Director must be notified immediately and given all details and information. They will then notify the Healthcare Provider.
- If the needle was unused:
 - Properly clean and disinfect the wound in the clinic.
 - Properly discard the needle in a sharps container.
 - Complete a Quality Improvement form in accordance with policies on page 60.
- If the needle was used:
 - Properly clean and disinfect the wound in the clinic.
 - If there is a significant risk of HIV transmission, prophylaxis should be begun within a matter of a few hours. For Hepatitis B prophylaxis the need for treatment is urgent. There is currently no available prophylaxis for Hepatitis C infection.
 - The Healthcare Director will obtain the medical records and history for both parties, specifically regarding hepatitis immunizations and HIV history.
 - Both parties will undergo a blood test at a specialized facility for Hepatitis B surface antigen, Hepatitis C antibody, and HIV antibody.
 - If one of the involved parties is a camper, the Healthcare Director will contact the guardian(s) according to the communication policy on page 52. They will obtain consent (preferably written) for camper to have blood tested.
 - Both parties will be encouraged to obtain a follow-up blood test three months after.
 - While waiting for the blood test results, both parties may return to their normal schedules as long as neither have any symptoms.
 - Once the test results are in, respond accordingly.
 - As soon as reasonably possible, both parties and the Healthcare Director will complete a Quality Improvement form about the incident in accordance to

policies on page 60.

Medical Waste

- All used lancets and needles will be deposited in medical sharps containers.
- Filled sharps containers will be placed in large hazardous waste boxes and sealed.
- Gloves must be worn when performing or assisting with blood checking.
- Blood spills will be reported to the Facilities Manager immediately and cleaned with a 1:10 bleach solution.

Post-Exposure Plan

Camp employees who have a blood exposure incident are eligible for follow-up treatment. Follow-up is initiated by the staff member who must immediately (within fifteen minutes) notify the Healthcare Director or Healthcare Provider when a blood exposure incident occurs. The following plan is initiated. Records of the incident are maintained for the duration of employment plus thirty (30) years by the Camp Director and according to OSHA requirements (i.e., separate from personnel records). Camp Leadership debriefs each incident in an effort to identify ways to improve the camp's exposure risk.

Timeline	Employee's Actions	Healthcare Director's	CHMK Leadership
Timeline: Within 24 hours	Employee's Actions: Report the incident to the Healthcare Director within 15 minutes. Begin prophylactic treatment. Complete Workers' Comp form and Quality Improvement forms with Camp Director.	Healthcare Director's: Notify the Camp Director. Begin 15- second scrub of area with bacteriostatic soap, followed by application of disinfectant. Contact Healthcare Provider and refer person for assessment. Begin psychosocial support process.	CHMK Leadership: Determine source of contamination; initiate request to have source screened for infectious diseases. Notify insurance. Create Quality Improvement form with supporting documentation. Contact mental health professionals for employees. Complete Workers' comp & Quality Improvement form with employee.

Within next 48 hours	Continue medical follow-up, per MD orders. Begin counseling support.	Monitor client adjustment to situation; answer questions, as needed. Provide needed care.	Follow testing of source individuals as warranted. Consult with mental health professional to arrange post-camp therapy, per need.
Beyond first three days	Continue post exposure prophylaxis, as directed by MD. Participate in a review of the incident.	Participate in a review of the incident.	Maintain contact with employees to follow incidents. Lead review of incident. Review incidents; adapt camp practices as needed to manage risk, and to minimize chance for repeat of situations. Maintain records for duration of employment, plus 30 years.

Communicable Disease Policy

Prior to Camp

- Staff members and legal guardians of campers and should ensure they arrive at camp healthy and ready for camp.
 - In the seven days prior to camp, campers and staff members should monitor their health closely. Any camper or staff member registering a temperature over 100 degrees or with any vomiting, diarrhea, rash, coughing, or sore throat should be evaluated by their physician for possible communicable disease. Their physician must provide a note stating their diagnosis (and treatment, if applicable). Camp Healthcare Provider will review and determine if/when the individual can attend camp, and will notify the Camp Director.
 - If a camper or staff member is deemed to have a communicable disease, a discussion with the Camp Director and Healthcare Director is required before arrival to camp.
- All campers and staff members should have an up-to-date vaccination record and health history forms completed upon registration. Required up-to-date vaccinations are per State of Ohio School Attendance vaccine requirements.
 - Upon arrival, all staff members and campers will undergo a medical screening that is conducted by a licensed medical staff member including: temperature screening, health screening questions, and a full screening exam of patients to include lice head check.
 - The following screening questions will be asked:
 - Has the camper or staff member had any illness in the last seven days – nausea, diarrhea, vomiting, fever, chills, muscle aches, rash, cough, shortness of breath or loss of taste/smell?
 - Has the camper or staff member had any known exposure to someone with a

communicable disease in the past 14 days? “Exposure” is defined as living in the same dwelling.

- Has anyone (adults, campers, siblings) traveled to a known hot spot for a communicable disease in the past 14 days?
- If there are any concerns for exposure to or signs/symptoms of communicable disease as established by affirmation of the above questions or other factors, the camper will be asked to return home with parents. The camper may return later in session if free of communicable disease per discretion of the Camp Director and the Healthcare Director.
- Camp will have an adequate supply of personal protective equipment (PPE) at all times including masks, gloves, goggles/face shields, and disposable gowns.
- All staff members will be trained on illness-reducing strategies and PPE use. All food service staff members will be trained and will implement safe food handling practices.

During Camp

- Illness-reducing practices will be implemented during camp including:
 - Hand washing facilities and hand sanitizers will be available in multiple places across the camp grounds. Reminders and instruction on handwashing procedures, as well as safe coughing practices, will be part of the culture of camp.
 - Campers will be reminded to keep hands away from faces. All personal supplies like hair brushes, makeup, towels, washcloths, cups, water bottles, etc. will not be shared by others.
 - All public bathrooms and “high contact” areas around camp will be disinfected each day.
 - Any staff members or campers with questionable symptoms will be isolated in the clinic bedroom until communicable disease can be ruled out.
- The Executive Director and Healthcare Director will maintain up-to-date information about recent outbreaks in the area and keep close communication with the local health department.

Communicable Disease Plan Team

- The CDP Team will include the Executive Director, Camp Director, Healthcare Director, Dining Services Manager, Facilities Manager, Medical Director, and Healthcare Provider. The CDP Team will be trained on CDP interventions in case of an outbreak.
- The CDP investigation and interventions will be launched when four people present with similar symptoms within 24 hours. If this occurs, medical staff members will notify a member of the CDP team who will notify the rest of the members and launch CDP interventions.
- The CDP team will meet daily or more if necessary to revisit processes and manage the CDP plan.

Communicable Disease Plan Actions

- In the case of a communicable disease outbreak, any or all of the affected individuals may be isolated as necessary or sent home. In some cases, the camp session may end completely and abruptly at the discretion of the Executive Director.
- Affected persons will be immediately isolated.
 - Contact tracing will be completed as appropriate to determine appropriate isolation

- and treatment measures needed for potential exposed contacts.
- o If proper testing can be conducted on site, it will be done. If acute treatment is needed and unavailable on site, affected individuals will be transported to the local emergency department.
 - Method of transport for affected persons will be determined by the Healthcare Provider. EMS may be considered if there is concern of adequate isolation in a car. Guardians affected persons will be notified prior to transport except in emergency situations.
- o A licensed healthcare staff member will be assigned to care for isolated individuals using appropriate PPE during all encounters.
- o One isolated bathroom will be designated for all affected individuals.
- Primary guardians of affected campers will be notified immediately by the Healthcare Director.
 - o If necessary, the Healthcare Director may need to assign staff members to help field phone calls from families of campers.
- The Healthcare Provider and the Healthcare Director will consult with affected persons to identify symptoms and illness as soon as possible.
- If an affected person has diabetes, sick day protocol will be initiated to ensure adequate diabetes control during illness.
- As determined by the illness, camp programming will continue in a safe manner for all individuals unaffected by the illness.
- All medical interventions and daily updates will be appropriately documented in the EMR.
- Food service will continue for unaffected campers as planned. In the case that food is suspected to be the source of the outbreak, an alternative source of meals will be established. An alternative style of serving meals or smaller groups at meal times may be necessary. Appropriate foods for affected individuals will be available and will be provided to them in their isolation areas.
 - The Executive Director will oversee all internal and external communication. Appropriate communication will be produced as quickly as possible to inform families, media, local health department, the camp's insurance providers, unaffected campers and staff members, and upcoming session participants. All communication will be documented and saved.

Recovery Post-Outbreak

- Any cabin or space that housed an affected person will be cleaned and sanitized appropriately. All belongings of the affected person will be removed properly from the cabin before sanitization.
- Any laundry from isolation areas or isolated individuals will be handled appropriately and separate from general laundry.
- After resolution of the outbreak, the CDP Team should meet within one week to debrief the critical incident of all operational activities, to review effectiveness of all interventions, and identify potentials for change. Any procedures and policies should be updated.
- The Camp Director and the Healthcare Director will debrief with all staff members and campers who wish to share their experience. The Camp Director will determine an appropriate schedule to allow rest and recuperation for staff members.
- The Camp Director and the Healthcare Director should review and confirm completion of all appropriate documentation.
- The Executive Director and the Medical Director will ensure all communication materials for

staff members, legal guardians, and campers are revised as needed to more effectively address communicable diseases in the future.

Emergencies

General Emergencies

Medical staff and volunteers are expected to appropriately respond to any and all emergencies quickly, according to their training, and within their scope of practice. Examples of emergencies include but are not limited to drowning, severe burn, major fracture, anaphylactic reaction, suspected neck/spine injury, and loss of consciousness, or seizures.

No staff member will ever be reprimanded or under scrutiny for calling an emergency for something that turns out to be minor. When in doubt, staff are expected to prepare for and assume the worst. A false alarm is never a mistake.

The following steps will be followed during an emergency:

1. If not actively engaging in medical treatment, announce a medical emergency over radio and request immediate assistance.
 - a. Request for someone to call 911 if clearly necessary.
 - i. **Newbury EMS: 440-564-2261 or 911.**
 - b. All medical staff, especially licensed staff, should immediately report to the scene if safe to do so and it would not be leaving campers unattended.
2. Immediate aid should be given on the scene until a licensed medical staff member or an emergency rescue team arrives.
3. If emergency is severe, do not move the affected person unless they are medically stabilized. If they are medically stabilized, have the Campulance transport them to the clinic.
4. A licensed medical staff member will perform a rapid assessment within their scope of practice, starting with airway, breathing, bleeding, and circulatory status. Appropriate stabilizing measures will be instituted.
5. If camper requires staff transport to the emergency room, but not by ambulance, see Staff Transport policies on page 53.
6. If camper is transported by an ambulance, see Ambulance Transportation protocols on page 53.
7. Once the event is complete, all involved individuals will complete a Quality Improvement form within 24 hours.

Diabetes-Related Emergencies

1. If symptoms suggest severe hypoglycemia (seizure, unconsciousness, convulsions, confusion), administer Glucagon immediately.
2. Announce medical emergency over radio and request immediate assistance. a. All medical staff, especially licensed staff, should immediately report to the scene if safe to do so and it would not be leaving campers unattended.

3. Check glucose level immediately.
4. Hypoglycemia:
 - a. If camper is able to swallow, administer glucose gel.
 - b. If camper cannot swallow, administer Glucagon.
 - i. 1mg for campers >100 lbs.
 - ii. 0.5mg for campers <100 lbs.
5. If camper is unconscious, turn camper on their side to protect airway from aspiration.
6. Monitor glucose level.
7. If no response to first Glucagon treatment, repeat treatment after 10 minutes. a.
Request for someone to call 911 and request an emergency rescue squad. b.
Newbury EMS: 440-564-2261 or 911.
8. The Healthcare Director will follow Ambulance Transportation policies.
9. Once the event is complete, all involved individuals will complete a Quality Improvement forms within 24 hours.

Contacting Guardians

- Guardians will only be contacted for medical-related concerns by the Healthcare Director unless delegated to do so. The Healthcare Provider can also contact guardians, but must alert the Healthcare Director beforehand.
- Guardians will be contacted if:
 - A camper is transported by ambulance to a medical facility.
 - Before a camper is transported by two staff members to a medical facility.
 - Advised by a licensed Healthcare Assistant at the discretion of the Healthcare Director.
 - Requested by the Healthcare Provider.
 - The camper has had a severe diabetic episode (hypoglycemia).
 - Before instituting any major or fundamental changes in insulin type, timing, or frequency that might impact home management plans.
 - If prescribing a new medication (other than OTC).
 - Any other situation deemed important by the Healthcare Director.
- Guardians will be contacted promptly and given all accurate and pertinent information about their camper's health, location, and treatments administered.

Transportation

Ambulance Transportation

- An ambulance will be called at the request of a licensed Healthcare Assistant, the Healthcare Director, the Healthcare Provider, and/or the Camp Director.
- Once an ambulance has been dispatched and it is reasonably possible, alert the Healthcare Director immediately.
- At least one staff member should accompany the camper in the ambulance. A second staff member should follow the ambulance in another vehicle.

- It is the responsibility of the Healthcare Director to ensure the following items make it to the hospital with the camper (either with them in the ambulance or the staff following):
 - Receiver and/or PDM for their CGM/insulin pump.
 - All pertinent medical forms and information including allergies, medications, permission to treat, insurance forms, and guardian(s) contact information.
 - Any medications the camper is currently taking.
 - Diabetes management supplies.
- The guardian(s) will be notified by the Healthcare Director as soon as reasonably possible.
- All staff involved will need to complete a Quality Improvement Form following the event.

Staff Transportation

- The Healthcare Provider will make the decision if a camper needs to be transported to a medical facility (non-emergency). This can be in coordination with the camper's guardian(s) if able to contact.
 - If a camper needs to be transported, alert the Healthcare Director immediately. If not already contacted, they will then contact the guardian(s). The guardian(s) can decide if they want to transport their camper if they can do so in a reasonable amount of time.
- The Healthcare Director will delegate TWO staff members over the age of 18 to go with the camper. The driver must have a valid driver's license and a legal and reliable vehicle. The Healthcare Director will make sure to have the contact information for both staff members handy so it can be accessed quickly if needed.
- It is the responsibility of the Healthcare Director to ensure the following items make it to the hospital with the camper:
 - Receiver and/or PDM for their CGM/insulin pump.
 - All pertinent medical forms and information including allergies, medications, permission to treat, insurance forms, and guardian(s) contact information
 - Diabetes management supplies.
- All staff involved will need to complete a Quality Improvement Form following the event.

Parent Transportation

- If a parent wishes to transport their camper to a medical facility, they are welcome to do so. The Camp Director must be notified, and they will develop a plan with the guardians about if the camper will return to camp or not.
- If a parent is going to transport their camper, alert the Healthcare Director.
- It is the responsibility of the Healthcare Director to ensure the following items make it to the hospital with the camper:
 - Receiver and/or PDM for their CGM/insulin pump.
 - All pertinent medical forms and information including allergies, medications, permission to treat, insurance forms, and guardian(s) contact information.
 - Diabetes management supplies.
- All staff involved will need to complete a Quality Improvement forms Form following the event.

Medical Operations

Clinic

The goal of the clinic is to keep the campers with their cabins and at their activities as much as possible without compromising health or safety.

There will be at least one medical staff member in the clinic at all times while it is operating. If there will be no staff in the clinic, the supply room should be closed and locked.

There will be a satellite clinic located at the Boat House. This area will be stocked and fully prepared to conduct blood glucose checks, treat campers, and respond to any T1D or first-aid emergencies. Pump site changes will not be done in the satellite clinic, but rather will only be done in the main clinic.

Opening the Clinic

1. Clean and disinfect all surfaces, handles, doors, benches, chairs, and anything that will be touched often.
2. Wash bed linens and make beds. Change after each use and session.
3. Check all cabinets for expired medications and supplies. Discard any expired and update inventory tracking.
4. Inventory all supplies, medications, and insulin and document.
5. Ensure all supplies are fully stocked.
6. Clean and restock all supply boxes and bags that are distributed out in the field.
7. Disinfect, calibrate, and check the battery on all glucometers (calibration only to happen at the beginning of summer).

Clinic Refrigerator

- Insulin will be stored in the clinic refrigerator, except for insulin pens that have been assigned to a camper and labeled accordingly.
- No food or beverage products are allowed to be stored in the clinic refrigerator at any time.
- A thermometer will be kept in the clinic refrigerator at all times with an external display. If the thermometer is suspected of malfunctioning or being inaccurate, it will be fixed or replaced immediately.
- While summer camp is in session, a daily log of the clinic refrigerator's temperature will be checked and documented daily. This will be done by the night medical staff. The log will document the date and time of observation, initials of the individual performing the check, and the temperature recorded.
- The approved temperature range that the clinic refrigerator needs to be at all times is between 36° and 46° Fahrenheit.
- If the temperature of the clinic refrigerator is outside of the approved range, notify the Healthcare Director immediately.
- In the case that the temperature rises above the approved threshold of 46° Fahrenheit and it cannot be fixed within a reasonable amount of time, the Healthcare Director will be notified. They will communicate with the kitchen staff to empty the refrigerator in the Dining Hall of all food and beverage products, and will promptly move the insulin to that

location. A sign will be placed on the door and the door will be locked until the insulin is able to be moved back to the clinic refrigerator.

- In the case that there is a power outage, the clinic refrigerator is to remain closed and the temperature will be regularly monitored through use of the external thermometer display. Once the temperature drops below the threshold, ice will be added to the refrigerator to maintain internal temperature. If the power outage lasts a considerable amount of time, the insulin will be moved to another location that has power until it is able to be returned.

Inventory and Supplies

- All supplies to be used for the care of campers must come from the clinic or Camp Ho Mita Koda. Outside supplies must be approved by the Healthcare Director before use.
- If a camper or their guardian(s) request the use of special outside supplies, it must be approved by the Healthcare Director.
 - All supplies will be kept off the floor and all medications will be kept in a locked area.
 - All supplies will be organized using the First-In-First-Out (FIFO) method, meaning items will be organized by expiration or received date with the earliest being in the front.

Inventory Protocol

- Inventory will be conducted before the first camp session and after each session ends. Everything will be carefully documented in a record keeping system.
- Check all expiration dates. If any items are expired, remove them from the supplies and document.
- If the current count has fallen below the critical level, be sure to immediately notify the Healthcare Director.
- All medications and items should be clearly labeled on the outside of the packaging with either the expiration date or the received date.

Receiving Supply Deliveries

- All deliveries should be received in person by the Executive Director, Camp Director, Healthcare Director, or another designated individual.
- All supplies should be checked against the packing slip/delivery form, if available.
- All items will be labeled with expiration date (or received date) for easy viewing.
- Inventory of new items will be updated in the system as soon as possible.
 - All supplies will be organized using the First-In-First-Out (FIFO) method, meaning items will be organized by expiration or received date with the earliest being in the front.
 - Any packing slips or delivery forms will be given to the Healthcare Director to be filed.
- Supplies that are donated must go through the Healthcare Director. They will check for any defects, tampering, and expiration dates.
- If the donated supplies are ones that are currently being utilized, they may be added to the clinic supplies and the inventory record will be updated.
- If the donated supplies are not utilized, they will be set aside for distribution.

	Cabin box	Tackle box	Backpack	Activity Area Boxes	Dining Hall
Glucagon	Yes - BAQSIMI	Yes	Yes	Yes	Yes
Epi-pen	1 pen	1 pen	1 pen	1 pen	2 pens
Glucose Meter	3 meters	4 meters	2 glucose 1 ketone	4 meters	4 meters
Glucose test strips	3 bottles	4 bottles	2 bottles	4 bottles	2 bottles
Alcohol swabs	20+ swabs	40+ swabs	20+ swabs	40+ swabs	40+ swabs
Lancets	20+ lancets	40+ lancets	20+ lancets	20+ lancets	20+ lancets
Sharps container	No	No	1 small container	Yes	1 at each table
Ketone strips (urine)	No	No	1 container	No	No
Ketone strips (blood)	No	No	1 container	No	No
Band-aids	10+	20+	10+	20+	10+
Hand sanitizer	1 bottle	2 bottles	1 bottle	2 bottles	2 bottles
Gloves	2 pairs	2 pairs	2 pairs	5 pairs	3 pairs
Biohazard bag	No	No	1 bag	3 bags	No
Tabs	2 bottles	4 bottles	2 bottles	3 bottles	1 bottle
Glucose gel	2 packets	2 packets	1 packet	1 packet	1 packet
CPR Face shield	1 shield	1 shield	1 shield	1 shield	1 shield
Pen Needles	No	No	No	No	20+
Coban wrap	1 roll	2 rolls	2 rolls	2 rolls	No
Tissues	No	No	1 packet	2 packets	No
Gauze	1 sleeve	2 sleeves	1 sleeve	1 sleeve	No
Medical tape	1 roll	No	1 roll	1 roll	No
Notebook and pen	No	No	Yes	No	No

Camp and Activity Supplies

- All supply areas will have appropriate supplies to manage T1D, respond to a diabetes emergency, conduct blood glucose checks, and attend to minor first aid needs.
- Each cabin will have a medical backpack with them at all times, except for when in the

cabin. The medical staff member will be responsible for keeping the backpack with them. If there is no medical staff with a cabin, the backpack will be given to the counselor until another medical staff arrives. Each medical staff member assigned to a cabin will be responsible for returning their cabin's backpack to the clinic at the end of each day. It is the responsibility of the night medical staff to clean, organize, and restock all backpacks.

- There will be a tackle box filled with medical supplies at the lake, pool, and rock wall during all activity hours. It is the responsibility of the medical staff to bring the tackle boxes back to the clinic at the end of the day. It is the responsibility of the night medical staff to clean, organize, and restock the tackle boxes each night.

- There will be supplies stored in a locked container located in the Dining Hall for use during bolusing before mealtimes. Insulin pens and camper medications will also be stored in the container, only to be accessed by a licensed medical staff member. It is the responsibility of the Clinic Supervisor to restock supplies in the container each day.

- Each cabin will have a supply box with all necessary medical supplies. If a cabin box is running low on supplies, it is the responsibility of the counselor to alert the medical staff during the week.

- Each activity area will have a box with back-up medical supplies. This box will be kept in an area that it is sheltered and out of the weather, and also easy to locate. It is the responsibility of the medical staff to check and restock the boxes at the end of each session. The following areas will be:

- Pavilion
- Arts & Crafts
- Outdoor Education
- Archery Range
- Sling Shots Range
- Tree house

Medications

Medication Supply Items

- Medications and treatments to be stocked in the clinic will be determined by the Health Policy Committee prior to each summer.
- The Healthcare Director will work with the Health Policy Committee to submit donation requests to various hospital systems and distributors.
- Any required medication that is not donated or that needs to be repurchased throughout the camp season will be purchased or approved for use by the Healthcare Director.
- The use of medication or treatment substances outside of what is provided by Camp Ho Mita Koda is strictly prohibited unless approved by the Healthcare Director.
- If a prescription medication is needed during the camp season, the Healthcare Provider can write a prescription for the specific camper to be used at camp.

Storage, Administration, and Documentation

- All medications will be stored in a locked cabinet or refrigerator that is not easily

accessible to the public.

- o All cabinets/refrigerators are to remain locked and secured when not in use.
- o It is the responsibility of the Clinic Supervisor to monitor medication cabinets/refrigerators.
- All medications, controlled substances, and dangerous drugs previously prescribed to individuals at camp will be kept in the clinic in a locked cabinet.
 - o Exceptions to this include medications that an individual is required to carry with them at all times, such as an epi-pen or asthma inhaler.
 - o Medications for campers brought from home will be administered by the Clinic Supervisor at the appropriate time and documented accordingly.
 - o Staff and volunteers with medications will be responsible for coming to the clinic to receive their medications.
- All administration of medications will be fully and accurately documented.
 - o Medications administered by a licensed medical staff member will be documented and contain the name, strength, dosage form, and quantify of the drug administered, the name of the receiver, the date, and name of the person administering.
 - o If administering medications to a camper, documentation will be added to their electronic medical records.
 - o If administering to a staff or volunteer, documentation will be added to a paper record tracker and kept in the clinic.
- Other treatments that are not considered medications can also be kept in the clinic for storage, but can be used in the field as needed. Examples include sunblock, bug repellent, and aloe vera.

Medical Documentation

Electronic Medical Record System

- An electronic medical record (EMR) system is maintained for each camper through the camp season. These medical records are legal documents that are kept on file for 10 years. For this reason, all medical documentation must be accurate and comprehensible.
- Only medical staff will have access to the EMR system unless approved by the Healthcare Director.
- Each camper's profile in the EMR must contain the following information:
 - o Name, cabin, and picture.
 - o If a camper is non-diabetic.
 - o Insulin dosages (determined by the Healthcare Provider, includes long-acting insulin).
 - o Allergies (dietary, medication, and environmental).
 - o If camper is on a pump or injections.
 - o Daily medications (dosages, frequency, route, etc.).
- Campers' profiles will be established before the check-in occurs, and populated with further information during the check-in process (see Check-In on page 69).
- Any and all medical intervention done by staff members must be tracked in the EMR system. This includes but is not limited to all blood glucose checks (even if they are

in-range), pump-site changes, administered medications (PRN, OTC, or prescription), first-aid treatment, and administered insulin.

- It is the responsibility of the medical staff assigned to the cabin to make sure all information is input into the system and is accurate. If the medical staff is on break, they should converse with the staff member who covered them once they return. Additionally, medical staff should have close communication with counselors to track if they provided any treatment for campers.
- Activity should be input into the EMR as soon as reasonably possible (preferably immediately after), and in less than 12 hours of the occurrence, unless requested sooner by the Healthcare Provider or Healthcare Director.
- At Check-out, guardians can choose to be emailed a summary of their camper's EMR chart (can be done through the system).
- If incorrect or inaccurate information is accidentally input into the EMR and it cannot be changed or updated, alert one of the Medical Leadership Team for assistance.
- Knowingly and purposefully inputting inaccurate information with devious intent is a very serious offense. Any knowledge of such activity should be reported to the Healthcare Director immediately and will be punitively dealt with appropriately (see Insubordination on page 63).

Quality Improvement Forms

Quality Improvement forms have four main purposes:

1. To provide valuable data that can help camp identify trends, analyze root causes of an incident, and make necessary adjustments to policies, procedures, and training materials to prevent similar incidents from occurring.
2. To inform the Healthcare Department of unidentified health or safety risks, hazards, or threats that need to be addressed.
3. To serve as legal documentation of all camp involvement of an event if required by a court.
4. To provide written accounts of behaviors to demonstrate patterns, or to report any insubordination and/or consequences of staff, volunteers, or campers.

Quality Improvement forms should be completed in the following scenarios:

- Any deviation from medical and/or camp policy or protocol, no matter how small of an incident.
 - Includes all near-misses, accidents, or misconduct.
- Any medical emergency call (internal or external).
- Severe hypoglycemia, glucagon administration, and/or seizure.
- Any behavior/incident that resulted in physical harm to someone.
 - Includes all needle-stick injuries.
- Exposure of a person with a known severe allergy to that allergen such as a food item or medication.
- Suspected physical, emotional, or sexual abuse/ reports of abuse.
- Transportation of a camper off camp property by a camp staff due to a medical reason.
- Camper is sent home due to a medical reason.
- Medication or insulin dosage error.

- An emergency evacuation or sheltering due to fire or severe weather conditions.
- A missing person for a significant length of time (camper, staff, volunteer, or visitor).
- Insubordination of a staff, volunteer, or camper.
- Termination of employment or dismissal of a volunteer.
- Failure of safety equipment.
- Any act that violates the law.
- Damage to camp property.
- Any other reason that the Healthcare Director requests a Quality Improvement form be completed.

Quality Improvement forms will be completed immediately following an incident, but no more than 24 hours after the completion of the event. Witnesses to the incident will submit a written account and signed statement. Guardians will be contacted by the Healthcare Director as soon as possible but within four hours of serious medical incidents involving a camper.

Staff Policies

All staff policies laid out in this manual are supplemental to the Camp Ho Mita Koda Staff Handbook.

Qualifications

All staff and volunteers are required to complete the following:

- Completion of an application and profile in the online system.
 - Providing contact information for three qualified references.
- Completion and clearance of an online background check.
- Completion of an Online Child Abuse Awareness Training.
- Completion of pre-season staff training as required.
- Completion of all required onboarding paperwork through the online system.

Licensed Definitions

Healthcare Provider

A Healthcare Provider can be any of the following:

- A physician with experience with type 1 diabetes (specifically with insulin dosages).
- A Physician's Assistant (that is acting in accordance to the law regarding supervision).
- A Nurse Practitioner with their Certified Diabetes Care and Education Specialist (CDCES).
- A Nurse Practitioner that the Medical Committee deems experienced and educated enough to serve as the Healthcare Provider.

Licensed Staff

A licensed medical staff member is defined as someone who holds a current and state-specific licensed of any of the following:

- Licensed Practical Nurse (LPN)
- Registered Nurse (RN)
- Nurse Practitioner (NP)
- Physician’s Assistant (PA)
- Pharmacist
- Paramedic
- Certified Diabetes Care and Education Specialist (CDCES)
- Fellow
- Resident (but does not count towards the licensed staff ratio)

The following do not count as a licensed medical staff member:

- Student (medical, nursing, nutrition, etc.)
- Dietician
- State-Tested Nurse Aide (STNA)
- Massage Therapist
- Chiropractor
- Physical Therapist (PT)

The Medical Committee reserves the right to approve or deny any additions or exceptions to the above information.

Ratios

Medical staff to camper ratios must be reviewed and modified by the Medical Committee at the conclusion of each camp season to govern the following camp season.

Each session of summer camp must have at least one Healthcare Provider. Covering providers are able to utilize multiple providers in order to cover the week, but there must always be at least one covering. It is preferred that providers stay on-site for the duration of camp, or minimally are on-site to do the rounding. It is required that all Healthcare Providers be within 30-minutes of camp at all times during the session so they can respond promptly to any major health concerns, even if they are consulting over the phone.

The following are the currently-approved medical staff to camper ratios minimally required in order to operate camp. It is always the goal of the Healthcare Department to provide more medical staff than necessary.

	Per 16 Campers	Per 64 Campers	Camper Ratio
Licensed Staff	2	2	1 to 32
Unlicensed Staff	3	7	1 to 9
Total Medical Staff	5	9	1 to 7

Expectations of all Staff

All medical staff and volunteers will be responsible for the following:

- Be an active part of the medical team to ensure the health and safety of all campers and staff.
- Promptly respond to, treat, and/or assist with (based on scope of practice) camper medical concerns or health emergencies including accidents, high and low blood glucose, illness, etc.
- Document accurate medical-related interventions in the EMR.
- Provide education to campers and staff about treatment, care, and management of T1D.
- Participate in camp activities to enhance camper experience and provide medical support as needed.
- Follow all protocols outlined in the medical manual.
- Attend pre-season medical training.
- All other duties assigned by the Healthcare Director, Medical Director, or Camp Director.
- Assist with all check-in and check-out procedures.

Insubordination

The purpose of this policy is to establish guidelines for appropriate behavior and professional conduct within the Healthcare Department. Insubordination undermines teamwork, patient care, and camp safety. This policy applies to all of the medical team, including staff, volunteers, support personnel, and anyone who is representing Camp Ho Mita Koda in a medical role.

Insubordination is defined as the willful disobedience, disrespect, or refusal to follow instructions from superiors.

1. Respectful Communication:
 - All medical team members must communicate respectfully with other staff, volunteers, superiors, campers, and families.
 - Disagreements should be addressed professionally and privately. Leadership staff can be consulted for assistance.
2. Compliance with Instructions:
 - Staff members must promptly follow instructions given by superiors related to healthcare, camp policies, and safety protocols.
 - Failure to comply may result in disciplinary action.
3. Dispute Resolution:
 - If a staff member disagrees with an instruction, they should discuss it privately with the superior.
 - Public challenges or defiance are unacceptable.
4. Reporting Insubordination:
 - Any incidents of insubordination should be reported to the Healthcare Director.

- o Documentation will be maintained for reference.
5. Consequences:
- o Insubordination may result in verbal warnings, written reprimands, or immediate dismissal, depending on the severity at the discretion of the Healthcare Director.
 - o Repeated incidents will lead to progressive disciplinary action.

Healthcare Providers

Tasks and responsibilities of the Healthcare Provider include participating with camper intake history and physicals (as needed/if not completed prior to check in) on the first day of the session and developing a diabetes management plan for each camper. Orders will also be written for the care of non-diabetes related medical problems, as indicated.

The Healthcare Provider will systematically review campers' glucose/insulin records and any other health issues daily or on alternate days. Rounds are typically conducted in the afternoon and may be performed in-person or remotely via review of the EMR system, as available. Adjustments to the campers' insulin doses will be made as needed during the camp session.

- Make appropriate changes to campers' correction ratios while they are at camp.
- Assist with all diabetes management tasks such as checking glucose, administering hypoglycemia and hyperglycemia treatment, preparing and administering insulin doses, pump-site changes, and other duties as assigned.
- Promptly respond to, treat, and/or assist with camper and staff medical concerns or health emergencies including accidents, high and low blood glucose, illness, etc.
- Write prescriptions for medications as needed.
- Assess campers and staff and administer OTC and PRN medications per physician orders.

Residents & Fellows

Residents are licensed staff who do not count towards the medical staff to camper ratio unless approved by the Medical Director. Their purpose is to gain experience and learn from the Healthcare Provider.

- Assist the Healthcare Provider with rounding and changing correction ratios for each camper.
- Assist with all diabetes management tasks such as checking glucose, administering hypoglycemia and hyperglycemia treatment, preparing and administering insulin doses, pump-site changes, and other duties as assigned.
- Document accurate medical-related interventions in the EMR.
- Assist Healthcare Clinic Assistant with administering home prescription medications.
- Assist with general medical tasks (assessment, treatment, medications).

Training and Skills Checks

All medical staff members must successfully complete the entirety of the medical training each year. This includes any online modules, quizzes, in-person trainings, and skills checks. Failure to successfully complete any portion of the medical training will result in contract termination.

Training will minimally cover the following topics:

- Type 1 Diabetes basics and overview.
- Technology usage, management, and troubleshooting.
- EMR data input.
- Glucagon administration.
- Insulin administration.
- Carb counting and mealtime procedures.
- Skills checks (see below).
- Camp operations, policies, and procedures.
- Universal Precautions and the Exposure Control Plan.

All medical staff members will need to successfully learn and demonstrate various skills and be checked off by a licensed medical professional before being able to carry out these skills at camp. Below is a list of the minimum skills checks each person will need to complete:

- Glucose checks – properly using a glucometer to check another person’s blood glucose.
- Glucagon – properly administering various forms of glucagon that will be available at camp.
- Insulin calculations – using different factors to correctly calculate the number of units of insulin a person should receive (carbohydrate and correction boluses).
- Insulin pen injection – correctly drawing up a certain number of units of insulin, priming the pen, and administering an injection.
- Insulin syringe injection – correctly drawing up a certain number of units of insulin and administering an injection. Note: even though only licensed medical staff are permitted to give insulin injections, all staff will complete the skills checks.
- Pump Site Changes – successfully perform a pump site change for different pump types.
- Epi-Pen – properly administer an Epi-Pen.

Staff Health Policies

A staff health history form will be completed by each employee prior to the start of camp. Immunization information will be based on historical recall, unless more exact information is required upon medical review of the history form. This medical history form will be individually reviewed with the employee by the Healthcare Provider, at which time the employee will be generally inspected for gross signs of communicable illness or injury. For employees <18 years of age, their medical history form will be signed both by them and by their parent or legal guardian.

Medical staff are expected to take reasonable measures to ensure their own personal health. Medical staff will be responsible for self-management of their diabetes and other medical conditions, unless they request assistance. Staff medications, including diabetes supplies, will be

kept locked in the clinic, unless such medications can be securely maintained, away from camper access. Staff and volunteers with medications will be responsible for coming to the clinic to receive their medications.

Medical staff who are experiencing symptoms that suggest possible illness must report their symptoms to the Healthcare Director and/or the Healthcare Provider before engaging with campers and other staff members.

Employees whose duties might expose them to blood-borne infection will be given the opportunity to receive hepatitis B vaccination (if not already immunized), and will be provided with an educational program on the prevention of blood-borne infection.

Scope of Practice

It is important that all medical team members understand their role and scope to ensure campers' needs are being safely met within all applicable laws and rules governing nursing and medical practice. The following policies have been derived utilizing both the Ohio Revised Code and the Ohio Administrative Code after extensive review, collaboration, and discussion amongst Camp Ho Mita Koda leadership and Medical Committee members.

The following is a chart that outlines the scope of practice for Camp Ho Mita Koda staff and campers.

DS - Under Direct Supervision
EM - Emergency Use Only

Diabetes Management and Care	Healthcare Provider	Resident	Licensed Medical Staff	Unlicensed Medical Staff	Nutrition Assistant	Camp Staff	Camper
Count carbohydrates	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Check glucose using CGM	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Check glucose using glucometer	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Treat hypoglycemia using food/tabs/gel	Yes	Yes	Yes	Yes	Yes	Yes	DS

Treat hypoglycemia using mini-gluc	Yes	Yes	Yes	DS			
Treat hypoglycemia using Glucagon	Yes	Yes	Yes	Yes	Yes	EM	EM
Administer ketone urine test	Yes	Yes	Yes	Yes	Yes		

Determine results of ketone urine test	Yes	Yes	Yes				
Administer ketone blood test	Yes	Yes	Yes	Yes	Yes		
Determine results of ketone blood test	Yes	Yes	Yes	Yes	Yes	Yes	Yes

Insulin Administration	Healthcare Provider	Resident	Licensed Medical Staff	Unlicensed Medical Staff	Nutrition Assistant	Camp Staff	Camper
Equate insulin calculations	Yes	Yes	Yes	Yes	Yes	DS	
Check insulin calculations	Yes	Yes	Yes	Yes	Yes	Yes	
Draw insulin dose with pen	Yes	Yes	Yes	Yes	Yes		Yes
Check insulin dose with pen	Yes	Yes	Yes				
Draw insulin dose with syringe	Yes	Yes	Yes				
Check insulin dose with syringe	Yes	Yes	Yes				

Administration of insulin via pump	Yes	Yes	Yes	Yes	Yes	DS	DS
Administration of insulin via pen	Yes	Yes	Yes	Yes	Yes		DS
Administration of insulin via syringe	Yes	Yes	Yes				DS

Technology	Healthcare Provider	Resident	Licensed Medical Staff	Unlicensed Medical Staff	Nutrition Assistant	Camp Staff	Camper
Conduct a CGM/pump site change	Yes	Yes	Yes	Yes	Yes		DS
Input dosages (from provider) into pump	Yes	Yes	Yes	Yes	Yes		DS
Make changes to dosages	Yes						

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First Aid Administration	Healthcare Provider	Resident	Licensed Medical Staff	Unlicensed Medical Staff	Nutrition Assistant	Camp Staff	Camper
Epi-Pen	Yes	Yes	Yes	Yes	Yes	Yes	EM
Asthma inhaler	Yes	Yes	Yes	EM	EM	EM	EM
Home medication	Yes	Yes	Yes				
Prescription/OTC medication	Yes		Yes				
Supplements (Melatonin)	Yes	Yes	Yes	Yes	Yes		

Topical medications to open wounds	Yes	Yes	Yes				
Topical medications to closed wounds/bug bites	Yes	Yes	Yes	Yes	Yes		DS
Burn cream, aloe vera, sunscreen, bug spray	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Band-Aids	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Ice/heat pads	Yes	Yes	Yes	Yes	Yes	Yes	DS

Nutrition	Healthcare Provider	Resident	Licensed Medical Staff	Unlicensed Medical Staff	Nutrition Assistant	Camp Staff	Camper
Determine carb counts for meals	Yes	DS	DS	DS	Yes		
Determine food substitutes	Yes	DS	DS	DS	Yes		DS
Decide snacks	Yes	DS	DS	DS	Yes		

Check In and Check Out

Prior to arrival at Camp, each child’s guardian completes a medical history form. At intake, this information is reviewed, and the camper undergoes a targeted physical examination. At the conclusion of this intake evaluation, a diabetes and general health care plan is created for each camper.

Check-In

- Health Checks:
 - Each camper will receive a full health-check by a medical staff member. This includes checking for lice, previous injuries, eyes, feet, and their weight. Any and all findings will be recorded in the camper’s profile in the EMR system.
 - If a camper is found positive for lice, they will be treated in the clinic and allowed to remain at camp unless otherwise specified by their guardian(s) or the Healthcare Provider.
- Medications:

- o Camper medications will be turned into a licensed medical staff member. All medications, including dosages, times, and frequency will be recorded in the EMR.
- o All medications will be labeled with the camper's name (if not done already). If there are more than one medication, they will be placed in a zip lock bag labeled with the camper's name and cabin.
- o For any controlled substances, the licensed medical staff member will fill out a controlled substances form with the camper name, type of medication, and the specific amount that is being brought to camp and have a guardian sign.
- o Allergies:
 - Medical staff will inquire with the guardian(s) about any food, medication, or environmental allergy.
 - If the camper has a food allergy, they will be given a yellow wristband with the specific allergy clearly written on the band. The camper will be expected to wear this for the duration of the camp session.
 - All food, medication, and environmental allergies will be recorded in the EMR.
- Diabetes Supplies:
 - o All diabetes supplies will be turned into medical staff to be labeled with the camper's name and cabin and recorded in the EMR.
 - o Multiple supplies from one camper can be put into a zip lock bag with the camper's name and cabin.
 - o Medical staff will ask the guardian(s) when the next CGM site change and pump site change is due. This information will be recorded in the EMR. If any of the changes happen after camp, there is no need to log them.
- Technology Devices:
 - o All technology devices will be clearly labeled with the camper's name and cabin, put into labeled bags, and recorded in the EMR.
 - o The Healthcare Director reserves the right to decide if a camper's phone, PDM, and/or insulin pump will have a passcode or not.
 - o All diabetes data sharing will be suspended while the camper is at camp, such as Dexcom Follow. Exceptions to this rule can be made with approval of the Healthcare Director.

Dosage Changes

- All changes to a camper's insulin dosages must be done by a Healthcare Provider approved by the medical committee.
- All original settings will be recorded on the camper's dosage form. Changes to settings will also be recorded on the form as well as in the EMR and on the camper's device(s).
- Changes to insulin dosages can be based on information/requests from the camper's guardian(s), past camp data, and/or the standard reduction provided by the medical committee.
 - o Campers receive a 20% reduction, and the targets will be changed for campers

with the following insulin pumps:

- OmniPod 5 – If starting at 110, change to 140. If starting at 150, change to 150 (consider setting target higher overnight).
- Control IQ – 110.
- iLet – 130 (option labeled “higher than usual”):
 - For campers using an iLet, the Healthcare Provider will talk with the family to figure out a range of carbs that a “usual,” “less than usual,” and “higher than usual” meal would be for all three meals.
- Medtronic 780 – no change in target.
- Campers will not be automatically put into activity/exercise mode during check-in except for campers on Medtronic 780 (“temp target” for all day and all night). The Healthcare Provider can choose to put the camper in activity/exercise mode if they find it necessary.

After Check-In

- All supplies, medications, and forms will be immediately brought to the clinic. Medications must be accompanied by a licensed medical staff member.
- Campers’ diabetes supplies will be stored in the clinic in their specific cabin boxes.
- Medications will be placed securely in the medication cabinets.
- Forms and paperwork will be given to the Healthcare Director to organize and file appropriately.
- All campers that do not have an insulin pump or require basal insulin will be assigned a new insulin pen that is clearly labeled with the camper’s name and cabin. See more about insulin pens on page 16.

Check-Out

At the conclusion of each camping session, campers’ guardians will be provided with home-going instructions. They will be given the option to have details on any medical events and home going insulin doses emailed to them.

Medical staff will ensure that the following are prepared before check-out:

1. Ensure all records are complete in the EMR and ready to be emailed.
2. Make sure all home-going instructions with reminders for pump settings changes are completed by the Healthcare Provider.
3. Put all diabetes supplies, pump supplies and insulin pens in plastic bags labeled with campers’ names. Put bags in the cabin boxes.
4. Details of supplies used during the session will be provided in the emailed report.
5. Medications will be ready to return to campers. All controlled substances will need to be picked up in the clinic. A licensed medical staff member will record the amount of medication that is being returned on the controlled substances form and a guardian will sign.

When guardian(s) arrive:

1. Provide home-going instructions. Direct all parent questions to the Healthcare Provider or the Healthcare Director.
2. Ask if they want to be emailed a copy of their camper’s medical record while at camp. If yes, enter their email into the EMR.
3. One medical staff member from each cabin will return supplies and medications to the

guardian(s).

Campbulance Usage

- The golf cart, also known as the “Campbulance,” is the property of Camp Ho Mita Koda.
- Only camp staff that are 18 or older are allowed to drive the Campbulance. Under no circumstances should a camper ever drive the Campbulance.
- The priorities of the Campbulance are as follows:
 - For responding to emergencies that occur at camp
 - For picking up and delivering campers or staff to the clinic in the event of an injury, illness, or diabetes-related event that requires treatment in the clinic
 - For transporting campers who are experiencing low blood glucose from one area to another
 - For delivering non-time-sensitive supplies
 - All other purposes as deemed appropriate by the Healthcare Director
- If the Campbulance is being used for a lower-priority task and an emergency occurs, it is expected that the vehicle will stop and respond to the emergency.
- The Healthcare Director reserves the right to revoke any staff member’s driving privileges. Reasons for this can include, but are not limited to, if a staff member is found recklessly or irresponsibly operating the Campbulance, or utilizing it for an unintended purpose.
 - Staff members may be held fiscally responsible for any damages that happen to the Campbulance during their use due to negligence, recklessness, or willful misconduct.
- The Campbulance will be parked outside of the clinic when it is not in use.
- The Campbulance will be plugged in to charge overnight unless in use or in the event of bad weather.
- If a camp staff member uses the Campbulance, they must have a radio with them at all times.

Common-Sense Rules for the Campbulance:

- Respect the vehicle at all times.
- All passengers must be properly seated in a designated seat before the vehicle can begin moving. Passengers may not stand or hang off of the vehicle. Nobody is permitted to jump onto or off the moving Campbulance.
- The Campbulance may not carry more than the number of passengers for which it was designed or that are able to fit comfortably. If a seat is being taken by supplies, that is one less person that can be in the Campbulance.
- There can only be the number of individuals in the Campbulance that it comfortably seats. Sitting on laps or on the floor is strictly prohibited.
- Drivers must observe safe driving practices. Proper speed must be maintained, especially when around a group of people or around turns. Do not attempt any unsafe maneuvers.
- No part of the vehicle should leave the ground for any reason, ever.
- Headlights must be used at night or in the dark.

- The Campbulance is to stay on gravel paths and/or grassy areas. Do not go into the woods, thick brush, or water.
- Do not make any modifications to the Campbulance without pre-approval from the Healthcare Director.

Radio Usage

It is the responsibility of the medical staff member to monitor, listen, and respond to any and all pertinent radio communication.

One radio will be assigned to each cabin. When medical staff are present, the radio will be the responsibility of the medical staff member. If the medical staff member leaves the cabin (and there is not someone filling in for them), they will make sure the cabin counselor has the radio.

Radios will always be turned on with the volume at a level that is clearly heard (especially when in a loud activity area), and will be on the proper channel.

1. Emergency Communication Protocol:
 - o Radios are to be used primarily for emergency situations or urgent medical needs.
 - o In case of an emergency, use clear and concise language over the radio to request immediate assistance.
 - o If medical staff need to respond in an emergency, announce a “10-33”.
 - o If specific equipment is needed (Epi-Pen, AED, etc.), be sure to announce that clearly.
 - o If an emergency is in progress, no other radio communications should be used on that channel.
2. Radio Etiquette:
 - o Speak clearly and calmly.
 - o Avoid unnecessary chatter or jokes over the radio.
 - o Do not use foul language or curse words over the radio.
 - o Hold down the “push to talk” button for at least one second before beginning to talk.
 - o If requesting the Campbulance, always specify what it is for and if it is an urgent need or not. Example: do you need the Campbulance for an emergency or to take a camper who is low to their next activity?
3. Radio Check and Battery Maintenance:
 - o Conduct regular radio checks to verify functionality.
 - o Keep spare batteries available and replace them promptly when needed.
 - o Radios will all be charged (but still turned on) in their assigned cabins overnight.
4. Privacy and Confidentiality:
 - o Do not talk about a specific camper or individual over the radio, including sensitive medical information. Ask the other person to switch to a different channel, call on the phone, or meet in person to talk about specifics.
 - EXCEPTION: When trying to find a missing person, the camp director may broadcast the person’s name in an attempt to locate the individual. No other personal or medical information will be broadcast.
 - o Respect privacy and confidentiality at all times.
5. Radio Use During Activities:

- o Medical staff should carry radios during activities involving campers.
- o Radios should be easily accessible and secured (e.g., clipped to a belt or in a designated pouch).
- o Be careful with the radios. They are communication tools, not toys. Do not throw them, play with them, or carry them by the antennas.
- o If a radio is damaged, report it to the Healthcare Director immediately.

Off-Season Events

Teen Weekend

- Campers that attend Teen Weekend will be responsible for monitoring and managing their own diabetes for the duration of the camp. They will bring their own supplies, technology, and treatments with them.
- At least one medical staff member will be present to help campers with any medical assistance they request, or to respond in case of emergency.
 - o The staff member must have Type 1 Diabetes experience, and have been trained on Camp Ho Mita Koda's medical policies.
 - o If the staff member is not licensed, a licensed medical professional must be available and on-call by phone and no less than 30-minutes away from camp.
- If a medical staff member provides medical care to a camper, they should follow Camp Ho Mita Koda's medical policies and procedures.
- Medical staff are not required to do day glucose checks, meal bolusing protocol, overnight glucose checks, or EMR documentation.
- Diabetes and first-aid supplies will be available in the Dining Hall, tackle boxes, and cabin boxes as described on page 56.

Family Camp

- Campers and their family members that attend Family Camp will be responsible for monitoring and managing their own diabetes for the duration of the camp. They will bring their own supplies, technology, and treatments with them.
- At least one medical staff member will be present to help campers with any medical assistance they request, or to respond in case of emergency.
 - o The staff member must have type 1 diabetes experience, and have been trained on Camp Ho Mita Koda's medical policies.
- If a medical staff member provides medical care to a camper, they should follow Camp Ho Mita Koda's medical policies and procedures.
- Medical staff are not required to do day glucose checks, meal bolusing protocol, overnight glucose checks, or EMR documentation.
- Diabetes and first-aid supplies will be available in the Dining Hall, tackle boxes, and cabin boxes as described on page 56.
- If an emergency occurs, the family must be notified immediately and have the right to

decide treatment.

Women's Wellness Retreat

- Attendees of the Women's Wellness Retreat will be responsible for monitoring and managing their own diabetes for the duration of the camp. They will bring their own supplies, technology, and treatments with them.
- No medical staff is required to be at the event.
- Diabetes and first-aid supplies will be available in the Dining Hall, a medical backpack, and cabin boxes as described on page 56.

Fundraisers and Community Events

- Attendees of any fundraisers will be responsible for monitoring and managing their own diabetes for the duration of the camp. They will bring their own supplies, technology, and treatments with them.
- No medical staff is required to be at the event.

Partner Camps

Through their contract with Camp Ho Mita Koda, Partner Camps are able to request the following:

- Medical staff to be on-site (must specify times and if they can be on-call or not)
- The use of first-aid supplies (non-medication) from the clinic
- The use of medications from the clinic

Camper Health

- The partner camp is responsible for bringing fully-completed health forms from campers' guardians and delivering them to the medical staff.
 - These forms will be consulted before any treatment is administered to campers.
- Medical staff will then organize and schedule when each camper receives their home medication, and ensure that all the medication is present.
 - For controlled substances, the medical staff member will count the quantity of medication that was sent, and provide the count of medication that remains at the end of the camp session.
- Medical staff will document when each home medication and PRN medication is administered, the camper's name, dosage amount, medication name, date, time, and symptoms for PRN medications.
- All medication must be kept in a locked cabinet when not in use.

Rentals

- Rentals do not have unlimited access to the clinic, supplies, or medications, unless

otherwise stated in their rental contract with Camp Ho Mita Koda.

- o If an emergency occurs, rentals may access basic first-aid supplies or appropriate treatments (Epi-Pens), but supplies must be replaced after.
- o The Healthcare Director can choose to make basic first-aid supplies available in the clinic.