

## MYDA MANUAL

CREATED 5.27.2021

www.mydiabetesalliance.org



# Section 1: Welcome to Camp MYDA & Mission Statement

## Welcome to the Camp MYDA Volunteer Team

Congratulations on being part of the Volunteer Team at Camp MYDA. We thank you for volunteering to help us this year and we hope that you will find this experience unforgettable. As part of the Volunteer team, you will be participating in both the medical and diabetes care of campers and volunteer who attend Camp MYDA. The medical team is made up of physicians, nurse practitioners, physician assistants, CDE's, pharmacists, dieticians, nurses, experienced parents and students of nearly every discipline. Other teams include activities and programs, support personnel and volunteer organization. There is a very diverse field of experience we are blessed with, making it an optimal learning environment. You will be learning how to care for children, with diabetes (remember, they are children and youth first, not referred to as "diabetic"kids). Most campers with diabetes would not ordinarily be able to attend a summer camp, due to the complexity of their diabetes management and lack of specialty care at most summer camps. Campers need a large amount of support to assist them in managing their diabetes and providing for their optimal health. We provide education along the way in "teachable moments" and try to make the learning part as fun and subtle as possible. You are part of the team to help make that happen. This is not a boot camp for diabetes; it is a place where campers can find support from each other, and learn how to navigate life with diabetes. Our goal is to model diabetes care for them as close to what it should be like at home as we can, from adjusting insulin for activity or menses, to treating hypoglycemia appropriately, to making healthy meal choices, and much more.

The mission of Camp MYDA is based on what the acronym **M.Y.D.A** stands for: Montana Youth Diabetes Alliance.

**Mission:** We are a 501c3 organization that started in 2019 to fulfill the unmet needs of the Montana Type 1 Diabetes community.

Our mission is to enrich the lives of youth with Type 1 Diabetes and their families while offering safe, fun and educational opportunities through camps and other events. MYDA provides financial assistance for out-of-pocket expenses associated with self- management supplies and networking resources to navigate diabetes- related support systems.

### M.Y.D.A

#### Management- support

Campers at Camp MYDA will receive the necessary resources to mentally and physically overcome the everyday challenges of having diabetes.

### Yearning for more fun, friends and making memories

Camp MYDA will never offer a dull moment to children with diabetes. Our summer camp has a ton of activities which will give kids a terrific week of friendship and fun that theywill never forget.

### Daily Camp Fun

Camp MYDA offers all that traditional summer camps offer, plus a whole lot more! Games such as Capture the Flag, Relay Race, and activities like arts and crafts, kayaking, swimming and an exciting campfire are part of the tradition of Camp MYDA.

### **<u>A</u>mazing Care**

Campers will receive optimum diabetes care from local physicians and other health care providers, and also from diabetes educators and dieticians. Campers will have the tools and resources to successfully manage their diabetes while at camp by balancing their activity level with their food and insulin intake.

We hope that your experience at Camp MYDA will also be one that you'll never forget, and we are always hoping to have volunteers return each year. Wherever you go in life, this week's experience will follow you, and we hope you'll cherish it, remembering the difference you made in our children's lives.

Thank you! MYDA Team



## MYDA's Amazing Board Members



### **Tonya Fuhrmann- President of MYDA**

Ive been type 1 since I was 9. For the past 22 years I have been involved with camp. I created MYDA with the help of Karen Giesy Novemeber 2019. March 2020 the 9 person board and 34 person committee was brought together to form the ultimatly best non-profit volunteer group one could ask for. I love spending time with my precious baby boy Cassius Clay (pictured) and my other half Travis. We like to race, adventure and work on projects together.



## Gabe Blomquist PA-Medical Coordinator

I was born in Helena and grew up in the small towns of Harlowton and Ryegate MT. I attended Carroll College in Helena for my undergraduate studies before getting my Physician's Assistant Degree from Rocky Mountain College in Billings, MT. I have worked at Billings Clinic Diabetes and Endocrinology as a PA since 2014, specializing in management of type 1 and type 2 diabetes. I have been part of camp as

medical coordinator since 2015. I am blessed with a beautiful wife Cassie, and two wonderful children, McLain and RoriMae. I love the great Montana outdoors, hunting and fishing is one of my favorite pastimes.



### Merna Terry- Treasurer of MYDA/Projects and Initiatives

I became involved with Type1 when my son was diagnosed in 2016 as a young adult. I feel camp experiences can be some of the best memories and learning experiences available when you are a child. I want to ensure that all kids with T1D can also have an opportunity for those experiences. That is why I am so excited to be involved with MYDA.



### Jonathan Hampton- Vice President and Fundraising Chair for MYDA

My entire family is a large supporter of MYDA and helping families with type 1 diabetes. I grew up and attended college in Florida, moving to Montana in 1992. I am the executive diabetes care specialist with Novo Nordisk. For the past 7 years I have been a volunteer councilor at camp. I have been blessed with SaraJane, my beautiful wife for 23 years. Together we have 2 children, Jaden (17) and Ruby (16). Jaden also volunteers for MYDA as the website digital marketing.



#### Mary Tripp-Secretary for MYDA

Hello! I am Mary, and I have had T1D for 26 years! Camp has been such a passionate thing in my life as I was a camper myself at a young age. I am here to share my life experiences with other kids as well. I have other passions as well, like hunting, fishing, camping, and my family. I have been a cosmetologist for 12 years and an owner of a salon for 6 years, and although T1D can be challenging, I choose to live my best life and have control of it the best I can!



### Jeremy Rolfsmeyer-Marketing Chair Board Member

I am a father of a 13 year old Type One Diabetic named Thaymen. I have been working at Harley-Davidson for the last 7 years as the Marketing Manager and enjoy long walks on the beach. I am very active on a lot of the Online T1 parent support groups, and have been a repeat guest on the Juicebox Podcast. My only goal in life is to make sure my sons life is as full as it can be.



#### Marci Butcher- Board Member/ Projects and Initiatives

I am a registered dietitian and certified diabetes care and education specialist. My career has been entirely with the diabetes world for 31 years now. In addition my husband Jason of now 30 years, was diagnosed a couple years after we were married. I currently work for the MT Diabetes Program at the state health department. My role includes helping increase access to diabetes care and education across the state. I also lead a statewide workgroup on diabetes care at schools. We are blessed with two sons- Andy and Sam. I

enjoy hiking and fishing in north Helena.



## Michele Danichich- MD Board Member/Medical Committee/Projects and Initiatives

Michele is an endocrinologist who has been in practice in Missoula since 1999. She is a Montana native who moved back home after completing her medical training in Seattle, Portland and San Diego. She is a big fan of all of the outdoor opportunities western Montana has to officer and is thrilled to be part of MYDA and helping make Camp MYDA an unforgettable week to look forward to every summer!



#### Susan Nicosia- Fundraising support

Susan M. Nicosia, was appointed city manager of Columbia Falls in June 2011. She has over 30 years serving local governments in different capacities, including external and internal auditor, finance director, elected official, and consultant. She holds a B.O.S Business Admin. Degree and a Masters of Public Administration Degree and is a Certified Public Accountant. Her daughter was diagnosed with type 1 at a young age. She has since then become an advocate for kids with type 1 as she

knows how important it is to have the utmost support for these kids and their families.



#### Karen Giesy- Fundraising Support/ Projects and Initiatives Lead

My name is Karen Giesy. My grandson Jayden was diagnosed with Type 1 diabetes at age 9 and my life changed forever! It was my goal to do what I could to help Jayden have a promising future. That's when Tonya and I decided to start a nonprofit to assist kids and families with TID. I grew up in Rudyard, MT where helping your neighbors was a way of life. It was my good fortune to spend my career working in Glacier National Park. I am now retired and giving back to the community however I can. My life is

great with my husband Roger, son Ryan his fiancé Janay, daughter, Abreon her husband David along with 3 amazing grandchildren Jayden, Jazmine and Dominic.

# Section 2: Coming and leaving from Camp

## **Packing list:**

- Sleeping bag or bedding for a twin bed
- O Pillow
- O Raincoat/poncho/hat/cap
- O Undergarments/ socks (bring extra)
- Sweatshirt(s)/Long-sleeved shirts/short sleeved shirts/ t-shirts
- Jeans/shorts/pants
- O Tennis shoes (maybe an extra pair in case)
- 🔿 Pajamas
- O Swim trunks or one-piece swim suit (camp rule)
- $\bigcirc$  Shower toiletries:
  - o Toothbrush, toothpaste, comb, deodorant, shampoo, conditioner, body soap, chap stick, lotion
  - Shower shoes (crocs or flip flops)
- $\bigcirc$  Towels-1 for shower and 1 for the lake
- O Bug spray/sunscreen
- Flashlight or headlamp with batteries
- Water bottle

## Optional items: Sunglasses, Camera, journal

### **Clothes Not To Bring:**

NO thin-strapped tank tops NO two-piece swimsuits that reveal the naval NO short shorts!

## Diabetes Supplies to bring with you: one for everyday +1 just in case

- O Insulin- current vial that's being used- do not need additional vials
- O Pump supplies- bring extras (ensure your transmitter expiration date is not during camp)
  - Sensors, pump sites, skin tac

## What **<u>NOT</u>** to bring:

- Knives, archery sets, firearms including pellet or air guns
- Cigarettes or tobacco products
- Marijuana, or any marijuana or cannabis product in any form, or any other illegal or controlled products or substances
- O Alcohol
- Fireworks



## BACKPACKING

## CHECKLIST

This is a list of the basic essentials for your backpacking trip. You may choose to bring more, however, keep in mind that their shared community gear and space is limited. Also, it is important to note that specific items of clothing are not needed every day. Pack light!!!

#### CLOTHING<sup>1</sup>

Hiking Boots	□ Underwear (2)
□ Other Shoes (for after hiking: tevas or	□ Wool Sweater, Fleece, Flannel
crocs work great, tennis shoes also work)	or Vest (1 only)
□ Hiking Socks (3 pr. Wool is preferred)	□ Hat or Cap
□ Shorts (for sleeping)	Gloves or Mittens
□ Shorts or Pants (1 for hiking)	□ Jacket or Windbreaker or Rain Jacket
□ Long Pants (wool or fleece)	Bandana
□ T-Shirts (1-2)	Small Washcloth/Towel

□ Long Sleeve Shirt

Keep in mind that cotton fabrics (such as t-shirts and sweatpants) will lose their insulating value once wet. We recommend bringing items made of wool, polypropylene, or polypropylene blends as much as possible. However, you are not expected to purchase a new wardrobe for the trip.

Please be prepared to put away cell phones and other electronics while at camp. If possible, bring a camera that is not your phone. If you have no other options, discuss it with your youth director.

#### PERSONAL ITEMS

□ Sleeping Bag
(Mummy-style rated 15-30°F)
(Able to stuff smaller than ≈ 12"x18")
□ Sleeping Pad (camp has some for use)
□ 2-32oz Water Bottles or

### INDIVIDUAL GEAR & COMMUNITY GEAR PROVIDED BY CAMP

Bear Spray (2)
Bear Bag & Rope
Tents / Ground Tarps

Hydration Bladder (one quart □ Flashlight or Headlamp □ Toothbrush □ Sunglasses □ Lip Balm (SPF 15+) □ Sunscreen<sup>2</sup>(SPF 15+) □ Insect Repellent<sup>2</sup>

Emergency Tarp
 First Aid Kit (with medical release forms)
 Permits/Maps/Menu
 Water Filter(s)

#### **OPTIONAL ITEMS**

Camera
Trekking Poles
Backpack Pillow
Binoculars

### **PROVIDED BY CAMP**

Backpack
Digger & TP
Stove(s)
Fuel Bottle(s)
Food
Cook Gear & Tarp
Utensil Kit & Cups

## **Check-In Procedure**

Prior to camper arrival, the Medical team will have reviewed the camper's record for all required forms and verification of Dexcom check in information.

As a part of arrival and check in with MYDA personnel, the campers and their parent(s) will arrive at staggered times to help the traffic and amount of people at check in. The MYDA team will be assembled to direct check-in traffic to the appropriate age range tables.

When campers arrive, MYDA's volunteer team will have the first stop to check campers temperature and request the verification of negative covid test. If camper has a higher than 100.4-degree F temperature, please find the Medical Director for further questioning. Reason being, summer is hot and it's good to evaluate a camper to ensure the temperature is not just the result of being in the heat.

Please ensure proper documentation of Covid test is provided with the name of the testing site, name of camper, date of birth and test provided with negative results.

Once temperature and covid documentation is reviewed, camper will be directed to the designated table for check in.

All insulin, medications, supplies, pump and CGM should be <u>clearly labeled</u> with the camper's name. Any personal diabetes meters, lancet devices, or syringes should be sent home with the parents.

Verify who will be picking the camper up at the end of camp.

Discuss brief overview of camper's diabetes routine, and if any specific goals are being requested by the parent.

Check in list attached for preview of what to expect when checking in a camper.

## **Check in Checklist**

The team leader will then interview the camper and parent/guardian for the following, completing the camper record:

- □ Allergies to medications, foods, environment, and type of reaction
- □ For any specialty diets questions, they can be directed to the RD team during check-in
- □ Recent exposure to communicable diseases, recent illness or fever; if positive, requires immediate removal from check-in and asked to not continue with the check in process.
- □ Any recent rashes or exposure to lice; if positive, requires further evaluation from the Med Team or further evaluation and questions
- □ Current scheduled medications, dosages, timing; place all medication in a zip-lock bag and labeled with the campers first and last name
- **□** Review and verify current insulin types and dosages
- □ For pumps, list of exact arriving basal rates obtained from the pump- collect serial #
- □ Check time and date on pump
- □ For CGM use, document receiver and transmitter serial numbers, label with camper name
- □ Last site change (if on pump therapy); type of infusion set used
- □ Insulin to Carb ratio, BG correction ratio, and pre-meal BG target range
- Usual pattern for carbohydrate intake at snack times, if any
- Usual symptoms of hypoglycemia, amount of carbs to treat hypoglycemia
- □ Review and verify any recent seizures? Any recent hospitalizations?
- Diabetes skills camper needs help with, as well as ADLs that need assistance
- □ Review of camper/parent concerns, goals for week
- □ Review reasons parent may be notified during the week
- Any special requests or concerns (i.e. routine night testing, special needs, etc.)
- **Constitution** Remind family of rules re: electronic equipment and phones
- □ Review pick-up time with parents, as the entire camp has to be cleared by NOON Friday August 20<sup>th</sup>. Bar-b-que lunch at that time.

## **Check-Out Procedure**

Friday morning, last day of camp, the take-home bags and information will be assembled. Campers will receive selected diabetes supplies and samples based on availability of extra supplies. Their personal supplies and medications, as well as fresh insulin will be placed in the take-home bags as well, when parents arrive to pick them up.

After breakfast on Friday, begin duplicating the appropriate chart documents, to give a copy to the parents. If possible, have your discharge paperwork and camper's items ready by Thursday evening.

Counselor checkout occur when they come through the breakfast line. Please ensure you checkout with the appointed check out team.

Camper checkout will occur with the Med Lead and Medical Support. Volunteer's who have children, campers can check out any time during the morning depending on their schedules.

Review with the parent how the week went; be sure there is a summary statement completed by the Med Lead and Support and discuss any rewards for diabetes care by the camper. Also, review the outgoing insulin settings/dosages, so that adjustments can be made by the parent if needed.

## Recommend that they return to their pre-camp settings over the next several days to avoid hyperglycemia. - medical team to sign off on

Review Checkout check list and verify Medical Lead has signed off on the checkout form

Camper can only be checked out by a parent or previously designated adult guardian (in writing by parent). Proper identification should be presented at checkout for someone other than a parent who is picking up the camper.

If parent is late in picking up a camper, please notify the medical and/or camp director. Due to time constraints at camp, they may have to be transported off site with the medical director.

Encourage	them	to	come	back	next	year!!!
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## **CLEAN-UP AND TAKE-DOWN**

The clean-up process is unfortunately a necessary part of camp each year. Often, the bulk of it is left to a few remaining volunteers. We ask that you remain and help expedite the process so that allof us get to go home on time. We have to vacate the property <u>on Friday by 2 PM</u>. If you need a task to do, please ask your team leader or medical director what you can do to help. Thanks for participating! Again, we could not do this without your help.

Wear your camp shirt on Friday- if it's not too dirty.

Collect remaining glucagon, Baqsimi and sharps containers. Tape Sharps boxes closed, box up and put in trailer (we have to dispose of these properly).

Do all cabin clean up and do an all-camp sweep!

On Thursday or Friday, create camper and counselor go-home bags – (this is what we will put their supplies, meds and fresh insulin in when they go home) Keep their insulin refrigerated until Friday AM, then put in their bags.

Jennifer (infirmary Charge nurse) will coordinate the insulin inventory, dispensing to campers/counselors. This takes time, so recommend that it happen before Thursday. Leftover insulin, if any, will be divided up per the Medical Director. This will include insulin, glucagon, and Basquimi.

If available, extra BG meters and test strips will be divided up evenly among the counselors *with* diabetes and distribute to their go-home bags (so there is no hoarding).

Write thank-you notes to folks (both campers and volunteers) you appreciate, mentioning specific behaviors, contributions, etc. This is best accomplished by Thursday or Friday to give time. Activities and Programming committee to assist in this task

Write summary progress notes on your campers and counselors, emphasizing positives first, then suggestions for improvement, etc.

After Thursday evening campfire, update any forms or docs in CampViews

Break down treatment boxes early on Friday morning, putting snacks and supplies on the freebie tables. Also, break down activity bags, low treatment totes, etc. As much as possible the supplies should be stored for reuse next year. Any food items and juice from the baskets can be put into 1 or 2 bins (which will be given to program volunteer to divide up).

IMPORTANT: Leave TWO treatment boxes including meters/strips and ketone meters/strips) to be used bags intact and well stocked (during the parent program and clean up if needed. We will also need a treatment box for later events if applicable. WE WILL ALSO NEED A BOX FOR THE BUS.

Put any office supplies back to storage containers, in their appropriate labeled bins. Try to put all scissors with scissors, staplers with staplers, etc. This saves a lot of time in inventory for the next year. Please ensure all binders are collected and any additional blank forms

Label boxes and bins with their contents, as you pack up, as time allows.

Load the trailer with items that are not needed during checkout. This can be started Thursday evening

Collect Med supplies (separate list) in separate area. Empty and clean the refrigerator(s), task completed by Med Team or Jennifer the infirmary nurse.

We recommend having your personal items packed and loaded into your vehicles before breakfast testing on Friday

Plan to come back next year!!



## Section 3: Dietary Interventions & Sustaining Health

## Montana Youth Diabetes Alliance Camp 2021 Menu

	Sunday –	Monday	Tuesday	Wednesday	Thursday	Friday		
	volunteers Only							
Breakfast	Brunch:	Amish Breakfast	Denver Eggs,	Breakfast Burritos,	Sausage and Egg	French Toast,		
	Cinnamon Rolls,	Casserole, Oatmeal,	Oatmeal, Cereal	Hash browns,	Muffin, Oatmeal,	Sausage Links,		
	Quiche, meat,	Cereal Bar, Yogurt,	Bar, Yogurt, Fruit,	Oatmeal, Cereal	Cereal Bar, Yogurt,	Oatmeal, Cereal Bar,		
	cheese, fruit, and	Sausage, Fruit, Milk	Milk	Bar, Yogurt, Fruit,	Fruit, Milk	Yogurt, Fruit, Milk		
	veggie trays,			Mılk				
	Sweet Kale Salad		D 111V O					
Lunch	Snack Lunch:	Pulled Pork	Build Your Own	BLT Sandwich,	Cheese Steak Sub,	Family Cookout:		
	Veggie Trays, Dip	Sandwich,	Sub Sandwiches,	Chips, Fruit, Salad	Sun chips, Fruit,	Burgers, Polish		
		Coleslaw, Fritos,	Chips, Fruit, Salad	Bar	Salad Bar	Dogs, Coleslaw,		
		Salad Bar	Bar			Potato Salad, Baked		
						Beans, Caesar Salad		
			T. 11)('	TT 11 D1		Watermelon,		
Snack		String Cheese,	Trail Mix,	Hummus with Pitas,	Lil' Smokies in a	X		
		Chex Mix, Apples	Mandarins, Meat	Ants on a Log	Blanket, Apples			
	T O I'		and Cheese Tray			37		
Dinner	Lasagna, Garlic	Beef Tacos, Refried	Ham, Potatoes Au	Chicken Tender	Baked Potato Bar	X		
	Bread, Brussels	Beans, Spanish	Gratin, Mixed	Strips, Wild Rice	with Chili, Sour			
	Sprouts, Fruit and	Rice, Crunch	Vegetables, Fruit,	Pilat, Green Beans,	Cream, Bacon,			
	Salad Bar	Cauliflower Bake,	Salad Bar	Fruit, Salad Bar	Cheddar Cheese,			
0 1	01	Fruit, Salad Bar			Salsa, Fruit, Salad Bar	V		
Snack	S'mores	Monster Cookies,	Root Beer Floats	Rice Krispy Treats,	Dance!	X		
		Fruit		Popcorn, Grapes	Ice Cream Social			
Salad will be served every day with lunch and dinner.								
Salad Bar to contain: greens, carrots, cucumbers, tomato, sunflower seeds, shredded cheese, beans, hard boiled eggs, and other items.								

## **Campers with Special Dietary Needs**

The camper's parent/guardian is responsible for reporting any special dietary concerns, such as food allergies or intolerances in the camper application. A member of the registered dietitian (RD) team will be available to discuss any special dietary needs with parents during camper registration. For campers riding the bus to camp, or whose parent/guardian will not be available at drop off, special arrangements to discuss the camper's needs with a dietitian can be made.

Meal and Snack Times:

Campers, counselors, and other volunteers with special dietary considerations will be made known to the dietary team, and will receive a nametag to keep at their place at each meal. This nametag will designate the campers/counselors name, cabin or group, and special dietary need.

Most snacks and meals will be served in the dining hall. Campers and volunteers will line up to pre-bolus for their meals outside of the dining hall. Counselors and campers with special dietary needs will be provided alternative menus which will have accurate carb counts for all of the allergen free menu items. When the campers and volunteers are allowed into the dining hall for meal and snack times, campers who do not have special dietary needs will have family style meals at their tables. Campers and volunteers with special dietary needs will make their own plates at a designated allergen free area. Campers will return to their tables to eat their meals with the rest of their cabin group. With regards to specialty diets, all campers with specialty diets will be required to make their plates in the allergen friendly area. Main course food items that they may have will also be available in this line. If a meal is completely allergen free, the campers with dietary restrictions will be allowed to eat family-style with the rest of their cabin.

Allergen free menu items will be as similar as possible to regular menu items (ex: gluten free bread instead of regular bread).

Counselors or medical personnel will review meal descriptions with campers prior to each meal.

In the event of a menu changes, the dietitian/foodservice team will communicate this as soon as possible to counselors and other camp personnel.

For snacks not consumed in the dining hall, campers with special dietary needs will receive labeled snacks. Some snacks may be fine for all campers, in which case there may not be a label indicating the snack in allergen free.

Hypoglycemia Carbohydrate Treatments for Campers with Specialty Diets:

Most hypoglycemia treatments will be appropriate for campers with dietary restrictions. Campers and camp personnel will be notified of any hypoglycemia treatment that is not appropriate for a camper due to a food allergy or intolerance.

NOTE: Any changes or allowances from these guidelines will require discussion and agreement from a Registered Dietitian, Camp Foodservice Staff, and the Medical director, with the goal of reducing the risk of exposure to food allergens or having a significant reaction or anaphylaxis event.



# Section 4: Camp Rules &Legal

## MYDA Diabetes Programs Volunteer Code of Ethics

During the volunteer selection and training process, MYDA Diabetes Programs will make every effort to provide volunteers with policies that govern our living and working in a healthy and safe environment. The following must be understood and agreed to by all volunteers. Violations of this code may result in dismissal.

- As a rule, all campers shall not be left alone with a single adult. This rule will decrease the risk of and avoid the risk of injury or abuse, and the potential appearance of impropriety.
  - Volunteers will not abuse campers or other volunteers in any way including:
  - Physical abuse: strike, spank, shake, slap
  - Verbal abuse: humiliate, degrade, threaten, use profanity
  - o Sexual abuse: including inappropriate touching, or display
  - Mental abuse: hazing, negative manipulation
- Volunteers will report any suspicions of abuse or neglect to the appropriate camp leadership (Camp Director or Camp Medical Director) immediately in compliance with state reporting regulations.
- Volunteers will treat with confidence and respect the personal information they have learned from or about campers subject to the policies on reporting abuse and neglect.
- Volunteers will treat campers of all genders, ethnicities, religions, and cultural backgrounds with respect and consideration. They will portray a positive role model for campers including and not limited to maintaining an attitude of respect, loyalty, patience, courtesy, tact and maturity
- Volunteers will use positive guidance techniques, including redirection, anticipation and/or elimination of potential problems, positive reinforcement, support and encouragement -- not competition, comparison, criticism, or humiliating discipline techniques.
- Volunteers will report any significant incident or accident immediately to their Camp Director and Camp Medical Director.
- Volunteers will not use profanity or discuss adult subject matter.
- Volunteers will dress appropriately for camp, according to guidelines sent out to volunteers before camp and discussed during training.
- Volunteers will not use, possess, or be under the influence of alcohol, tobacco or illegal drugs while at camp.

- Volunteers are prohibited from having firearms or other weapons while at camp.
- Volunteers will comply with the outlined activities and expectations of their defined jobs at camp and participate in all required activities prior to camper arrival (i.e. camp meetings and orientation).
- Volunteers must be willing and prepared to assist campers in meeting daily personal needs.
- Volunteers must accommodate and be sensitive to the developmental differences and abilities of individual campers.
- Volunteers will not accept gifts of goods or money from campers or their families.
- Volunteers will not exchange personal information (such as email addresses and phone numbers) unless given specific permission by the camper's parents.
- Volunteers will not abuse, steal from, or show disrespect to their fellow volunteers, campers, or camp/personal property.
- Volunteers will agree to all criminal and other background check information requested of them and must meet qualification standards established by the organization.
- With regard to internet posting and emailing of pictures and messages, volunteers will recognize that they reflect and demonstrate MYDA Diabetes Programs to the public; and therefore, they will conduct themselves in a manner which is polite, respectful, non-romantic, responsible, and which demonstrates leadership qualities which are expected at camp.
- Romantic displays of affection (public or private) will not be tolerated.
- Volunteers will not attempt to organize camp-related Internet sites or projects, or to communicate on behalf of MYDA Diabetes Programs without specific, expressed permission from the Camp Director or Board President.
- Failure to comply with the above expectations may result in dismissal from camp. As an applicant for a volunteer position at MYDA Diabetes Programs, you will be asked to agree to the above behavioral expectations. Thanks for following these policies, and for always behaving in a way that is respectful and which brings honor to MYDA!

## MED TEAM RULES

- Camper <u>MUST</u> come to a Medical Volunteer with a buddy, it must be either another camper or counselor. <u>DONOT COME ALONE</u>. The Medical person will return the camper and buddy when completed with care.
- **2.** For first aid or for non-mealtime testing, go to a counselor or Medical person, if participating in activities in those areas.
- 3. Campers and Counselors are to report to a Medical Leader. There will be no self-treatment of diabetes or other injuries!
- 4. Each camper or volunteer who visits the med cabin for care <u>must be logged in</u> with date, time, symptoms and treatment per treating Medical person. <u>Each entry must be signed</u>.
   these forms are available in the med cabin
- 5. Cleaning/Maintenance: Restocking and cleaning of the med cabin is everyone's responsibility.
- 6. If you make a mess, it is your job to clean it up!
- 7. Each med person will have a designated meeting place for glucose testing/insulin administration to be agreed upon by the team.
- 8. Refilling at the med cabin for testing kits, backpacks and night treatment totes: It is each volunteers responsibility to ensure an adequate supply of testing and low treatment options. Medical Lead and Dietary Team will delegate the duties of maintaining diabetes supplies in the cabin night totes.

## **Organizational Structure, Leads and Directors**

The Camp Director and the Medical Director are co-equals, in the MYDA organizational structure. Together, they govern the camp, and together, they discuss policy and resolve conflicts as they arise. If they are unable to come to consensus on policy or resolution of a problem, the Board leadership will be called on to help in decision-making. The Board of Directors elects both of these leaders, and it also has the authority to dismiss them, and thus over-rule policy and procedural decisions they have made.

If a problem, question or concern arises which appears to affect a limited group, it should be brought to the attention of the leader of that affected group. If that leader needs help or input in resolving the issue s/he should consult with the next person up the chain of command.

If an issue affects a whole department, or if it also involves personnel in another department, it should be brought to the concerned individual's Lead.

#### **Chain of Command**

Camp Director: Tonya Fuhrmann Medical Director: Colleen Wood Medical Coordinator: Gabe Blomquist Councilor Advocate: Mary Tripp Projects and Activities Coordinator: SaraJane Hampton Dietary Director:

## Legal Considerations for a Summer Camp

Unfortunately, the fun, carefree times of summer camp can be overshadowed by the legal implications and liabilities of an unprepared and untrained camp volunteers. The following are the top six camp general liability losses based on frequency of occurrence. With appropriate supervision and training, ALL of these are preventable.

- 1. Falls, Trips and Slips
- 2. Athletics and Sports
- 3. Horseplay and Fighting
- 4. Abuse (physical, sexual, psychological)
- 5. Medical, Food, or Illness
- 6. Aquatics

## Things that would take us out of camp and into the courtroom are:

- Negligence failure to exercise the care toward others which a reasonable and prudent person would do in the circumstances or, acting which, such a reasonable person would not.
- No documentation, poor documentation, or incomplete records (cabin assignments, health records, injuries, complaints, incidents, etc.).
- Not having written acceptable policies, procedures or standards; or having them but not adhering to them.
- Failing to train, or improper training for volunteers; allowing untrained volunteers to supervise. Documentation of training should be kept in a file.
- Failure to plan for emergencies, not having a crisis management plan, not training volunteers to implement. Know emergency protocols and procedures.
- Improper or lack of supervision (ratios, not training volunteers, inappropriate ages supervising). Supervision is the number one key to reducing behaviors, which lead or contribute to preventable accidents. Bottom line is who is keeping the children and volunteers safe.
- With every decision you make, you had better ask yourself "What would a reasonable and prudent person do?"

## Ten Required Qualities of Summer Camp Volunteer's:

- 1. When you look in the mirror you see a responsible, caring adult.
- 2. When you look at a camper of any age, you see a child who depends upon adults for care and safety.
- 3. You understand that being friendly to children does not make you, their friend. You are their mentor someone to look up to.
- 4. You understand the urgency and importance of setting immediate and appropriate limits with children and adolescents.
- 5. You understand exactly what constitutes inappropriate intimate behaviors with campers of any age.
- 6. You understand your expected responsibility to immediately report unacceptable behaviors of any volunteer to the directors.
- 7. You understand the law and how it relates to your age and the misuse of vehicles, alcohol and drugs.
- 8. You understand that your private life needs to remain private and "off limits" to campers.
- 9. You understand that your role as a caregiver of children is an undeniable priority.
- 10. You understand that not to respond and report to inappropriate behaviors or comments of campers or volunteers is to condone and encourage them.

## The Care and Safety of Other People's Children

Responsibility of all volunteers attending Camp MYDA and other MYDA events, you are:

- Entrusted by parents to take care of campers
- Healthy motivation for best interest of camper
- Interest in camp, acceptance of the camp mission and goals
- Loyalty to both campers and directors of camp
- Help create a culture of safety

Signs of Physical Abuse – bruises, welts, bites, choke marks, burns, cuts, fractures, black eyesand unexplained injuries.

 Physical Abuse (defined) – corporal punishment, spanking, hitting, pushing, shaking, tossing, throwing, hazing, bullying.

Signs of Sexual Abuse – difficulty walking or sitting, pain in the genital area, bruises or bleedingfrom the penis, vagina or anal area.

• Sexual Abuse (defined) – voyeurism and exhibitionism, pornography, kissing and touching intimate parts of the body or having children inappropriately touch adults, photographing naked children.

Signs of Emotional Abuse – verbal assaults, ridicule, harassment, abandonment, deprivation of love and care, psychological bullying.

Signs of Neglect and Maltreatment – failure to thrive, filth and infestation, medical depravation, environmental depravation, exposure, closeting, lack of supervision.

Suspected or observed child abuse of any kind must be reported to a camp director. An individual is not to do their own investigations of alleged abuse. The camp or medical director, or designee, will orchestrate the investigation and report the finding to the individual that brought it to their attention.

Failure to report child abuse is immediate grounds for dismissal.

## **Child Protection Issues**

## **Guidelines for the Discipline of Children**

I understand and accept the following:

- Volunteers may NOT, under any circumstances, hit a child
- Volunteers may not use abusive or derogatory language with campers, or within hearing vicinity of campers
- Volunteers need to ask for help if encountering a situation, they are unfamiliar or uncomfortable with
- Volunteers who encounter a particularly difficult child will seek the assistance of leadership
- In all dealings with campers, volunteers should strive to respond, as opposed to react tochildren

## **Guidelines for Camper-Volunteer Contact**

I understand and accept that when touching campers, the following guidelines should be followed:

- On the hand, shoulder or upper back; front to front hugs or embraces are not allowed
- Never against a child's will (unless in the case of clear and present danger of the child)
- Never against a child's discomfort, whether expressed verbally or non-verbally in the company of other adults
- Never when it would have the effect of over-stimulating the child
- Never in a place on a child's body that is normally covered by a bathing suit, unless for clear medical necessity, and then only with supervision from another adult
- I understand and accept that I am a caretaker of children
- I understand that there is a clear power difference between myself and campers (money, mobility, authority, experience, knowledge, different set of rules)
- I understand that inappropriate sexual contact with or physical abuse of a camper can have severe emotional and psychological effects on that camper that can last a lifetime. These reactions can be so severe, they can require intensive professional intervention which can be disruptive to the victim's life as well as time consuming and expensive.

## **State Laws Concerning Child Abuse**

I am aware of the following:

- Definition of a "mandated reporter"
- Purpose of child protection laws
- Clarification that a report is based on suspicion of abuse, not proven abuse
- Summary of the reporting procedures (time frame, reporting agency, information requested
- Penalty for not reporting

## Guidelines for all Volunteer's

I understand and accept the following:

- There is no "hazing" of campers by campers or volunteers
- Campers will not be subjected to "initiation" rites that are abusive in any manner
- There will be double coverage of campers by adults during clothing changing times
- Younger campers should be encouraged to change their own clothes, without assistance, as much as possible
- Campers will not be alone with a counselor in his or her quarters
- A volunteer will under no circumstances share a bed or sleeping bag with a camper
- Volunteers will set limits with children who "cling" or hang on them
- Volunteers will not give back rubs
- Tickling or teasing a camper to the point where that camper is out of control is unacceptable
- Pillow fights or wrestling matches and the like can become overstimulating in shortorder and need to be limited and carefully supervised
- Overnights need a minimum of 2 volunteers for supervision, the same gender as the campers
- Inappropriate behaviors, actions (either physically or verbally) between volunteers while at camp are grounds for immediate dismissal
- Romantic lives of volunteers cannot, under any circumstances be shared with campers
- Volunteers should stay out of cabins other than their own after lights out at night, unless onspecific camp business (i.e. night rounds)
- Male volunteers working with adolescent females need to be aware of the tendency for this group to develop hidden or secret romantic fantasies
- Whatever is done with campers should be done in broad daylight, with company

## **Other Instructions**

I agree to the following:

- To watch for signs of stress in myself and others as a way of maintaining a safe environment at camp. IF YOU NEED ADDITIONAL BREAK TIME, PLEASE REACH OUT TO YOUR CABIN LEAD.
- To help with other personnel who seem at risk for hurting or abusing campers
- To alert senior or supervisory personnel as far as the need for more careful supervision, intervention or support
- To seek help myself if I feel at risk for hurting, overstimulating or abusing a camper

By signing, I am attesting that I have read this MYDA Manual, I am also attesting that I have read over, understandand accept the rules, guidelines and standards of conduct outlined in this document.

## Acknowledgement Form

I hereby acknowledge that I have read in full the volunteer guidelines. I fully understand that, as a volunteer, I have an obligation to fully adhere to the policies and principles of the practices at Montana Youth Diabetes Alliance.

Signature:

Printed Name:

Date: \_\_\_\_\_

Please complete, sign and return to Camp Director

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## Section 5: Diabetes Management & Protocols

## Factors and Variables that Can Affect Blood Glucose Results

## Can you trust a blood glucose (BG) meter?

The Food and Drug Administration (FDA) has set the current standards for blood glucose meters that require 95 percent of all meter test results to be within 20 percent of the actual blood glucose level for results greater than 75 mg/dl and within 15 mg/dl for values below 75 mg/dl. So, a blood glucose that in reality is 100 mg/dl could show on a meter as being between 80 and 120 mg/dl— and still be considered accurate. This FDA requirement is likely moving to 15% soon, which is much closer to a laboratory accuracy (5-7%). Still not 100% perfect.

The FDA doesn't regularly monitor blood glucose meters or strips once they hit themarket (unfortunate but true!). This means some companies may not maintain the same level of quality and accuracy as when the products were initially approved.

## What other factors can affect the accuracy of a BG meter?

There are multiple factors that can influence blood glucose meter results and accuracy. When testing blood glucose, simply put, the glucose interacts with an enzyme on the strip, releasing electrons. Another agent on the strip, called the "mediator," turns these electrons into an electrical current. The greater the glucose concentration, the greater the current. That current then speeds through the strip. Finally, an algorithm (formula) in the meter converts the current into a concentration of glucose. Then you get a number... What else could go wrong, right??

Here are some examples of factors and variables that could affect the accuracy of your results:

- Testing with fingers that are unwashed and dirty even a small amount of food, fruit, sugar, dirt, lotion, or glucose tab residue can affect readings drastically one study found that in a 0.3 microliter blood sample, 1 microgram of glucose (weight of a dust particle) could raise the sugar by 300 mg/dL.
- Testing a site that is still damp from an alcohol wipe or water from recently washed hands will dilute the sample (allow hands to dry thoroughly)
- Extreme altitude, temperature, and humidity can all affect the test strip accuracy
- Not enough blood sample applied to the test strip
- Test strip exposed to air and moisture for more than a few minutes before use (replace cap on strip bottle immediately after taking a strip out)
- Storage of test strips in very hot or freezing conditions, or environments subject to temperature fluctuations, direct sunlight moisture (can damage the enzymes and reagents on the strips)

- Alternate test site location such as forearms (delayed, not as accurate as fingertips)
- Failing to code the meter properly (when required)
- Large doses of Vitamin C from supplements (>1,500mg daily)
- Variability in the volume of red blood cells due to dehydration or anemia
- Expired test strips. Use all test strips in bottle within 30 days of opening that bottle.
- Purchasing test strips from unverified sources (believe it or not, thereare people out there selling look-alike products)
- Squeezing a fingertip vigorously (better to use a gentle milking motion of the entire finger)
- Wrong brand of test strip for your brand of meter
- User error (small child helping, still learning technique)
- There is no consensus on testing with the first drop or second drop (old days), but with appropriate technique the first drop should be more thanaccurate (however, if unable to wash or clean hands, recommend wiping away the first drop and hopefully any impurities, and then using a second drop to test the blood glucose)
- Low battery in a meter may also interfere with accuracy
- If you're getting blood glucose results that are inconsistent, variable or inaccurate, you should contact the manufacturer to report it and ask them to remedy the concern with a new meter or replacement test strips. Doing quality control testing with the supplied control solution for your meter can also help determine if there is a problem (follow your meter's recommendations).

That is a LOT!!! The overall key is clean and dry hands, consistency with proper technique, adequate sample size, and careful storage of test strips.

## Ultra Mini by One Touch



#### Turning your meter on

To perform a test, insert a test strip as far as it will go. The display will turn on and the meter will briefly perform system checks. Or, to change the time and date, start with the meter off, then press and hold ▼ for five seconds until the start-up test screen appears. After the start-up test screen, the pre-set time and date will appear on the display. Or, if you want to turn the meter on to review past results, start with the meter off, then press and release V.



Start-up Test Screen

Every time you turn your meter on, a start-up test screen will appear for two seconds. All segments of the display should appear briefly on the start-up test screen to tell you that the meter is working properly. To check that all display segments are working, as soon as the start-up test screen appears, press and hold 🔺 to keep the start-up test screen display on. Release 🔺 to proceed to the next step. If the meter does not power on, try changing the meter battery. See Replacing the battery in Section 6.

#### Turning your meter off

- There are several ways to turn your meter off:
- Press and hold ▼ for two seconds, when reviewing past results.
- · Your meter will turn off by itself if left alone for two minutes.
- Before or after completing a test, remove the test strip.

A CAUTION: If any information is missing from the start-up test screen, there may be a problem with the meter. Call LifeScan Customer Service at 1 800 227-8862 (available 24 hours a day, seven days a week).
#### Setting the time and date

Your OneTouch® UltraMini® Meter comes with the time, date and unit of measure pre-set. Before using your meter for the first time or if you change the meter battery, you should check and update the time and date. Make sure you complete steps 1 to 7 below to ensure your desired settings are saved.

A WARNING: If your display shows mmol/L rather than mg/dL, contact LifeScan Customer Service at 1 800 227-8862 (available 24 hours a day, seven days a week). You cannot change the unit of measure. Use of the wrong unit of measure may cause you to misinterpret your blood glucose level, and may lead to incorrect treatment.

#### Turn the meter on

Press and hold  $\mathbf{\nabla}$  for five seconds until the start-up test screen appears. After the test screen, the pre-set time and date will appear on the display for five seconds. The hour will now start flashing.

**NOTE:** If a setting does not need to be updated, simply wait five seconds. The meter display will automatically advance to the next setting.

#### Set the hour

With the hour flashing on the display, press and release  $\blacktriangle$  or  $\checkmark$  to go forward or backward one hour. To move faster, hold the  $\blacktriangle$  or  $\checkmark$  buttons down.

When the correct hour appears on the display, wait five seconds. Your entry will be saved and you will move to the next setting. The minutes will now start flashing.

#### Set the minutes

Press ▲ or ▼ to change the minutes. When you have the correct minutes on the display, wait five seconds to move to the next setting. AM or PM will now start flashing.

#### Set AM or PM

"AM" or "PM" will be displayed next to the minutes. Press  $\blacktriangle$  or  $\blacktriangledown$  to set AM or PM, then wait five seconds to move to the next setting. The year (last two digits only), month and day appear on the display and the year flashes.

#### Set the year

Press ▲ or ▼ to change the year. When you have the correct year on the display, wait five seconds to move to the next setting. The month will now start flashing.

#### 6 Set the month

Press  $\blacktriangle$  or  $\checkmark$  to change the month. When you have the correct month on the display, wait five seconds to move to the next setting. The day will now start flashing.

#### Set the day

Press  $\blacktriangle$  or  $\bigtriangledown$  to change the day. When you have the correct day on the display, wait five seconds to move to the next screen.

Your time and date settings will be displayed for five seconds. After the five seconds, the settings will be saved and the meter will then turn off. If you want to adjust your settings, press  $\blacktriangle$  or  $\checkmark$  while the time and date are still on the display. You will be returned to the first set-up screen where you can begin with the hour.

ay	10:51:44
e	-05- 8-20
ait	06 ġ-20
	06 1-20
	10:51 рм 7-2 1

10:38-~

:|| 38 AM

MA 8€:1

# **Testing Control solution procedure:**

#### Check the code on the test strip vial before inserting the test strip

Code numbers are used to calibrate your meter with the test strips you are using to obtain accurate test results. You must code the meter before using it for the first time and then every time you change to another vial of test strips.

A CAUTION: The test strip vial contains drying agents that are harmful if inhaled or swallowed and may cause skin or eye irritation.

#### Insert a test strip to turn on the meter

Start with the meter off. If you have turned the meter on to change settings or review past results, turn it off. Remove a test strip from its vial. With clean, dry hands, you may touch the test strip anywhere on its surface. Do Not bend, cut or modify the test strips in any way. Use each test strip immediately after removing it from the vial.

Hold the meter as shown and insert the test strip into the test port. Make sure the three contact bars are facing you. Push the test strip in as far as it will go. Do Not bend the test strip.

After the start-up test screen appears, the meter will display the code from your last test. If a constant [ and a flashing "---" appear instead of a code number, such as when you are first using the meter, follow the instructions in step 3 to change to a numerical code.

#### 3 Match the code on the meter with the code on the test strip vial

If the code on the meter does not match the code on the test strip vial, press **A** or **V** to match the code number on the test strip vial. The new code number will flash on the display for three seconds, and then stay constant for three seconds. The display will advance to the screen with the flashing blood drop icon 📥.

If the codes already match, wait three seconds. The display will advance to the screen with the flashing blood drop icon 📥 . The meter is now ready to perform a blood glucose test.

#### NOTE:

- If the screen with the flashing blood drop icon 📥 appears before you are sure the codes match, remove the test strip, wait until the meter turns off, then re-start from step 1 in Coding your meter.
- If you press **A** by mistake so that the control solution test symbol **CtL** appears on the display, press **A** again to change it back to the screen with the flashing blood drop icon 📥 .

A CAUTION: Matching the code on the meter and the code on the test strip vial is essential to obtain accurate results. Each time you test, check to make sure the code numbers match.









#### When to test with control solution

OneTouch® Ultra® Control Solution contains a known amount of glucose and is used to check that the meter and the test strips are working properly.

A CAUTION: Do Not swallow control solution; it is not for human consumption. Do Not apply control solution to the skin or eyes

- Do a control solution test:
- to practice the test process instead of using blood,
- once a week.

as it may cause irritation.

- whenever you open a new vial of test strips,
- if you suspect the meter or test strips are not working properly,
   if you have had repeated unexpected blood glucose results as
- described in Applying blood and reading results in Section 3, or
- if you drop or damage the meter.

#### NOTE:

- Use only OneTouch<sup>®</sup> Ultra<sup>®</sup> Control Solution with your OneTouch<sup>®</sup> UltraMini® Meter.
- Control solution tests must be done at room temperature (68-77°F). Make sure your meter, test strips, and control solution are at room temperature before testing.
- How to test with control solution Start with the meter off, If you have turned the meter on to change settings or review past results, turn it off, O Check the code on the test strip vial before inserting the test strip Make sure the three contact bars are facing you. Push the test strip in as far as it will go. Do Not bend the test If the code on the meter does not match the code on the test strip vial, press **A** or **V** to match the code 51 3 (Example)

#### Insert a test strip to turn on the meter

strip.

#### Match the code on the meter with the code on the test strip vial

number on the test strip vial. The new code number will flash on the display for three seconds, and then stay constant for three seconds. The display will advance to the screen with the flashing blood drop icon 📥

If the codes already match, wait three seconds. The display will advance to the screen with the flashing blood drop icon 📥

#### Mark the test as a control solution test

- IMPORTANT: . Mark all control solution tests with CtL. This will stop them from being stored as blood glucose results.
  - Control solution results marked with CtL are not stored in the meter's memory.



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Press 🛦 so that the control solution test symbol CtL appears in the upper right corner of the display. You must mark the test before you apply control solution. Once you have completed the test, you cannot change the marking. The meter is now ready to perform a control solution test. If you decide not to do a control solution test, press A again to remove CtL from the display.

#### Prepare and apply control solution

Shake the control solution vial before each test. Remove the cap and squeeze the vial to discard the first drop. Then wipe the tip with a clean tissue or cloth. Hold the vial upside down and gently squeeze a hanging drop. Touch and hold the hanging drop of control solution to the narrow channel in the top edge of the test strip. Make sure the confirmation window fills completely. Control solution should not be applied to the flat face of the test strin

#### Read your result

When the confirmation window is full, the meter will count down from 5 to 1. Your result will then appear on the display, along with CtL and the unit of measure.







#### O Check if the result is in range

Compare the result displayed on the meter to the control solution range printed **on the test strip vial**. Each vial of test strips may have a different control solution range. If the results you get are not within this range, the meter and test strips may not be working properly. Repeat the control solution test.

Out-of-range results may be due to:

- not following the instructions detailed in steps 1–7.
- expired or contaminated control solution,
- expired or damaged test strip,
  use of a test strip or control solution past its discard date, or · a problem with the meter.

A CAUTION: The control solution range printed on the test strip vial is for OneTouch® Ultra® Control Solution only. It is not a recommended range for your blood glucose level.

CAUTION: If you continue to get control solution results that fall outside the range printed on the test strip vial, Do Not use the meter, the test strips, or the control solution. Call LifeScan Customer Service at 1,800 227-8862 (available 24 hours a day, seven days a week).



135 mg/dL

(Example)



#### Applying blood and reading results

Once you have a blood sample and your meter shows the screen with the flashing blood drop icon  $\bigstar$ , you are ready to obtain a blood glucose result. If your meter does not show the screen with the flashing blood drop icon  $\bigstar$ , remove the unused test strip and re-start the test process. See *Getting a blood sample* in Section 3.

#### O Prepare to apply the sample

Keeping your finger extended and steady, move the meter and test strip toward the blood drop.





Fingertip

**Do Not** hold the meter and test strip underneath the blood drop. This may cause blood to run into the test port and damage the meter.

When applying a drop of blood from your forearm or palm, keep your palm or forearm steady and bring the top edge of the test strip to the drop of blood with your other hand.

Forearm

Palm



Line up the test strip with the blood drop so that the narrow channel on the edge of the test strip is almost touching the edge of the blood drop.



Gently touch the channel to the edge of the blood drop.

Be careful not to push the test strip against your fingertip or the test strip may not fill completely.

#### NOTE:

- Do Not smear or scrape the drop of blood with the test strip.

- Do Not apply more blood to the test strip after you have moved the drop of blood away.

- Do Not move the test strip in the meter during a test.

**CAUTION:** You may get an **Er 5** message or an inaccurate result if the blood sample does not fill the confirmation window completely. See *Understanding error and other messages* in Section 7. Discard the test strip and re-start the test process.

#### Wait for the confirmation window to fill completely

The blood drop will be drawn into the narrow channel and the confirmation window should fill completely.

When the confirmation window is full, this means you have applied enough blood. Now you can move the test strip away from the blood drop and wait for the meter to count down from 5 to 1.





Full

Confirmation Window

# Hypoglycemia Procedure

#### **Purpose:**

Describe the specific procedure for treating mild to severe hypoglycemia and guidelines for bedtime blood glucose management to avoid nighttime hypoglycemia.

## **Objectives:**

- Identify causes and symptoms of hypoglycemia
- Identify which volunteer is responsible for treating hypoglycemia
- Describe the steps for oral treatment of hypoglycemia
- Provide guidelines to avoid nocturnal hypoglycemia, and bedtime snack procedure
- Identify when and how Glucagon is to be used for treatment of severe hypoglycemia

#### **Personnel:**

- Med Team have the primary responsibility for treating campers/volunteers for hypoglycemia.
- Counselors and programs volunteers are responsible for helping a camper treat hypoglycemia according to guidelines when there is no medical support immediately available.
- Counselors are responsible for obtaining hypoglycemic treatment supplies and/or Medical team before engaging in activities away from the camp's health services area.
- Counselors are responsible for blood glucose testing and appropriate treatment for campers with hypoglycemia during the night.
- Counselors who have assisted or supervised blood glucose monitoring or treatment for hypoglycemia will provide the medical personnel with the camper's blood glucose result, treatment for hypoglycemia, and follow-up blood glucose result before the next scheduled testing time.

## **Equipment and Supplies:**

- Blood glucose testing supplies (meter, test strips, finger-stick device)
- Fast-acting (quickly absorbed) carbohydrate source
- Slower-acting complex carbohydrate source and protein
- ♦ Glucagon Kit
- Camper health record

## **Causes of Hypoglycemia:**

- Late or missed snacks/meals
- Extra exercise, spontaneous activity
- Over-estimation of insulin need/dose
- Delayed peak of long-acting insulin

#### Symptoms of Mild to Moderate

## Hypoglycemia:

- May be No symptoms
- ♦ Hunger
- Shakiness
- ♦ Sweatiness
- Pale color
- ♦ Headache
- ♦ Confusion
- Drowsiness
- Behavioral changes
- ♦ Double vision

- ◆ Injection into muscle
- Mistake in drawing up insulin
- Intentional overdose

## **Nighttime Lows:**

- Inability to sleep
- Waking up sweating
- ♦ Waking up w/headache
- ♦ Sleep Walking
- Waking up foggy- headed, memory loss
- Unusually high morning BG

# Procedure for Treating Hypoglycemia (low blood glucose):

Step 1:	<u>Test the blood glucose</u> if possible. Treat IF the blood glucose is less than 70, OR
	there are definite symptoms of hypoglycemia present. If testing supplies are not
	available or camper is significantly symptomatic, go to Step 2.
Step 2:	Give 10-15 grams of a fast-acting carbohydrate source (e.g. juice, glucose tabs,
	Smarties, etc.). Blood glucose will usually rise approximately 4-5 points for
	every gram of carbohydrate given. For blood glucose less than 50, start with
	20-30 grams of fast-acting carbohydrate.
Step 3.	Check IOB (insulin on board). This may be checked on the camper's pump, or
	calculated with the following formula. $IOB = Insulin given X (4 minus hours)$
	since dose) ÷ 4. Consider this information and camper's carb: insulin ratio in
	decision-making about carb intake plan.
Step 4:	Wait 15 minutes and retest blood glucose. If blood glucose is still below 70,
	eat/drink another 15 grams of fast-acting carbohydrate and retest in 15 minutes.
	Repeat until blood glucose is above 80, and the camper's hypoglycemic symptoms
G4 <b>F</b>	have resolved.
Step 5:	Document the blood glucose results and specific treatments used, in the camper's
	health record. Provide copies of this information to each camper's team before
	the next pre-meal check.

Food (measured in grams of carb)				
Glucose tabs (4g each)	4-5			
Instant glucose gel $(1 \text{ tube} = 31\text{ g})$	$\frac{1}{2}$ to 2/3 tube			
Apple juice can (20g)	$\frac{1}{2}$ to 2/3 cup			
Juicy Juice box (15g)	1-2 boxes			
Honey $(1 \text{tsp} = 5\text{g})$	3-4 tsp			
Regular soda pop $(1oz = 3g)$	5-6oz			
Milk (1c = 12g)	1 ½ cup			
Lifesavers® (2.5g each)	6-8			
Raisins $(1\text{Tbsp} = 7 \frac{1}{2}g)$	2 ½ T			

## Various Carbohydrate Sources to Use for Treating Hypoglycemia:

An important note about insulin on board (IOB) or Active Insulin. When calculating the IOB as noted above in Step 3, recall that the gut can absorb carbohydrates and starches differently, and the insulin on board will likely compensate for this food ingestion. It is tempting to see several units of IOB and to give carbohydrates to counter these units, but this often results in rebound hyperglycemia. It is reasonable to allow SOME of the IOB to go uncovered, while taking the IOB, previous activity level, previous history of hypoglycemia, and symptoms all into account when deciding on how many carbohydrates will be adequate.

#### **Bedtime Snack Guidelines**

- Snacks are different for the different BG result categories. Campers with results over 200 may eat non-carb snacks, and are given an extra 4-8 oz of water with the snack.
- Ketones are checked for those over 300 if Medical Lead suggests

#### Night Time Guidelines

- Follow Camp MYDA hyper/hypoglycemia protocols. Do not dose unless Medical Lead approves
- Medical Lead to be contacted for campers with persistent lows.
- Campers with persistent BG>300 with ketones are to be reviewed by a Medical Lead for further management.
- Please consider treating younger campers less aggressively when treating hypoglycemia, as they tend to rebound with hyperglycemia, given the larger night snacks.

#### Indications for 0200 Rounds testing are as follows:

- If any camper/counselor has been treated during the day for low BG more than twice, as this puts them at risk of nocturnal hypoglycemia.
- Any camper/counselor who has been treated for highs or lows at Night Snack may need checked at midnight if advised by Medical Lead
- If any camper/counselor has had a severe hypoglycemic reaction at any time, they should be routinely tested during the night.
- 0200 Rounds routine testing is also done at the request of the parent, camper or counselor if they feel they need additional monitoring at night.

# Treatment for <u>Severe</u> Hypoglycemia:

Medical personnel will administer **GLUCAGON** as a first line of treatment when a camper has **severe** hypoglycemia. **Severe** low blood glucose is evidenced by impaired swallowing and/or level of consciousness, or seizure (similar to epileptic-type seizure).

Glucagon is a hormone that stimulates the liver to release stored glucose (glycogen). It works very rapidly to raise blood glucose. In most situations, the blood glucose will begin to rise within 5-10 minutes of the injection.

Up to 100 lbs./45kgs – give half of Glucagon dose (0.5mg) IM or subcutaneously

More than 100 lbs./45kgs - give full dose of Glucagon (1.0mg) IM or subcutaneously

- 1. Because Glucagon can cause nausea and vomiting from the rapid rise in blood glucose,turn the camper or volunteer onto their side to avoid aspirating.
- 2. As soon as the camper is awake and can swallow safely, a Med Leader should decide if more carb intake will be needed (it is often a good idea).
- 3. Check Insulin on Board (IOB) to predict the magnitude of the current situation.
- If the camper does not fully awaken within 10 minutes, follow a Med Provider's (MD, NP or PA) direction or procedure for intravenous glucose -- IV Dextrose 50% 1-2cc/kg.
- 5. Following severe low blood glucose, the camper will be transported to med cabin, where the blood glucose can be monitored closely every 30-60 minutes for the next 4 hours, followed by routine nocturnal blood glucose testing as well. The glycemic effect of the Glucagon may only last 30-60 minutes. If there is recurrent hypoglycemia, there may be a need for repeated glucagon, IV dextrose, transport, etc.
- 6. Notify the medical director immediately of any required rescue dose Glucagon for severe hypoglycemia.
- 7. Document the time, specific symptoms, treatment, and response to treatment on the camper's health record.
- 8. Adjustments to the insulin dosing may be indicated for the next 24-48 hours to avoid recurrence of severe low blood glucose.
- 9. Medical Director will notify the parents of any severe hypoglycemia event requiring glucagon or intravenous D50 treatment.

# **Glucagon Education:**

During camper checkout, provide parents who do not have a Glucagon kit at home with a Glucagon Emergency Kit prescription from a Camp MYDA health care provider. Encourage parents to fill the prescription when they get home, and to review the process with their diabetes team before they need to use it.

#### HOW TO MIX GLUCAGON

• Locate the bottle of powder and the syringe filled with fluid.



- Pop the cap off the bottle of powder
- Remove the cap from the syringe of fluid.
- Insert the need of the syringe into the bottle of powder.
- Inject all the fluid into the powder.
- Remove the needle from the bottle.
- Swirl the bottle gently several times, until all the powder disappears (liquid should be clear).

#### HOW TO DRAW UP GLUCAGON

- Locate the syringe inside the kit and note the approximate age of the child (THERE IS NO DANGER OF OVERDOSE):
- Up to 100 pounds = one-half of the syringe (0.5 mg mark on syringe)
- Over 100 pounds = full amount in the syringe (1 mg mark on syringe)
- After locating the correct Glucagon amount to give, insert the syringe into the bottle of alreadymixed Glucagon.
- Make sure the syringe needle is poked through the center of the rubber seal on the bottle. (Think of the bull's eye of a target.)
- Invert the bottle so the medication is at the neck of the vial.
- Only draw out the amount of Glucagon into the syringe that is needed for the recommended amount based on the child's age.

#### HOW TO GIVE GLUCAGON

- Select a site to inject the glucagon, (arm, thigh, abdomen or buttocks.) Note: glucagon is equally effective when given in the muscle or fat. May need someone to hold patient.
- Insert the needle into the selected area, no need to cleanse the site with alcohol.
- Inject all the fluid from the syringe, and then apply light pressure over the injection site.

#### FOLLOW UP CARE AFTER GIVING GLUCAGON

- Be certain that camp health care provider has been called, transport to central Med Cabin.
- Continue to check blood sugars every 15-30 minutes for the first hour, then hourly.
- May cause nausea, vomiting or abdominal cramping, keep child/volunteer on their side.
- When the child is alert and awake, start clear liquids with sugar about every 15 minutes.
- Give solid food as tolerated, blood sugars should be at least 80.

# Low-Dose Glucagon:

The use of glucagon in smaller doses is approved for a few situations. Because it is expensive and not in a large supply, other treatments are preferred for first-line treatment of hypoglycemia. The use of low-dose glucagon is approved for recurrent hypoglycemia < 50, or if the camper is nauseated or vomiting and is unable to keep any food or fluids down. The glucagon is mixed fully, and then a dose of 1 unit per year of age (up to 15 units max) can be given. The dose can be repeated if the blood glucose is not coming up within 30 minutes.

Because it is given in small doses, it rarely causes any of the side effects of the larger doses. Be sure to document and notify the medical director if this treatment is used. See policy on following page.

# **Low-Dose Glucagon Protocol**

IF the Blood Glucose (BG) is < 50 WITHOUT significant symptoms, follow the usual treatment protocol using oral glucose (juice, glucose tabs).

Low-Dose Glucagon (LDG) is approved for recurrent hypoglycemia with BG < 50, or if the camper/volunteer are showing signs and symptoms of moderate to severe hypoglycemia. Oral glucose treatment (juice, glucose tabs) should be used *in addition* to low-dose glucagon.

Remember to assess the amount of insulin on board (IOB) when evaluating any hypoglycemia. If the camper or counselor chooses not to use the low-dose glucagon, please respect their wishes and monitor closely.

Once an appropriate use of low-dose glucagon has been identified, mix up a 1 mg vial of glucagon with 1cc/mL of supplied diluent. A fully mixed vial of glucagon contains 100 units per 1cc/mL (using U-100 insulin syringe). Check the refrigerator for any previously filled 15 unit syringes, ("Glucagon 15 units").

- 1. Draw up **1 unit per year of age (up to a max of 15 units)** and administer subcutaneously. Be sure to draw up medication, not just air. Go slow and use your medication administration procedure. At discretion of trained volunteer, a lesser amount of glucagon may be used.
- 2. Retest BG in 15 minutes to verify effectiveness:
- If BG still less than (<) 70, repeat oral glucose treatment with additional 15g of fastacting carbs.
- If BG is greater than (>) 70, symptoms are improving, assess whether additional carbs are needed (beyond what has already been provided); they may just need an additional protein option to hold them until the next meal or snack time.
- If BG is not correcting as expected, camper/volunteer should be transported to Med Lead for additional monitoring and observation.

Any use of low dose glucagon should be documented carefully in the medical record and the team leader should be notified as soon as available. If you are uncomfortable with this procedure, please review with, or defer to a senior medical lead for direction.

If low dose glucagon is used on a camper/volunteer, please educate them that this was not an emergency rescue dose situation; also, be sure to review with the parent how and why thiswas used. Low dose Glucagon should not cause any significant symptoms of nausea or vomiting, and can be used very safely in many scenarios, both at camp and at home, with appropriate monitoring and education

# Hyperglycemia Procedure

#### **Purpose:**

Describe the specific procedure for treating hyperglycemia to avoid potential Diabetic Ketoacidosis (DKA), a condition that may require hospitalization.

#### **Objectives:**

- Identify which volunteer is responsible for treating hyperglycemia
- Describe the steps for insulin correction of hyperglycemia
- Provide guidelines to avoid prolonged hyperglycemia or DKA
- Identify when hospital transport is required

#### **Personnel:**

- The Medical Lead has the primary responsibility for treating campers and other volunteers for hyperglycemia.
- Counselors are responsible for making sure campers with hyperglycemia are monitored more closely, ensuring follow-up as directed by their medical team.
- A Medical Lead or Medial Support should be notified of any illness, persistently elevated BG, increasing ketones, or any significant change in symptoms (i.e. fever, vomiting, abdominal pain, respiratory distress, etc.).

#### **Equipment and Supplies:**

- Blood glucose testing supplies (meter, test strips, finger-stick lancet device)
- Precision X-tra meter for testing blood β-Ketones
- Camper's insulin and health care record
- Extra calorie-free fluids

#### **Description of Hyperglycemia:**

Hyperglycemia or high blood glucose may be defined as blood glucose of > 180 mg/dL.

Possible causes include:

- Incorrect carbohydrate calculation
- Eating more food than usual
- Sneaking of extra food/snacks
- Loss of insulin potency
- Infection or illness
- Dehydration
- Insulin resistance of puberty
- Inadequate/ incorrect insulin dose
- Intentional omission of insulin
- Poorly absorbing pump site

- Blockage or bubbles in pump tubing
- Disconnected or broken pump tubing
- Stress physical or emotional
- Sedentary activity
- Hypertrophy of injection sites,
- caused by inadequate site rotation
- Insulin effect not lasting through thenight, resulting in AM highs

**Symptoms of Hyperglycemia:** thirst, hunger, mood changes, blurred vision, fatigue, frequent urination, sweet breath, dry mouth, nausea, stomach cramps, vomiting, progression to deep, labored breathing

# **Sick Day Guidelines**

1. Monitor blood glucose (BG) every 1-2 hours and PRN, usually to be done by a Medical personnel.

2. Test blood for ketones if BG is persistently > 300, using the blood ketone meter and teststrips. (Refer to the procedure for this product). (Higher level of suspicion with pumps)

3. Trouble shoot insulin pump infusion site, pump reservoir, last insulin given, etc. Refer to insulin pump protocol. If ketones present, corrective insulin should be given as an injection (as long as ketones present), and the insulin pump site changed right away.

4. If ketones are present, activity should be restricted to prevent worsening of condition.

5. When ill or having hyperglycemia, additional rapid-acting insulin is required to help clearany ketones (which are a sign of inadequate insulin). This is *in addition* to the insulin required for the blood glucose correction.

6.In addition to the BG correction dose, give Humalog, Novolog, Apidra or Fiasp every 2-4 hours for ketones as a percentage of the total daily dose (TDD) of insulin (TDD includes both long-acting insulin/basal rate PLUS rapid-acting insulin/boluses). See table below:

Blood ketones	β-Ketone Correction Dose*	
(range 0.0 to 6.0 mmol/L)	(in addition to BG correction)	Example
> 3.0 (Very Large	Correction dose X 2	Lantus 25 units each eveningHumalog
1.6 to 3.0 (Large)	Correction dose X 2	8-9 units per meal TDD = about 50
1.0 to 1.5 (Moderate)	Correction dose X 1.5	units Using Correction 1:50 $>$ 150 PG 200 2
0.6 to 1.0 (Small or Trace)	Correction dose, hydrate	units
< 0.6 (Negative)	No action necessary	Lg Ketone(Multiply x2) Total given

Notify team leader immediately, if ketones greater than 1.0 (moderate or large).

\*Use as a starting dose, may require increased insulin to resolve ketones; verify with healthcare provider or team leader prior to increasing.

7. Continue to check ketones every 2-4 hours and repeat above procedure, until the ketones are cleared it is very important to PUSH fluids to provide hydration and wash out the ketones. Ingeneral,

- $\circ$  If BG is > 150, give calorie-free beverages and water. If camper feels well enough to eat, suggest lower carb meal choices to avoid further hyperglycemia.
- If BG is < 150 and camper is not eating, give sugar-containing beverages (10-15 grams every 15-30 minutes) as tolerated, covering these extra carbohydrates withextra insulin.

8. If hyperglycemia and ketosis persist > 4-6 hours, or if vomiting occurs, notify medical director discuss use of ondansetron (for vomiting), IV fluids and/or transport to emergency room and

possible hospitalization for Diabetic Ketoacidosis (DKA)

# **Diabetic Ketoacidosis ( DKA)**

#### What is DKA:

Diabetic ketoacidosis is what happens in the body when not enough insulin is high blood glucose (BG) levels and development of ketones. Moderate or large ketones can accumulate until the body develops acidosis, a potentially life-threatening emergency. If hyperglycemia and ketosis cannot be corrected within several hours, or if the camper/volunteer has ongoing vomiting, IV fluids and even hospitalization may be required. The main causes of DKA are illness/infection, traumatic stresses to the body, forgetting to take insulin, or faulty insulin or insulin delivery.

#### **Assessment Findings of DKA:**

- ◆ Blood glucose > 250, usually persistent
- Moderate to large ketones, by blood testing
- Increased thirst and urination
- May have fruity breath (ketone odor)
- Dehydration with dry lips and oral mucosa, concentrated urine
- May have nausea, vomiting, and/or abdominal pain
- Increased heart rate, normal blood pressure, may have rapid respiratory rate
- May have altered level of consciousness with lethargy, fatigue, weakness, or somnolence

#### Management of DKA:

- 1. Notify medical director immediately and transport to a Medical Lead
- 2. Monitor vital signs every 2-4 hours
- 3. Follow Sick Day Rules and Guidelines.

# Monitoring Blood β-Ketones using the Precision Xtra Blood Ketone Meter

# **Purpose:**

As outlined in the rules and guidelines for hyperglycemia, diabetic ketoacidosis (DKA), and sick day protocol, blood ketones are to be tested as directed for hyperglycemia or illness. The Precision Xtra Ketone meter is used to quantify the ketones in fresh capillary whole blood. Results are then interpreted and acted upon accordingly, per the previously mentioned protocols.

Ketones appear in the blood when there is not enough insulin in the body to change sugar into energy. When the body cannot use sugar, it uses fat and muscle stores for energy. The breakdown of the fat and muscle produces ketones. Ketones are an acid waste product that build up in the blood. This can happen when there is too little insulin in the body due to not taking enough insulin or illness. It can also happen when there is not enough food due to weight loss or skipping meals. Because ketones are an acid, they can upset the way the body functions. This can lead to a serious condition called diabetic ketoacidosis (DKA).

## Storage and Use:

- Blood ketone test strips should be stored in a cool dry place between 59-86 degrees.
- Do not store near heat or moisture.
- Store the test strips in their original foil packaging only. Remove only when ready to use.
- Do not use test strips beyond the expiration date printed on the package.
- Requires a very small blood volume: 0.8uL (ketone); do not reapply blood to test strip.

## **Blood Ketones Scale**

Negative < 0.6

Small/Trace 0.6 to 1.0

Moderate 1.1 to 1.5

Large 1.6 to 3.0 Very Large > 3.0



# **Precision Xtra Blood Ketone Meter Manufactures Instructions:**

## Important information about monitoring your Blood B-Ketone

- For more detailed information about your blood B-Ketone test strip, please refer to its instructions for use before monitoring.
- **Do not** use out-of-date test strips. Check the expiration date printed on the test strip box and on each test strip foil packet.
- **Do not** put urine on the blood B-Ketone test strip
- Use the test strip immediately when you take it out of its foil packet.
- **Do not** use a wet, bent, scratched, or damaged test strip
- **Do not** use the test strip if its foil packet has a puncture or tear in it.
- Use each test strip only once.
- Before you monitor your blood glucose or blood B-Ketone, allow your monitor and test strip to reach the recommended operating range of the test strip. The test strip operating range is in the "Limitations of Procedure" section of your blood B-Ketone test strip instructions for use.
- Read the lancing device instructions for use.
- The blood B-Ketone test strip foil packet contains a desiccant tablet (Zeolite-Sodium Calcium Aluminosilicate). Although this material is not considered dangerous, the following safety advice should be observed:
- 1. Keep away from children.
- 2. Do not expose to water as product gets hot and could cause burns.
- 3. Do not eat, and avoid contact with eyes and skin. May cause burns to the mouth and throat.
- 4. If swallowed, drink two glasses of water. Seek medical help.

## How to Monitor Your Blood B-Ketone

Getting Started

- 1. Prepare your lancing device.
- 2. Wash your hands using warm soapy water and dry them completely.
- 3. Remove the strip from its foil packet.
- 4. Insert the tree black lines at the end of the test strip into the strip port.
- 5. Push the test strip in until it stops.

The monitor turns on automatically.

These items show on the display window, one after the other:

- Display Check remember to make sure that all items in the picture here show on the display window. (See chapter 1 for more information about the Display Check.)
- Time, month, and day (if set) If date and time are not set, dashes will show instead of numbers.
- Calibration CODE for the box of blood B-Ketone test strips you are using
- **KETONE** and Apply Blood message, which tell you that the monitor is ready for you to apply blood to the blood B-Ketone test strip.

#### **Obtaining A Blood Drop**

Use your lancing device to obtain a blood drop.

\*Important: Blood B-Ketone test strips have not been evaluated for alternative site monitoring. Use only fingertip blood samples for blood B-Ketone monitoring.

#### **Recommendations for Obtaining a Blood Drop**

- Before you obtain a blood sample from the fingertip, make sure the sample site is clean, dry, and warm. To warm the sample site, wash it in warm water or rub the skin vigorously for a few seconds.
- Hang your arm down before pricking your fingertip to help blood flow.
- Avoid squeezing the fingertip
- Apply the blood sample to the test strip immediately.

#### Lancets and Lancing Device

- Lancets are for one-time use only. Use a new lancet each time you monitor.
- Discard your used lancet properly. Put it in an empty puncture-resistant container, such as a plastic milk carton or detergent bottle.
- Never share your lancing device or lancet with another person.

#### Applying the Blood Drop to the Test Strip

1. Touch the blood drop to the purple area on the top of the test strip. The blood is drawn into the test strip.

**Note:** If the monitor shuts off before you apply blood to the test strip, remove the test strip from the monitor and try again.

- 2. Continue to touch the blood drop to the purple area on the top of the test strip until the monitor begins the test. The monitor begins the test when:
  - $\checkmark$  You hear the beeper, if the beeper is ON.
  - $\checkmark$  The display window shows the status bar.
  - $\checkmark$  Then the display window shows the countdown.

**Note: Do not** remove the test strip from the monitor or disturb it during the countdown.

**Important:** If the countdown does not start:

#### What it means:

You might not have applied enough blood to the test strip.

#### What to Do:

• Apply a second drop of blood to the test strip. Refer to your test strip instructions for use for the number of seconds you have to apply a second drop.

- If the countdown still does not start, or if the number of seconds you have to apply a second drop have passed, discard the test strip, turn off your monitor, and try again with a new strip.
- 3. At the end of the countdown:
  - If the beeper is ON, listen for the beeper.
  - The blood B-Ketone result shows on the display window with the word **KETONE.**
  - The result is stored in your monitor's memory as a blood B-Ketone result. You may also write the result in your logbook.

## **Shutting Off Your Monitor**

- 1. Removing the test strip from the strip port turns off the monitor. You can use the opened foil packet to remove and discard your used test strip.
- 2. Discard the test strip properly.

Note: You may also turn the monitor off by Pressing  $\bigcup$  and Holding the button. If you do not turn your monitor off or pull the test strip out, the monitor shuts off automatically after 60 seconds.

## **Understanding Your Result**

Blood B-Ketone is expected to be lower than 0.6mmol/L. Blood B-Ketone may be higher when a person is ill, is fasting, exercises vigorously, or if blood glucose levels are not controlled.

#### When:

• Blood B-Ketone result is between 0.6 and 1.5 mmol/L and blood glucose result is 300 mg/dL (16.7 mmol/L) or higher:

## What it Means:

A problem requiring medical assistance may be occurring.

#### What to Do:

Contact your healthcare professional. Follow his or her instructions for sick day management.

#### When:

• Blood B-Ketone result remains high or becomes higher than 1.5 mmol/L:

#### <u>What It Means:</u>

You may be at risk of developing diabetic ketoacidosis (DKA).

#### What to Do:

Contact your healthcare professional immediately.

#### "HI" Result

#### What It Means:

• Your monitor has determined that your blood B-Ketone result is higher than 6.0 mmol/L, or there may be a problem with the test strip.

#### What to Do:

• Monitor your blood B-Ketone again with a new test strip. If **HI** shows on the display window again, contact your healthcare professional **immediately**.

## "E-4" Result

## What It Means:

• There may be a problem with the test strip.

## What to Do:

• Monitor your blood B-Ketone again with a new test strip. If **E-4** shows on the display window again, contact your healthcare professional **immediately**.

**Important:** It is recommended that you repeat the blood B-Ketone test with a new test strip when:

- HI appears in the display window.
- Your result is unusually high.
- You question your result.
- You obtain a 0.0 mmol/L blood B-Ketone result BUT your blood glucose is higher than 300mg/dL (16.7 mmol/L).

**Important:** A result that is incorrect may have a serious medical outcome. Consult your healthcare professional before changing your diabetes medication program.

# **Insulin Review**

Insulin was first discovered in 1921. It is a hormone that is made by beta cells in the pancreas, located in islet cell complexes. In Type 1 diabetes, these cells are destroyed, resulting in insulin deficiency. The problem in Type 2 diabetes has to do with resistance to insulin effect in the tissues where it works (the pancreas cannot keep up with the need for high levels of insulin output).

#### Main functions of insulin:

- To allow sugar to pass into cells where it can be used for energy.
- To turn off excess production of sugar in the liver.
- To turn off fat breakdown; this results in development of ketones.
  - Fat breakdown or lipolysis is due to:
    - Not enough insulin available to help the cells burn the needed sugar.
    - The body needing more energy (i.e. stress/illness)
    - Stress hormones such as steroids, adrenaline, and glucagon are released, causing fat breakdown.
    - Sugar is not available due to vomiting or not eating, and fat is broken down for the energy needed.

## Two Classes of Insulin used at Camp MYDA:

1. "Rapid-acting" (such as Humalog (H), NovoLog (NL), Apidra (AP) Fiasp (FP)

Rapid-acting Insulin					
Name:     Generic Name:     Manufacturer:     Onset (min)     Peak (min)     (hrs)					
Novalog	Insuin aspart	Novo Nordisk	15	60	2-4
Humalog	Insulin lispro	Lilly	15	60	2-4
Apidra	Insulin glulsine	Sanofi	15	60	2-4
Fiasp	Insulin aspart	Novo Nordisk	2	30-60	3-5
Afrezza (inhaled)	N/A	Mannkind	12	35-45	1.5-3

Long-acting Insulin					
Name:Generic Name:Manufacturer:Onset (hrs)Peak (hrs)Duration					
Lantus/Basaglar	Insulin glargine	Sanofi / Lilly	1-2	6	24
Levemir	Insulin detemir	Novo Nordisk	1-3	8-10	24
Tresiba	Insulin degludec	Novo Nordisk	1-2	none	up to 42

#### 3. Other insulin used Humalin/Novolin and NPH

Short-acting Insulin						
Name:Generic Name:Manufacturer:Onset (min)Peak (hrs)Duration(hrs)						
Humilin R / Novolin R	Regular	Lilly / Novo	30-60	2-4	6-8	
Intermediate-acting Insulin						
Duration						
Name:         Generic Name:         Manufacturer:         Onset (hrs)         Peak (hrs)         (hrs)						
NPH	Isophane	Lilly / Novo	1-3	4-6	10-16	

#### **Basal-Bolus Insulin Therapy**

Because of the advantages listed above, nearly all the campers not on a pump are being treated with a combination of a long-acting insulin (to provide for the basal insulin needs, which are fairly stable throughout the day) and a very short acting product which can provide quick corrections of high blood sugars and quick insulin coverage for the carbohydrates in meals and snacks. Those on a pump use only very short acting insulin, but it is delivered steadily by this pump, to provide a basal level, and as "boluses", to provide for the extra needs throughout the day.

Insulin action (when it begins working, when it peaks in activity and how long it lasts) may vary from person to person. The action may also vary from one day to the next in the same person. The site of the shot and exercise may influence the insulin action. Increased temperature (bath, shower, hot tub, sauna) may increase blood supply to the skin and cause the insulin to be absorbed more rapidly.

For those on pumps, it is common to see variability in response related to how well the pump site is absorbing (this tends to decrease over time at a given site, leading to the need to change sites every couple of days), and mechanical issues pertaining to the pump and its battery, tubing and needle.

Lantus or Levemir are used as the basal insulin and a rapid-acting insulin is taken prior to meals. These are the most common insulin regimen in pediatrics, aside from pump therapy

## 0200 Blood Sugar Check Protocol

## Responsibilities

• Assess and intervene for campers with high/low BG, first aid needs or other emergent issues **Equipment**:

• Head lamp, radio, fully-stocked treatment box

## **Duties and Responsibilities**

- Identify Camper, and evaluate any additional concerns other than diabetes
- Follow protocols when correcting for hypo/hyperglycemia- DO NOT DOSE unless after consultation with Medical Lead
- Request assistance for problems more appropriately managed by Medical Lead or Support (e.g. persistent hyperglycemia),

## **Diabetes Management**

- Check blood glucose.
- Determine insulin on board (IOB) by pump info readout.
- Record the above information in a notebook or campers records
- **BG** <**50** give 15-20 g quick carb snack\* now. Re-check in 15 minutes, sooner, if symptoms are not improving quickly. Proceed as for BG<70 from this point.
- **BG** <**70** give 10-15g quick carb snack\* now. Decide if more needed, based on variables
  - o (trends, activities, time until meal, IOB, etc.).
- Re-check in 15 minutes -- If still low, repeat snack and timed re-check.
- Once BG is > 80, with extra 15 gm complex carb snack on board
  - returning to high physical activity, prolonged time until next meal (>1h) or if
  - significant IOB.
- **BG 70-200** Decide if snack and/or insulin needed based on the variables.
- **BG 200-300** give 8 oz extra water or non-carb drink. Decide if insulin needed based on variables.
- **BG>300** Check for ketones. Give 8 oz. extra water and appropriate insulin, based on variables. Allow camper to return to sleep and check again in one hour. Converse with Medical Lead and Medical Support if ketones positive, or if camper medical information or equipment needed.

\*Quick Carbs – Apple Juice 4oz, 4 glucose tabs, ½ tube glucose gel

\*\*Complex Carbs – Apple, 1 C. milk, cheese/cracker pack, PB/cracker pack, Protein Bar

# **Continuous Glucose Monitors (CGM) at Camp**

CGMs are becoming a standard of care in diabetes management. Camp MYDA is committed to upholding standards of care and providing a learning environment for both CGM wearers and non-wearers. For the purposes of this document Continuous Blood Glucose Machine reading will read (CGM) and finger blood glucose will read FS. These should also be used in all documentation at camp.

## **Diabetes Management with Continuous Glucose Monitors (CGM):**

- Dexcom G5 and G6 and Freestyle Libre
  - For campers and volunteers wearing either Dexcom, insulin doses and low treatments can be made from the CGM perFDA approval.
    - It is at the discretion of the treating Medical person to require a FS for treatment decisions, which may be indicated if the camper is extremely hypoglycemic or hyperglycemic.
  - Sensor glucose should be documented on treatment sheets as CGM and also include the arrow direction in the flow sheets of these campers.
  - Medical persons unfamiliar or uncomfortable making medical decisions off the CGM should ask other team members, for a second opinion.
  - G5 requires a FS calibration twice daily, or approximately every 12 hours.
  - G6 and Libre do not require FS calibrations, unless requested on their screens.
- Medtronic Guardian, Medtronic Guardian Connect and Dexcom G4
  - For all campers and volunteers wearing Medtronic or Dexcom G5 or 6 CGMs, a FS will be required for all insulin decision making or carbohydrate treatments for hypoglycemia.
  - FS glucose should be documented on treatment sheets as FS.
  - Directional arrows on the CGM can be used to enhance treatment decisions. If arrows play a role in the treatment decision, they should be documented
  - G5 or 6 does not require a FS calibration twice daily, or approximately every 12 hours.
  - Medtronic CGM requires 3 BG calibrations a day, or it will stop displaying CGM data and discontinue anyAutomode program the pump may be current running.
- Acetaminophen (ApAp) doses
  - When possible, avoid ApAp in Dexcom G5/G6 or Medtronic Guardian wearer. If given: check back in with camper after 4 hour expiration date.
  - Any camper or volunteer member administered ApAp will require a finger poke blood glucose for any treatments until after the 4 hours is completed.
  - o G6 or Libre wearers do NOT need documentation of administration

# CGM Arrow Key

Medtronic I	Dexcom and G5/G6	Abbott Libre & Navigator	Change in glucose mmol/l in 15 minutes	Real life speak
	→	→	0.0 - 0.8	Stable
↓	Ľ	Ľ	0.8 - 1.7	Falling slowly
<b>*</b> *	↓	↓	>1.7	Falling qucikly
<b>444</b>	<b>*+</b>		>2.5	Falling rapidly
1	7	7	0.8 - 1.7	Rising slowly
ተተ	1	1	>1.7	Rising quickly
<u>^</u> ^^	<b>^</b>		>2.5	Rising rapidly

# Hypoglycemia Treatment for Integrated Insulin Pumps and Continuous GlucoseMonitors (CGM)

Evolving technologies have changed the way we treat hyper- and hypoglycemia. Camp MYDA is committed to best practices and teaching new ways of diabetes management.

## Hypoglycemia treatment and Basal Adjustments:

- Basal IQ in the Tslim X2 with G6
  - Basal IQ turns the basal off when the wearer is predicted to be low and then turns back on once the wearer's blood glucose is increasing.
  - Pre-bolusing for meals is very important with this technology.
  - With predictive low technology, the algorithm has been working on the low for a while. It is imperative that carbohydrate treatments are conservative.
    - <70 or feeling symptomatic: 5-10g quick carbs. Follow with protein + consider an extra 5g carbs once basal has resumed.</li>
    - <50 mg/dl per CGM: 15g carbs. Follow with protein + consider an extra 5g carbs once basal has resumed
  - Reviewing 8+ hours of CGM data
    - If Basal IQ was activated ~15-25% of the time then a basal reduction is warranted
  - Night rounds reviewing last 3 hours of CGM data
    - If Basal IQ was activated more than 3 times, during the last 3-4 hours
      - Check insulin on board.
      - 5-15g of carbs plus protein is warranted.
        - Recall that younger campers are more insulin/carbohydrate sensitive and may only need 5-10g of carbs, while older campers may be more insulin/carbohydrate resistant and require 15+g of carbs. It all depends on arrows, rate of change, activity level and also if there is any insulin on board
      - Temp Basal (80-90%) for the rest of the night.
        - Basal IQ will continue to work and maintain the temp basal.

## Hypoglycemia/Hyperglycemia treatment with Medtronic Auto mode:

- Camper or volunteer must be running in "auto mode" as evidenced by the Shield.
  - Pre-boulusing for meals is very important with this technology.
  - In the CGM menu a series of pink dots indicate microbolus/basal. Too few/many dots means camper/colunteer is dangerously close to being kicked out of auto mode
    - Few/no pink dots
      - Blood glucose 100-150: 5-8g of carbs
      - Blood glucose <100: 8-10g of quick carbs followed by protein
    - Many pink dots
      - Correct blood glucose with a bolus as prompted by the pump
  - Reviewing ~8 hours of CGM and pink dot data
    - If few pink dots and running low
      - Consider a 5-10% reduction in Carb ratio
      - Consider a temp target of 150mg/dl over night
  - Night rounds
    - Review 4 hours of CGM data and pink dot history
      - Consider a temp target of 150mg/dL overnight (especially the first 48 hours of camp)
      - 5-15g of carbs plus protein.

Recall that younger campers are more insulin/carbohydrate sensitive and may only need 5-10g of carbs, while older campers may be more insulin/carbohydrate resistant and require 15+g of carbs. It all depends on arrows, rate of change, activity level and also if there is any insulin on board



# Section 6: Insulin Pumps

# **Insulin Pump Therapy**

## What is a Pump?

An insulin pump is a small microcomputer that constantly provides insulin using a motorized drive device. Rapid-acting insulin is loaded into a reservoir or cartridge, which is then inserted into the pump's case. This is then connected to an insulin infusion set, a plastic tube that runs to a pump "site" where a small cannula, using a needle, has been inserted under the skin. After insertion, the needle is removed (similar to an IV). The insulin is then infused through the tubing and cannula under the skin. The pump site is taped and left in place for up to 2-3 days. Current pumps do not measure blood glucose or make insulin adjustments automatically.

The pump is programmed to give a pre-set amount of insulin at regular intervals every few minutes throughout the day -- the *basal rate*. Each time a person eats carbohydrates, or wants to correct a blood glucose (BG) elevation, buttons on the pump must be pushed to give a "*bolus*" of insulin. The current pumps have smart technology in them to help you calculate your recommended insulin dosage, based on the preprogrammed settings in the pump. Long-acting insulin is typically not given concurrently with a pump, but is often used as a back-up for pump failure.

#### Advantages:

- Fewer injections
- Insulin delivery, availability and convenience
- Less severe hypoglycemia
- Flexibility and freedom
- Altering dose with exercise
- Reduction of blood sugars after meals or whenever blood sugar is high

Disadvantages:

- Psychological/appearance factors
- Improved glycemic control Expense
- Weight gain
- Skin infections
- Insulin delivery technical failures
- Infusion site difficulties



#### Upon check-in: Please refer to Check In Checklist

• Double check the date and time in the pump. Be sure to record all <u>current</u> basal rates, carb ratio, sensitivity factors (correction ratios), and other related information.

• Record day or date of last infusion set change.

• Basal Rates should be adjusted for increased camper activity on an individual basis; however, basal rates should usually remain unchanged until the day after check-in.

• Verify and record serial number off each campers devices

#### Monday morning (first full day of camp):

- Basal Rate adjustments should be made depending on *each individual camper*.
- Initially, change only basal rates using pump's temporary feature, not times or profiles.
- Never INCREASE basal rates on the first full day of camp.
- General Guidelines for making basal adjustments (DECREASE):

Level of Pre-Camp Diabetes Cont	rol
---------------------------------	-----

Pre-Camp Activity	Tight or Average	Poor Control
Level	Control	
Little to none	40% decrease	20-30% decrease
Moderate	20-30% decrease	10-20% decrease
High	0-20% decrease	0-10% decrease

Insulin Pump Basal Rate Adjustment Example:

Pre camp activity: little to none

Pre camp diabetes control: average control

If basal is reduced 40%, then this camper needs 60% of original basal rate. Example Pre camp Basal Rate profile:

Pre Camp 40% Reduction

12 AM - 6 AM - 1.0 units / hr x 0.6 = 0.6 unit / hr

6AM – 12 noon -- 0.8 units / hr x 0.6 = 0.48 or 0.5 units / hr 12 noon – 12 AM -- 0.9 units / hr x 0.6 = 0.54 or 0.5 units / hr

#### **Pump questions?**

Check with your Medical Lead to be directed to someone with pump experience. Also, in the manual, is information for each of the pumps. These include the use of the buttons to check information, change basal rates, give boluses, access the pump wizard, etc.

- 1. Any insulin administered should be visually verified by a medical person for accuracy; this applies to both younger and older campers (including teenagers). The current BG and carb count must be correctly entered into the pump.
- 2. Pump supplies required to be brought to camp from home:
  - a. EMLA cream (if used)
  - b. Insertion device (if used)
  - c. Tapes, adhesives, dressings
  - d. Sets, reservoirs to change at least TWICE as often as usual
- 3. Campers supplies can be kept with campers other personal belongings. All site changes must be documented in camper's health record, and done:
  - a. In the supervision of appropriately trained volunteer with supervision of insertion
- 4. After washing hands and thoroughly cleansing the infusion site, campers will use the technique for site insertion that is normally used at home.
- 5. Campers will change their pump site at least <u>every 48-72 hours</u>; this is at the discretion of the team leaders, but should not exceed 72 hours maximum.
- 6. If the camper/volunteer has a BG > 300 mg/dL, first check the date of the last site change andthen: See HYPERGLYCEMIA PROTOCOL
- Campers/volunteer will change set and check ketones after 2 unexplained BG readings
   > 300mg/dL. If there are ketones in blood, the camper/volunteer will take an injection of rapid- acting insulin using a syringe or pen, and present to their medical team for evaluation. Follow the Sick Day Rules and Guidelines as directed.
- 8. If the pump is disconnected for showering, activity, or for a site change taking longer than 30 minutes, there may be a need to replace the missed basal insulin (consult with medical team). The maximum time off the pump during exercise without replacing basal insulin is 2 hours. This decision is at the discretion of the medical team, based on the individual camper and intensity of exercise.
- 9. Insertion site should be checked for redness and tenderness.
- 10. Reservoir/cartridge should be checked to determine remaining insulin daily.
- 11. Pump users will follow the same night BG testing guidelines

While at camp, the pump must be set on the highest sound level for all alarms.

.Possible pump problems that WILL alarm (camper should be sent to Medical Lead for eval):

- Empty reservoir or cartridge
- Low pump reservoir
- Clogged infusion set
- Weak or dead battery
- Low battery
- Pump malfunction

Possible pump problems that will NOT alarm (camper should be sent to Medical Person for eval, if a problem is detected):

- Partially blocked infusion set
- Air in the tubing
- Spoiled insulin
- Leaky infusion set or tubing
- Cannula has come out

If the pump fails during camp, the camper must follow guidelines for switching from a pump to multiple daily Injections (MDI) using Lantus insulin:

- a. Check BG as directed.
- b. Rapid-acting insulin is injected prior to meals as directed, based on both carb coverage and BG coverage.
- c. If needed, contact pump company technical support to see if a replacement pump can be shipped directly to the camp. Performed by medical director or designee. This will also involve contacting the parents.
- d. If the pump is turned off or disabled, give Lantus as the basal insulin daily at the same time each day. (The dosage is usually based on the 24 hour total of the pump's basal insulin consult with team leader or medical director).
- e. To restart a replacement pump, it must be programmed by a certified pump trainer with the camper's insulin settings, prior to resuming any insulin infusion.

# **Pump Tutorials**

# Name: Quick-Set (Medtronic MiniMed, Generic)

#### Features

- Introducer needle is removed, leaving a soft, Teflon cannula in place
- Insert straight in
- Can be used by almost anyone, including people with very little body fat (6mm cannula)
- Disconnects at the insertion site
- 23" and 43" tubing
- 6mm and 9mm cannula lengths

#### Advantages

- Easy insertion technique (straight in)
- Can use mechanical insertion device
- Disconnect at the point of insertion
- Needle protector allows safe disposal of introducer needle in trash

#### Disadvantages

- Straight insertion may dislodge more easily than angled insertion
- No clear window to view the point of insertion
- Very short cannula (6mm) version increases crimp risk
- No audible click for connection confirmation



Close up of Quick-set at the insertion point showing the colored arrows that indicate locked or unlocked.



The Quick-set disconnected, showing how the tubing part comes off the insertion set itself.



## Names: Inset (Unomedical) Or Mio (made by Medtronic)

#### Features

- Introducer needle is removed, leaving a soft, teflon cannula in place
- Insert straight in
- Can be used by almost anyone, including people with very little body fat (6mm cannula)
- Disconnects at the insertion site
- 23" and 43" tubing
- 6mm and 9mm cannula lengths
- Audible "click" confirms connection
- All-in-one infusion set and inserter

## Advantages

- Easy insertion technique (straight in)
- Includes disposable inserter making insertions very easy
- Disconnect at the point of insertion
- Self-contained sterile insertion set and inserter is small and very easy to carry

## Disadvantages

- Straight insertion may dislodge more easily than angled insertion for some people
- No clear window to view the point of insertion
- Inset disconnected.





Inset opened showing the allin-one infusion set and inserter device.



Preparing to insert the Inset infusion set using the selfcontained inserter.



The Inset infusion set on the skin.

## Names: Several:

- Comfort (Generic)
- Silhouette (Medtronic MiniMed)
- Tender (Disetronic)

#### Features

- Introducer needle is removed, leaving a soft, teflon cannula inplace; shorter ones now available
- Angled insertion (typically 30 degrees)
- Can be used by almost anyone, including people with very little body fat
- Disconnects at the insertion site
- Clear window lets you see the skin at the insertion site
- 23", 31", or 43" tubing
- Audible "click" confirms connection
- Silhouette variant has mechanical insertion device; other rrequire manual insertion

#### Advantages

- Angled insertion can be used by almost anyone
- Angled insertion and longer cannula makes it harder to dislodge the set, even during sports
- Clear windows allows you to see the point of insertion
- Quick disconnect at the point of insertion

#### Disadvantages

- Manual insertion of angled sets can be challenging to learn
- Long introducer needle can be intimidating, especially toyounger kids
- Numbing cream highly recommended for kids



Close up of attachment point showing how tubing (left) connects to infusion set (right). The teflon cannula is clearly visible through the clear, circular opening.



Comfort set in use.



The long introducer needle canbe very intimidating at first.

However, only part of the needle is inserted under the skin.

Tandem T:Slim	Medtronic 530G/Revel	OmniPod
1. Wash hands. From the OPTIONS screen, tap LOAD,tap CHANGE CARTRIDGE,YES to stop delivery.	1. Wash hands, disconnect from body, unscrew and remove cartridge from pump, and gather all supplies	1. Wash hands and gather all supplies; requires the personal data manager (PDM) to program
2. Disconnect infusion set and press NEXT to continue. Remove the cartridge using the edge of a coin.	2. Go into Prime menu, select" <u>Rewind</u> "; in the 530/730 pump this is called "Reservoir + Set"	<ul> <li>2. Deactivate the current Pod by going to</li> <li>"Settings" and choose "<u>Change Pod</u>",</li> <li>then confirm; <i>then</i> remove the old Pod</li> </ul>
3. Remove all air from new cartridge and Fill the new cartridge with insulin by inserting syringe into the port on the side of the cartridge by the tubing.	3. Fill a new 1.8mL or 3 mL reservoir with the appropriate insulin, enough for 2-3 days, being sure to remove all air	3. Press "Next" to activate a new Pod, say "Yes"
4. Insert the filled cartridge and press UNLOCK, then tap NEXT. Verify site is disconnected, tap NEXT.	4. Connect reservoir to infusion set tubing	4. Twist the needle onto the fill syringe, fill with the appropriate insulin, minimum 85u, up to 200u
5. Connect infusion set tubingto luer- lock tail of cartridge; hold pump vertically to dispelair.	5. Press and hold the "Act" button to prime the tubing, until 3-4 drops of insulin come out the needle; press "Escape" to exit this menu	5. Insert the needle straight down into the port on the back of the Pod, and completely empty the syringe; the Pod will beep, remove the syringe
6. Tap START to fill tubing.Tap STOP once 3 drops of insulin are seen. Tap DONE.	6. Prepare location with IV prep, remembering to rotate sites	6. Press "Next" which then primes the Pod, beeping when completed
7. Prepare location for infusion set with alcohol wipe, rotating sites. Insert infusion set into theskin. Connect tubing to site.	7. Insert infusion set into the skin, removing the needle	7. Prepare location with alcohol wipe, remembering to rotate sites

# **Insulin Pump Site Change Instructions**
Tandem	Medtronic	OmniPod
8. Tap FILL CANNULA, tap NEXT.	8. Select "Fixed Prime" or "Fill Cannula" in	8. Remove the needle guard and paper adhesive; apply
Edit Fill Amount, usually 0.3 or 0.7	the Prime menu, and enter the appropriate	thePod to the skin
units.	amount of insulin for the set used	
9. Tap START to fill cannula. The site	No action	9. Press "Next", then "Start" to insert cannula and begin
change is complete.		delivery
10. If setting Site Reminder alert, edit	No action	10. The Pod automatically retracts the needle and primes
the settings for 2-3 days, and tap		the cannula
SAVE.		
Cleo 6mm = 0.20u	Quick-set/Mio 6mm = 0.30u	Works only with OmniPod system
Cleo 9mm = 0.50u	Quick-set/Mio 9mm = 0.60u Silhouette	
	13mm = 0.70u Silhouette $17$ mm = 0.90u	

The bolus calculators use insulin-to-carb ratio, blood glucose correction/sensitivity, duration of insulin action, and the blood glucose target to calculate a suggested bolus. If changes are made to the ratios, they must be programmed into the pump to be able to use the bolus calculator feature correctly. *Alternatively*, the dosage can be calculated and entered manually into the pump, although this does not allow use of the insulin on board feature.

The settings for insulin on board (IOB), active insulin, or bolus on board (BOB) are usually in the 2-4 hour range for most campers. Some of the older pumps do not have this feature, or may have a fixed duration of 6 hours. For the pump to suggest a dose using the insulin on board feature, it must know the current BG level.

A temporary basal rate can be used to adjust for situations when the main basal rate (continuous insulin) may be too much or too little. Situations include exercise, inactivity, sick days, low days, and night lows. Generally, adjustments of plus/minus 10-30% are used, but can vary between individuals. For some situations the pump may be removed and suspended for a short period of time. When increasing a basal rate, it is important to be sure the infusion site is working correctly.

# Using the Bolus Calculators to Deliver

# an Insulin Bolus

Tandem	Medtronic	OmniPod
Unlock the screen	Press Bolus button	Obtain the PDM
Tap Bolus, then tap "0 grams"	Enter BG level using up/down arrows, press ACT	Choose Bolus from the Homescreen
Using the onscreen keypad, enter the amount of carbs and tap DONE.	Enter amount of carbohydrates, press Act	Use the up/down controller button to enter the current BGlevel, press Next
Tap "ADD BG". Using the onscreen keypad, enter BG value and tap DONE. If the BG is above target, it will ask to add correction bolus	Screen will reflect the recommended dose, with adjustments for carbs, correction, and active insulin	Indicate whether or not you are going to eat, yes or no
Tap NEXT to confirm the units of insulin to be delivered	Press ACT to continue	If yes, on the next screen enter the amount of carbs, press Enter
You can override the displayed units by tapping on the units displayed.	Screen will go to bolus dose, or may need to select "Normal" bolus first	Screen will review the amount of carbs, the BG, and the insulin on board
Confirm Request, tap YES if entered data is correct, tap NOto go back and make revisions.	May adjust the bolus dose up ordown, before pressing ACT to deliver	May adjust the bolus dose up ordown, before pressing Enter to deliver
Tap DELIVER	If reminders are activated, the next screen will allow you to set a BG reminder, before pressing ACT to deliver the bolus	If reminders are on, you may add a reminder, set the time, and press OK
The bolus splash screen is displayed		
To cancel a bolus, tap the redX, tap YES to stop bolus. It will then show the units delivered. Tap CLOSE.	To cancel a bolus, press ACT, select Suspend, press ACT until the pump stops; will then need to resume the pump's basal rate	To cancel a bolus, be sure the PDM is turned on, press Cancel; pod should beep, screen will show how much insulin was delivered

0		
Tandem T:Slim	Medtronic	OmniPod
Insulin on board is displayed on the home screen, even before you unlock the pump	In the X23 series pump, you can see the active insulin in 3 places (escape button to status screen, bolus recommendation screen, and actual bolus screen when going to give the insulin)	Look for the status screen when the Omnipod PDM is turned on; must have PDM available and in range of pod to see current information.
Alternatively, the IOB can be viewed during the bolus action from the Delivery Calculation sscreen by tapping on "View Calculations", which will show you the settings and IOB.	Alternatively, when BG and carbs are entered into the pump, the IOB (called active insulin) will also be displayed in the bolus menu.	Alternatively, when BG and carbs are entered into the pump, the IOB will also be displayed in this menu.
Pump considers all boluses (meal and correction) when figuring IOB, and deducts the IOB from every subsequent bolus. It uses a linear calculation, i.e. 25% per hour for an IOB of 4 hrs. Full IOB is deducted from any bolus given between 6am and 10pm	Pump considers all boluses (meal and correction) when calculating IOB. But IOB is only deducted from correction boluses (not carb boluses). No IOB is deducted for BG below target. Uses an algorithmic equation to match the ebb and flow to insulin's activity	First generation ONLY considers correction doses when figuring IOB. You may need to override the IOB deduction. PDM 200/400 will consider all boluses (meal and correction) when calculating IOB.

# Finding IOB or Active Insulin

# Setting a Temporary Basal Rate

Tandem	Medtronic	OmniPod
Unlock pump, tap OPTIONS	Go to main menu, then to basal menu	Go to the Personal Diabetes Manager (PDM)
		home screen
Tap TEMP RATE	Select "Set/Edit Temp Basal"	Select "Temp basal"
Tap TEMP RATE again and select	Input the number of hours for the temp basal	Enter the desired percentage of Increase or
the percentage of temp basal, tap DONE	to run, press "ACT"	decrease, press Enter
Tap DURATION, enter the number of	Then adjust to the desired basalrate by 1%	Enter the duration for the temp basal rate, press
hours you want, then tap DONE	increments, press "ACT"	Enter
The pump will adjust for the	For example, 75% or 110%	Press Confirm to start the temp basal
minimum allowable basal rate		
Verify the pump settings and tap	It will then run the duration of the selected	Be sure PDM is within a few feet of the pod for
START.	time, before resuming normal basal (100%)	the pod to receive the data; should hear a beep indicator
The TEMP RATE STARTED	To verify, go to the blank homescreen (before	
splash screen is displayed. An orange	the main menu) and press "Esc", then scroll	
"T" is displayed if a temp basal is	down to review the temp basal status	
going.		
To cancel a temp rate, tap OPTIONS, and tap "X"; confirm message will display,tap STOP.	To cancel a temp basal, go to Main menu, then basal, then select "Cancel temp basal", press ACT	To cancel a temp basal, using the PDM, on the home screen, choose "Suspend/cancel", then choose "cancel temp basal", pressing Select, and then press confirm



# Section 7: Development & & Education

## **Education Opportunities for Campers and Volunteers**

#### Focus:

One of our goals as Medical personnel and volunteers is to provide education for campers, as well as volunteers, throughout the week of camp. Campers and volunteers from different backgrounds come together to learn about Type1 Diabetes Mellitus while having fun at the same time. This includes Medical Teams, RD, Activities and Programing, and other ancillary volunteers. Diabetes does not necessarily define who a person is, they just happen to be living with diabetes. Learning can happen at meal times or during a pump site change. We look for those "teachable moments." We are helping others to decide how to go about calculating insulin doses in relation to the many different scenarios that are possible in the person's day. Discussing how much and how strenuous an activity might affect their blood sugar is a great example of how we can help the camper work through their next insulin dose calculation at meal time.

#### **Philosophy:**

Providing knowledge, support, and understanding leads to a better understanding and insight of Type 1 diabetes for our campers. We as volunteers get to see what it's like to be in their shoes. Our mannerisms and how we approach education is important. Try not to say "You have a <u>bad</u> blood sugar or HbA1c," for example. Instead we can show them how we have an opportunity to bring their blood sugar or HbA1c back into their target range because they checked and discovered the need to correct the situation. For many campers and volunteers, camp is a "reset" button to help them get back on track with their diabetes management. Positive reinforcement is powerful. We want to try to show that diabetes can be managed, thus reducing the likelihood of complications from diabetes in the future.

#### **Learning Styles:**

Not only does each camper have unique insulin dosing depending on age and length of time they have had diabetes; but they also have many different learning styles. Finding the approach that works best for the camper you are working with is key. How much involvement the camper has had with their diabetes decision making at home also plays an important role. At camp, guests and motivational speakers are invited to help inspire the campers and volunteers to a healthy lifestyle and to show that diabetes does not have to stand in the way of fulfilling their goals and aspirations. Skits, games, and other drama are also used to reach campers and assist in providing subtle education.

#### **Goals:**

During the intake process with their medical team the campers and parents are asked what goals they want to focus on during their week at camp. You may also find a different goal during the week to work on too. It is also important to encourage them to set goals for after camp as well. Younger campers can be challenged to work on more skills, thus increasing their independence. Older campers can be encouraged to lower their average blood glucose level, or increase their site rotation, etc.

Goals could be any of the 7 Healthy Self-Care Behavior topics listed below:

- 1) Healthy Eating: Food choices or possible celiac issues
- 2) Being Active: Why we should be active and how does this affect their blood sugars
- 3) Monitoring: Frequency of blood sugar checks
- 4) Taking Medication: Insulin or other medications such as thyroids meds
- 5) Problem Solving: Putting the big picture together- This is huge concept to learn.
- 6) Healthy Coping: Dealing with a chronic illness; school, friends, or family issues
- 7) Reducing Risks: Working towards a long successful life

You will learn an incredible amount of information about Type 1 Diabetes during your week at camp. The campers themselves are the best teachers, so be sure to listen and learn from what they have to say.

### **Developmental Guidelines 9 – 10 years old**

Developmental Level	Erickson: Industry versus Inferiority
General	Piaget: Concrete Operations
Characteristics	Is beginning to be able to master technical skills.
	Is active and approaches the world with vigor. Places emphasis on <b>doing</b> .
	Has enormous curiosity and eager to learn why.
Cognitive Ability	Can use deductive logic. For example, if this occurs, then that will occur.
	Can begin to understand that there may be multiple causes for an illness.
	Will respond to events in concrete terms.
	Is not as focused on self and can usually understand the viewpoints of others.
	Can focus more on reality due to an increasing ability to use logic.
	Can tell time by clock.
	Can understand unseen body processes.
	Has concept of past, present, and future.
Major Fear or Worry	Is concerned with loss of control or status and how seen by friends.
	May be self-conscious regarding body awareness.
	Modesty may cause child to "forget" to save urine for ketone testing
Peer Relationships	Regards school as a social activity rather than an academic activity.
	Places increased importance on friends.
	Is interested in group activities.
	Learns from own experience as well as interaction with peers.
Parent Involvement	May begin to show independence but parents are still the primary care
with Diabetes Care	givers. For example, child can be encouraged to "help with a finger stick"
	or"push the plunger in" from the syringe.
	Still needs significant supervision with technical skills.
Diabetes	Use drawings, games, hands-on activities, competitive activities, rules, work
Teaching Strategies	sheets.
	Encourage active participation in education sessions.
	Use "literal" teaching because child may not have cognitive skills to think
	abstractly.
	Encourage interaction with peers and group activities.
	Use repetition for mastery.
	Emphasize doing and <b>practicing.</b>
Motivators	Motivated by own interests rather than obligations.
Self-Evaluation	Evaluates self "as compared to" peers. Those who "fail to conform" may be
	ostracized.
Potential	If the child is made responsible for blood sugar testing and insulin injections,
Consequences of	at this age they may not be able to reliably and consistently follow through
Self-Management	with these responsibilities. The result may be inaccurate testing, missed
	injections, and poor metabolic control.

Developmental Guidelines from: Lucia Cole, Patrick Conlon, Nancy Dunne, An Educational Curriculumfor Diabetes Camp, 1996, pages 12-17.

## Developmental Guidelines 11 - 13 years old

Developmental	Frickson: Later stage of Industry versus Inferiority
LevelGeneral	Definition of the stage of industry versus interiority
Characteristics	Beginning of adolescence and Identity versus Role Confusion Piaget: Formal Operations
	Able to be introspective and able solve abstract problems. May be critical of adults, especially authority figures.
	May be resentful or rebellious when instructed to perform a task or participate in an established routine.
	May be anxious about the changes that occur with puberty.
Cognitive Ability	Understands the concept of time. Able to solve abstract problems.
Major Fear or Worry	Places importance on acceptance by peers.Rejection by peers can be crushing.
Peer Relationships	Has strong need to "conform to the norm."
	Likes group or team activities and competitive games.
Parent Involvementwith	Need parents to continue to supervise and assist with specific tasks relating to diabetes care.
Diabetes Care	Shared responsibility is the goal.
	"Burn-out" with diabetes can occur with children this age.
Diabetes	Use repetition of information.
Teaching Strategies	Emphasize concepts and problem solving.
	Use role playing, problem solving, competitive games, worksheets and films.
Motivators	Motivated by need to conform with peers. To be able to participate in
Self-Evaluation	in specific tasks of diabetes care; for example, blood sugar monitoring and insulin injections.
Potential	Children may get "burned out" with diabetes and stop doing tasks or
Consequences of	falsify blood sugar monitoring records, especially if not supervised closely
Self-	by parents.
Management	Diabetes can become a "moral" issue if parents do not understand normal childhood behavior or understand the "burning out" factor.

Developmental Guidelines from: Lucia Cole, Patrick Conlon, Nancy Dunne, An Educational Curriculumfor Diabetes Camp, 1996, pages 12-17

## **Developmental Guidelines 14-18 years old**

Developmental	Erickson: Later stage of Identity versus Role Confusion.
LevelGeneral	Intimacy versus Isolation.
Characteristics	Attempting to answer, "who am I?"
	May have an intense preoccupation with self and exaggerated "self-
	consciousness."
	May be thinking, "what are the others thinking?"
	May be experiencing inner turmoil.
	May feel immune to the problems and circumstances that occur with others.
	May be dealing with changes of puberty.
	May be critical of adults.
	May test limits.
	May seek independence, proving that they are not constrained by diabetes.
Cognitive Ability	Can problem solve but may not have all the information.Can
	integrate past, present, and future.
	Has the ability to conceptualize thought.
	Can learn from ideas and arguments presented verbally.
Major Fear or Worry	May see chronic illness as a roadblock to attaining dreams for the future.
	May be concerned if body and emotions are "normal."
Peer Relationships	May reject diabetes regimen as a way to fit in with peer group.
Parent	Management of diabetes should be a shared responsibility based on
Involvement	cognition, family environment, locus of control, and diabetes knowledge.
with Diabetes	Age should not be considered as the primary factor.
Care	
Diabetes	Focus on social and emotional issues rather than intellectual issues.
Teaching Strategies	Instructors should be informal. Include the adolescent in the plan of care.
	Adolescent may be learning to negotiate.
	Do not deny or challenge the adolescent's feelings of invulnerability.Can
	discuss similar experiences of others.
	Help to identify ways to continue to self-monitor blood sugar and give insulin
	injections without being obvious to others, if this is a concern for theadolescent.
	Identify ways to improve compliance of diabetes management.
	Include demonstrations.
	Use films, debates, challenging games, group discussion and problem solving.
Motivators	Values independence and participation in social activities. May
Self-Evaluation	evaluate self in terms of consciously developed standards.
Potential	If overloaded with responsibilities, young adolescents may neglect blood
Consequences	sugar monitoring and insulin injections, leading to episodes of diabetic
of Self-	ketoacidosis.
Management	Depression, resentment and strained parent-adolescent relationships may
	occur.

Developmental Guidelines from: Lucia Cole, Patrick Conlon, Nancy Dunne, *An Educational Curriculumfor Diabetes Camp*, 1996, pages 12-17.



# Section 8: Medical Volunteer Job Descriptions

### **Medical Volunteer Lead and Medical Support**

Reports To: Medical Coordinator and or Medical Director

**Medical Volunteer Lead Qualifications:** Health Care Professional with advanced Diabetes Experience: MD, PA, NP, RPh, PharmD (RN/RD CDE and Senior RN if approved by senior Medical Team) with current license in Montana

**Medical Volunteer Support:** Heath care professional with RN, LPN CDE. Also, Medical Students, Advanced Practice Students, Pharmacy Students, Nursing Students

**Requirements of Attendance:** Full week attendance preferred, if unable please unsure another medical personnel can replace your position. Review goals and plans for your campers in your pod.

Job Summary Medical Volunteer Lead: Coordinate diabetes care for a group of about 5-15 campers including counselors. Coordinate and manage diabetes care with Medical Support Volunteer. Assist with providing first aid and minor emergency care for campers and volunteers during scheduled times throughout the day and night. Coordinate diabetes care with Medical Support Group. Communicate concerns to the Medical Director when needed. Mentor and work as a team with Medical Support to discuss goals/outcomes with non-medical councilors.

Insulin Dosing Note: Approved Medical Voluntter Lead RN/RD CDE and Senior RN can only make insulin dosing changes of no more than 20% increase and now more than 50% decrease of pre-camp insulin dosing unless approved by Senior Medical Personell.

**Job Summary Medical Volunteer** <u>Support</u>: Assist and support Medical Lead as a team. Assist in education of diabetes care, discuss with campers about their goals/outcomes. Please note: Medical Support does not hold a license in which to allow dosing, but may help in discussing how to figure out the dose. Again, Medical Support <u>DOES NOT</u> make final decision in dosing insulin.

#### Duties and Responsibilities of both Medical Lead and Medical Support:

•Participate in the review of camper physical and health history forms as required. Note any allergies, the application completeness, settings, behavioral issues and or any additional concerns

- •Assist with camper blood testing, and medical needs
- •Ensure the health and safety of all campers at camp during your time as a volunteer
- •Assist with camper and Medial personnel during any health emergencies including accidents, high and low blood glucose
- •Assist with the screening of campers and volunteers upon arrival
- •Respond promptly to medical concerns, including accidents and low blood glucose
- •Participate in general camp schedule of activities and volunteer discussion meetings
- •Report all incidents and accidents immediately to the Camp Director and Medical Director, and cooperate in the completion of required follow up

#### **Medical Lead only:**

•Insulin dosing and administration if assistance is required

#### Night before campers arrive:

The information provided in the camper packet will help determine each camper's ageappropriate diabetes knowledge and abilities, and how to achieve the camper and parent goals before camp ends. Discuss amongst your group or "pod" how best to help them achieve their goals. Pay special attention to the newly-diagnosed, those with high Hgb A1c's, those with enuresis or other sensitive issues, and those with parent/guardian management issues. Make progress notes throughout the week to inform the parents and campers of progress or difficulties.

Please ensure you read over the manual and what to do in an emergency so you are prepared if one is to unfortunately occur

#### Check in of campers to be done with both Medical Lead and Support:

Review registration information and update health and diabetes care records. Ensure all boxes on the check-in list are verified and marked complete. If needed, escort the parents/camper to the Medical Director for further evaluation.

Follow the check-in sheet (first page in the camper's team chart file) for step by step check-in process. Complete a chart on each camper. Check in any home meds and label each item with camper ID sticker, medical lead will keep in lock bag and dispense during the week. Inform parents/guardians that they will be notified of any emergencies/seizures/behavior issues (severe) or of any unusual occurrences happening while at camp.

#### During Camp

A large part of Camp is learning, and helping each other learn more about diabetes management. Be sure to monitor the performance of each of your team members, and provide specific feedback to help them grow/learn and to reward them for their efforts.

All blood sugar entries to be input on the Blood Sugar Record sheet in each camper profile. It is important that all team members use this <u>one charting system</u>, report all BG's to Medical Lead, we will print a record for the camper at time of departure. If you feel you need additional time with this or assistance please reach out to the medical director or Camp Director, and they will assign you support.

Everyone is responsible for "Night Rounds" during the week. Entries can be recorded on the Blood Sugar Record sheets in the morning.

If you notice a camper behaving in a way not tolerated by camp rules, address the issue with the camper and note the behavior in the camper's chart. If the camper has already been spoken to about the issue, as noted in their chart, or if the behavior is beyond what you are comfortable dealing with, notify the Medical Director or Camp Director.

Assist with orientation of new medical personnel arriving during the week of camp. If you are leaving mid-week, inform the on-coming Medical Lead or Support of goals and plans for each camper/counselor.

#### <u>Mealtime Testing-</u>

Before mealtimes, review BG data, discuss pre-meal insulin dose based on meal and correction bolus guidelines, and assist camper in determining the appropriate dose depending on food intake, the next planned activity, their present BG, insulin remaining onboard, and previous high/low treatments for the day. The goal is to perform meal time testing, carb counting and insulin decision making within a <u>30 minute window</u>.

Each camper will receive assistance from Medical Support and non-medical volunteers with checking their blood sugars, and in making healthy carb-counting decisions, followed by Medical Lead approval for insulin treatment. Always allow the camper to discuss decisions and then discuss recommendations for changes.

Please ensure Medical Leads are giving the final decision on the amount of insulin given. Medical Support can help campers discuss how to determine that amount of insulin to be given but must not allow them to dose without first meeting with the Medical Lead! Assure that insulin dosages are measured and given accurately and according to protocol. Note in chart all BG checks, insulin, treatments.

Make daily progress notes on camper as considered to be appropriate for continuity and for sharing with the parents at the end of camp. Be sure to note the positives.

If, during either meal time or activity testing, you have someone that is still hypoglycemic after two treatments and requires further observation, designate a Medical lead to escort the camper/counselor/volunteer member to med cabin for further care and monitoring.

#### End of Camp

Ensure all documentation is complete on your assigned campers. Sign off on the checkout list provided in each camper's profile.

#### Emergency Issues

In any emergency requiring assistance, use the walkie-talkie or cell phone to call for backup help. Know how and when to administer Glucagon and Basqsimi, and what side effects to expect. Always inform the Medical Director if Glucagon was given, as this may warrant parental notification. Know how and when to administer Glucagon and Baqsimi, and what side effects to expect. Always inform the Medical Director if Glucagon was given, as this warrants parental notification.

Notify the Medical Director of any camper/counselor admission to the med cabin that is requiring special care. You can assist in the management of a sick camper/councilor as seems appropriate.

Be aware of all EMERGENCY SUPPLIES at camp, where they are kept, and how to use them. Be familiar with the Emergency Kit for camp! If any camper/counselor has a potential for an anaphylactic reaction requiring the use of EPINEPHRINE, make sure that the counselor/Med Volunteers /and entire medical personnel are aware of this person, and note it in RED LETTERS on the front of the chart.

#### **Other Issues**

If one of your campers/counselors is always running highs or lows despite close monitoring, discuss with other Medical Leads and if needed, discuss with one of the many diabetes specialists. Random bed checks are sometimes needed, as some have been known to bring stashes of candy, etc. to camp and eat this randomly. We have also run into situations where campers and volunteers have been overdosing themselves(reminding us again of the importance of checking insulin on board). Check with the medical director prior to doing any bed checks. The camp leadership team will meet to review whether a bed check is justified or necessary.

Report any health-related conduct/safety concerns to the Medical Director as soon as possible.

Attend meetings as scheduled unless excused by the Medical Director. These are a good time for team-building, updating, sharing ideas and problem solving.

Be an active part of your team during the week. Participate in any camper activity you like, as long as you are not scheduled elsewhere.

Assist campers with home sickness issues, arriving at a plan for management with your team, and passing this information on to other appropriate teams so camper assistance will be consistent. If the camper remains homesick despite a good effort, notify the Medical Director and or camp director, to consider notification of parents.

Be a team player at camp. It is everyone's duty to remember to keep the area clean and sanitized after each use (wipe down meters, tables, equipment with disinfectant wipes). Coordinate with each other to ensure that every treatment box is appropriately stocked and/or replenished. Make each camper/counselor responsible to clean up after themselves! The Dietary group will ensure cabin treatment boxes are filled daily as well as heavy activity area low treatment boxes.

#### **Camp MYDA Non-Medical Councilor**

Job Title: Councilor – AKA Non-Medical Volunteer

Reports To: Med Lead (lead) or Med Support (support)

**Job Summary:** Assist with diabetes care routines for campers and volunteer. Assist with providing firstaid and minor emergency care for campers and volunteers during scheduled times throughout the day and night. Communicate concerns to Lead or Support.

#### **Duties and Responsibilities:**

#### Prior to Camp

Collate with your Medical Leads and Medical Support about the goals, achievements that parents are requesting. Review allergies from the health profile and other important information such as behavioral issues or bed-wetting.

Please assist with unloading, cleaning the health area, and setting up team stations. Once setup is completed, work with your Lead and Support on planning for the week, chart information, and any final preparations for camper arrival.

Please read over the emergency plan and be prepared if an unfortunate situation was to occur *Check in of campers:* 

Non- Medical will assist with the intake of temperatures, finding the campers shirt, and helping them to the age appropriate table.

Medical Leads and Medical Support will complete the check-in list for each camper. We ask Non- Medical assist with answering questions about camp, assisting the camper to the appropriate cabin and asking around for ways to help.

After check in is complete, you can use the above information to work with your Lead or Support to determine each camper's age-appropriate diabetes knowledge and abilities, and how to achieve the camper and parent goals before camp ends. Pay special attention to the newlydiagnosed, those with high Hgb A1c's, and those with parent/guardian management issues.

#### During Camp

Work directly with your Lead and Support on all camper decisions regarding care of their diabetes and other issues/problems the first few days of camp. After the first few days, your Lead might authorize you to make additional decisions, under his or her supervision. Remember to consult with your Lead on these issues, to help optimize your learning experience, and to provide safety, as the responsibility for your decisions ultimately rests with the Lead. This is up to the Lead to decide, based on their assessment of your abilities to take on more tasks.

If you notice a camper behaving in a way not tolerated by camp rules, notify your Lead or Support immediately. If the camper has already been spoken to about the issue, it will be turned over to the Medical and/or Camp Director. Campers who continue to act inappropriately will be asked to leave after a warning from the Medical Director/Camp Director.

Assist with orientation of non-medical volunteers arriving mid-week. Bring them up to date on campers goals and plans for the week.

#### <u>Mealtime Testing</u>

Before meal times, meet with campers at each scheduled testing time to review BG data, <u>discuss</u> pre-meal insulin dose based on meal and correction bolus guidelines, and <u>assist</u> camper in determining the appropriate dose depending on food intake, the next planned activity, their present BG, insulin remaining on board, and previous high/low treatments for the day. The goal at meal times is to get through BG testing, carb counting and insulin decision-making within a <u>30</u> <u>minute window</u>. Do not allow camper to dose without seeing the Medical Lead before camper takes the bolus.

Each camper will receive assistance in checking themselves, and in making healthy carbcounting decisions. Always allow the camper to discuss insulin dosing and then have them see a Medical Lead for dosing. Allow this to be a moment of education and learning. Instead of telling them what to do or take, it is a good idea to ask them questions, how active will you be, how did you come up with your dose.

Make daily progress notes on campers/counselors, if directed by your Lead or Support.

If, during either mealtime or activity testing, you have someone that is still hypoglycemic after two treatments and requires further observation, a Medical Support will be designated to escort the camper to a Medical Lead for further care and monitoring

#### End of Camp

Assist in preparing camper/counselor take-home bags that will be put together the last few days of camp. Everyone that can help is asked to do so.

Plan to stay until the designated departure time on Friday, to help with the cleanup. If we all work together, we can accomplish this quite quickly and efficiently. Please stay until the camp is cleaned and ensure you check out with Tonya, Lynae, Mary or Amy

#### Emergency Issues

In any emergency requiring assistance, use the walkie-talkie or cell phone to call for backup help. If you need assistance, defer to an appropriate licensed provider.

Know how and when to administer Glucagon and Baqsimi, and what side effects to expect. Always inform the Medical Director if Glucagon was given, as this warrants parental notification.

Notify the Lead and the Medical Director of any camper/counselor admission to the Med Cabin requiring special care.

#### **Other Issues**

Report any health-related conduct/safety concerns to the Medical Director as soon as possible.

Attend meetings as scheduled unless excuse there's involvement in an activity. These are a good time for team-building, updating, sharing ideas and problem solving.

Be an active part of your team during the week. Participate in any camper activity you like, as long as you are not scheduled elsewhere.

Assist campers with home sickness issues, arriving at a plan for management with your Lead and Support, and passing this information on to other appropriate teams so camper assistance will be consistent. If the camper remains homesick despite a good effort, notify the Medical Director, to consider notification of parents.

Be aware of all EMERGENCY SUPPLIES at camp, where they are kept, and how to use them. Be familiar with the Emergency Kit for camp! If any camper/counselor has a potential for an anaphylactic reaction requiring the use of EPINEPHRINE, make sure that the counselor/Med Team/and entire medical teams are aware of this person, and note it in <u>RED LETTERS</u> on the chart

Be a team player at camp. It is everyone's duty to remember to keep the unit clean and sanitized after each use (wipe down meters, tables, equipment with disinfectant wipes).

Coordinate with Support and Dietary teams in order to ensure that all night kits, and treatment boxes are stocked and/or replenished. The Dietary team will also be around filling low treatment boxes in cabins and heavy activity areas.

This is a busy, tiring, intense week. It should be incredibly fun! Plan rest times carefully to avoid getting over-tired. If you are unhappy, the campers will notice! Spread enthusiasm to your team of campers, counselors and leads. Have a fun and exciting week!



# Section 9: Policies for a Medical Camp

# **Universal Precautions and Exposure Control Plan**

Universal Precautions emphasize the need for Camp MYDA volunteer's to consider all persons as potentially infected with blood-borne pathogens, so reasonable precautions should be undertaken to prevent blood exposures. At Camp MYDA our main concern is with blood from **finger pokes**, **pump sitechanges** and **IV starts**.

**Gloves** are available, if needed, but can be used at the discretion of the volunteer Med Team. Although the use of gloves helps greatly in maintaining hygiene for the Med Team, their use is also optional when handling tears, sputum, nasal secretions, sweat, urine, and vomit, unless they contain visible blood. The ideal scenario is that Med Teams wear gloves when doing BG sticks on campers, and that the gloves be changed between campers. This is not a requirement, however. **Alcohol gel** use between campers is a good practice, so we recommend that each volunteer carry an individual gel container to do this during night rounds.

The <u>lancets</u> that we use at Camp MYDA may be placed in ordinary waste containers, as they are not a pokerisk. <u>Pen needles</u>, <u>syringes</u> and <u>pump infusion set insertion needles</u> should be disposed of in sharps containers. Needles should not be recapped before disposing of them in the sharps containers.

Insulin pens are not to be used as multi-dose units between campers. If using an insulin pen for multipleuses (i.e. night rounds), a single use syringe must be used to draw insulin each time.

It is best to keep our areas/tables/testing sites clean by wiping them down with <u>sanitation wipes</u> after use involving soiling with blood. This wiping should be accomplished on a routine basis, at least once a day.

Injuries or accidents from needle sticks or sharps or splashes or blood must be reported immediately to the Medical Director. Immediate evaluation by the medical director to determine the risk and appropriate response are necessary.

# **DISASTER PLAN**

In the event of a fire or other disaster requiring a quick response and possible evacuation of the camp, it is important that a plan be in place to organize such a response. The camp director will ring the bell continuously to activate this plan, for either drill or for an actual emergency.

### **MEETING PLACES AND PROCESSES AT CAMP:**

The Hagen Hall fire warning bell will be sounded continuously by directors or designated individual. This is Camp's fire emergency signal.

- All residents of the camp will gather at the beachfront next to the campfire area.
- Campers will gather with their counselor in their cabin group. If a retreat group is present, they will gather in their respective groups and by cabins.
- Each counselor will take a head count and report to their leader, who in turn reports to the Associate Director.
- Should persons be missing from the head count, the Associate Director, or their appointee, shall determine the appropriate action needed for locating the missing persons.

• The Associate Director will appoint an individual to notify authorities. Appointee will call 911, give your name as a Volunteer member at Flathead Lutheran Bible Camp (Flathead Lutheran Bible Camp, 550 Lutheran Camp Road, Lakeside, MT, 59922) and report the fire type (building, brush or trees). The person designated by the Associate Director will remain in the office to answer phones and be the only contact with media if safe.

• The Program Coordinator will arrange for a volunteer to meet the emergency personnel at the camp entrance if that is not a threatened area.

#### **EVACUATION PLAN**

#### A. Evacuation Plan when Able to Drive out of Camp Road

- If needed, call 911.
- Delegate available volunteers to alert all other personnel to calmly gather with their campers in cabin groups near the campfire pit, including any Outback and Servant groups onsite. Daily onsite schedules are posted in the Camp Office and in the Kitchen.

• If necessary, ring the bell on Hagen Hall continually for several minutes to gather all cabins. Each counselor will make sure all campers are present and notify their program leader.

• If safe, designate one person to stay in the office and answer phones if safe. The Executive Director, or a person designated, is the only person who should speak to the media.

• Call Eidsvold Lutheran to inform them of the evacuation, 406-857-3529. Also call the

Kalispell camp office, 406-752-6602. If we cannot use Eidsvold, then change plans to evacuate to the White Oak, Best Western Hotel, 406- 857-2400

• Start sending cabin groups with counselors, to Eidsvold Lutheran Church, using the directions found below. Designate drivers to shuttle people in camp vehicles.

• Designate two personnel to recheck every building on site starting at Cabin 1 and moving to Trailblazer Hill.

• If safe, collect all computers from the camp. and kitchen offices. 21

• If time permits, designate remaining support people to collect important camp items as designated.

#### B. Evacuation Plan when Unable to Drive out of Camp Road

• If necessary, call 911.

• Delegate available volunteers to alert all other personel to calmly gather with their campers in cabin groups near the campfire pit, including any Outback and Servant groups onsite. Daily onsite schedules are posted in the Camp Office and in the Kitchen.

• If necessary, ring the bell on Hagen Hall continually for several minutes to gather all cabins. Each counselor will make sure all campers are present and notify their coordinator.

• Call the Kalispell Office to inform them of the evacuation, 406-752-6602. Designate one person to stay in the office and answer phones. The Associate Director, or a designated person is the only person who should speak to the media.

• Bring all available boats, life jackets and paddles to the campfire area and begin to evacuate campers in cabin groups onto the boats. Boats will proceed to Glacier Camp, less than a mile south of camp on the west shore of Flathead Lake. Campers will wait here for further instruction.

• Designate two persons to recheck every building on site starting at Cabin 1 and moving to Trailblazer Hill. • If possible, collect all computers from the camp office

• If time permits, designate remaining support people to collect important camp items as designated.

#### Lost Person/Camper:

In the event of a lost person, it is the desire of Flathead Lutheran Bible Camp not to draw attention to the situation.

#### A. In Case of a Lost Person/Camper

• Whoever first notices the missing person is responsible for bringing it to the attention of anyone in the chain of command, regardless of their position on said chain.

• Using walkie talkies, the chain of command individual will communicate to all program personnel the situation, and who is being searched for. All available program leaders will report to the camp office.

• Upon arrival to the camp office, the highest person on the chain of command present will dictate where to send people to search. All search parties will have a walkie talkie for

communication. 20

• If any of the search parties are able to find the missing person/persons, they are to report it over walkie talkie immediately. All search parties will then return to the office to debrief.

- **B.** Places to search include:
  - Cabin Row- Search each cabin individually.

• Trailblazer Hill, Amphitheater area, and Tent cabins above Amphitheater- Search each cabin individually.

- Beach, campfire, and courts area.
- Big Field, boating area, and outback area
- Bear Valley tent cabins, Labyrinth Area, and outdoor chapel area.
- Meadow area, and Sunset Trai

#### **Personal supplies to evacuate:**

Depending on the immediacy of need for evacuation, campers and volunteers may be asked to bring certain clothing andpersonal items. Consideration may be given to having them collect their personal diabetes/medical supplies in labeled individual bags (to be kept with them at all times).

#### Food supplies to evacuate:

Depending on time and circumstances, a meal (or supplies for this) might be quickly assembled, or priority equipment and food items might be packed for evacuation. A prewritten list of prioritized procedures would be ofhelp if time is short.

#### Medical supplies to evacuate:

Each Lead Medical will gather the records needed to continue to monitor the DM care of those on their team. Include equipment/supplies adequate for checking BG and ketones for one day, for one pumpsite change, for administering medications for the next day, for treating 50+ lows and for delivering first aid (Infirmary Emergency Kit). A prewritten list of prioritized supplies and procedures would be helpful for quick departure, if needed.

#### **Notification of Families:**

Timing of notification can be settled, based on circumstances. In the event of need for immediate evacuation, notification should be delayed until evacuation has been accomplished. It is imperative that the caller know the status and location of the individual campers, when notifying their family. A master list containing the notification information for all the campers should be available to each of the Directors.

## TRANSPORTATION OF CAMPER OR VOLUNTEER TO AN OUTSIDEMEDICAL FACILITY

Transportation Protocol:

- 1. The Medical Director, in consultation with the Medical Lead director and camp director, if time allows, will determine the need to transport a camper or volunteer to an outside medical facility, and if an ambulance is needed.
- 2. An ambulance should be called for the following situations:
  - a. Any need for CPR
  - b. Anaphylaxis with respiratory distress or shock
  - c. Significant respiratory distress from any cause
  - d. Loss of consciousness from any cause except hypoglycemia
  - e. Significant, or possible multi-system trauma (e.g. MVA)
  - f. Multiple, severe, or compound fractures
  - g. Severe laceration or severed artery
  - h. Extensive second degree or any third degree burns
  - i. Possible cervical spine injury
  - j. Bizarre, violent, or suicidal behavior, as warranted
  - k. As directed by Medical Director or Medical Lead and Camp Director
- 3. Inform the camp director and Medical Leads of the name of the camper or volunteer to be transported. If possible, a Medical Lead or Medical Support should ride in the ambulance. A second volunteer should follow in another vehicle.
- 4. If transported by van, a team leader should accompany the camper or volunteer
- 5. The health care team is responsible for ensuring that the following items accompany the camper or volunteer:
  - a. Medical folder with permission to treat, insurance forms (if available, and insulin/blood sugar record
  - b. List of known allergies
  - c. Any medications the patient is taking
  - d. Insulin and syringes
  - e. Blood sugar monitoring equipment
  - f. Hypoglycemia supplies and food (e.g. juice, peanut butter crackers, etc.)
  - g. Referral medical information about the current problem and any significant ongoing medical or psychological issues
  - h. Bring any/all camper/counselor personal belongings if necessary and time permits or arrange for the supplies to be returned to the family if the camper/counselor will not be returning to camp.

- 6. Note that a Medical Lead and a second volunteer (as determined by the Medical Director) must remain with all transported campers or volunteer under age 18, until the parents arrive, she/he is discharged home, or she/he is admitted to the hospital floor.
- 7. Notify the parents of the camper or volunteer
- 8. Fill out accident/incident report, as needed

If transportation is required via helicopter: the following information will be needed:

#### **ON Site Camp Contact NUMBERS:**

Emergency Contacts In case of emergency, alert personal according to this chain of command:

- If appropriate, call 911
- Margie Fiedler- Executive Director 406-890-0662
- Jacob Kvale- Wilderness & Operations Director 563-517-1068
- Karen Heser- Program Coordinator 406-696-7559
- Retreat Coordinator 406-260-5606
- Shane Smith- Maintenance Coordinator 406-249-8765
- David Doney- Maintenance Coordinator 406-212-9785
- Administrative Assistant- office: 406-752-6602

In the event that a parent, guardian, or caretaker needs to be contacted regarding a camper, guest, or volunteer, it must be brought to the attention of a Camp Director. This is to ensure privacy for parties involved in any emergency, and to ensure that the directors are aware of any situation that needs their attention. The first available Camp Director will then be in touch with the appropriate people to ensure that the situation is handled tactfully and professionally.

#### **EMERGENCY NUMBERS**

Call 911, identify yourself, give your name as a volunteer at Flathead Lutheran Bible Camp and report the type of emergency camp is experiencing (fire, medical emergency, weather emergency, etc.).

• Camp's Location: Flathead Lutheran Bible Camp 550 Lutheran Camp Road, Lakeside, MT, 59922

Kalispell Regional Hospital: 406-752-5111

Flathead County Sherriff: 911 or 406-758-5585

Life Flight Alert Air Ambulance World: 888-238-1428; ask for the

Missoula Community Medical Center: : 406-728-4100

2 Bear Air: 406-758-5610



