

POLICY FOR YOUTH CAMPERS WITH INSULIN-DEPENDENT DIABETES

The goal of this policy is to allow youth with insulin-dependent diabetes to participate fully in summer camp while maintaining adequate glucose control. Given the serious consequences of glucose extremes, any youth attending camp with insulin-controlled diabetes needs to be mature and knowledgeable enough to act cooperatively with the Camp Health Officer. The camper's endocrinologist (diabetes specialist) must specifically clear the youth participant for Camp. This clearance must be demonstrated with a set of signed orders or signed diabetes plan. Depending upon the doctor's wishes, a parent may be asked to attend camp with the Scout.

Any youth camper with insulin-dependent diabetes will have a completed BSA health form and a detailed diabetes plan on file with the Camp Health Officer **two weeks before arrival at camp**. The completed health form must include or be accompanied by detailed orders from the camper's diabetes specialist, including:

- instructions for blood sugar monitoring frequency
- directions for treatment of hypo- and hyperglycemia
- monitoring / reporting guidelines
- full contact information for the camper's diabetes specialist

Campers using insulin pumps will also need physician orders for:

- basal settings of insulin pump
- parameters for bolus infusions

In the event that any of this information is missing, the Camp Health Officer will contact the camper's parent prior to the camper's arrival at camp. If the camper arrives at camp without this information, the Camp Health Officer may decline to allow the camper to be released from his parent's care until the required signed orders are faxed directly to the Camp Health Officer.

Monitoring and control at camp should accord with the doctor's orders/diabetes plan. The goal of glucose control while at camp should be avoidance of extreme blood glucose levels. Careful consideration needs to be made concerning the risk for hypoglycemia. Consideration should be given to checking blood glucose levels before/after or during strenuous activities, as well as before each meal and before bedtime. The camper may need to check blood glucose before and after starting strenuous activity for the first 2-3 days of camp.

Detailed documentation by the Camp Health Officer is important. Blood glucose levels must be documented daily for campers in good control, more often if the camper's blood glucose is often low or high. Blood glucose levels should always be done with the camper's own monitor and the same monitor used every time. A blood glucose monitor with memory to document frequency and levels is very desirable.

The camper should have access to appropriate snacks and should carry some quick sources of glucose as well as glucagon at all times. The Camp Health Officer should have an extra glucagon kit in the Health Lodge.

The diabetic youth must have three meals and two scheduled snacks per day. Snacks and snack times should be worked out with the camper, again in accord with the doctor's orders/diabetes plan. The Food Service Director or other staff member should provide the camper with information on carbohydrate counts for all meals and snacks. An adult staff member or adult volunteer leader should be making sure the camper eats appropriately.

Any concerns of camp staff or adult volunteers should be brought to the Camp Health Officer's attention.