



A NOTE FROM THE MEDICAL COMMITTEE 2024

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

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

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

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

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

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

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

Thank you,
The Medical Committee 2024

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