

Chapter 5

Medical Philosophy

Dietary Philosophy

Medical Philosophy and Policies

PHILOSOPHY

Truth: It is our intention to be completely honest with the campers and their families, to explain all the facts of Type I diabetes mellitus and how it will affect their lives. We will answer all of their questions honestly and sincerely.

Beauty: We will explain the beauty and magnificence of the human body and how the human body can, with the help of modern diabetes management techniques, keep a young person healthy for a long lifetime.

Love: We will treat each camper as if he/she were our own child. We will nurture them and also treat any other illness that may come along.

1. Diabetes is a disorder in metabolism. It is not a handicap or disfiguring disease. Our intent is to “normalize” all extrinsic care that goes with Type 1 Diabetes so that the children will feel comfortable with themselves and their lives.

MEDICAL STAFF

2. The medical staff must have current licensure, certifications and malpractice insurance coverage as required by local and state laws and Setebaid Services’[®] insurance. Proof of the above will be kept in the medical staff member’s file.
3. The medical staff will be supervised by the Medical Director, who will assess and determine a scope of practice for each staff member. The Medical Director shall practice within his/her scope of practice as determined by his/her full-time practice (private practitioners) or health systems (those employed by a hospital, health system, or other health care provider). Any services beyond the medical team’s scope of practice shall be referred, by the Medical Director, to his/her network of other providers. These other providers, either external medical or mental health resources, will be contacted by the Medical Director and billed to the camper’s health insurance. Except in an emergency, parents’ or legal guardians will be contacted prior to any referrals.
4. The medical team is available to answer questions for all staff and responsible for all campers’/participants’ medical needs. Staff members are encouraged to keep a health record for medication taken, blood sugar readings (if the staff member has diabetes), and any insulin taken. Any counseling staff with diabetes is encouraged to be checking blood sugars with their campers. This will not only set a good role model for the campers, but it will allow the medical staff to answer any staff questions as well. The medical staff may check staff charts at any time.

MEDICAL STAFF REVIEW & INTERVIEW

5. Prior to arrival at a camp, the medical director or his designee will review camper forms to determine if the camper is within the medical staff's scope of practice.
6. Upon arrival at camp, all participants, campers, and staff will report to the Medical Director, medical staff, or designee for a brief interview and health screening. This will include checking for head lice and screening for foot fungi such as tinea pedis (athlete's foot) or ulcers.

FIRST AID

7. Skin infections, elevated temperature, constipation or diarrhea, minor or major lacerations, bruises or any other injury incurred by the camper must be brought to the attention of the medical staff, 24 hours per day.
8. Any homesickness or injury may upset diabetes management. It is important that homesickness, injury, elevated temperature, constipation or diarrhea, laceration, or bruise be reported. Campers must have footwear protection (shoes) on at all times on camp property except when swimming, bathing, or in their bed.

UNIVERSAL PRECAUTIONS AND EXPOSURE CONTROL PLAN

9. Universal Precautions emphasize the need for health care workers to consider all persons as potentially infected with blood-borne pathogens. Universal precautions will be used when in contact with the following fluids/tissues is anticipated:
 - Blood and any other body/tissues containing visible blood
 - Semen and vaginal secretions
 - Cerebrospinal fluid
 - Synovial fluid
 - Pleural fluid
 - Peritoneal fluid
 - Pericardial fluid
 - Amniotic fluid
10. Universal precautions need not apply to tears, sputum, nasal secretions, sweat, urine, and vomit, unless they contain visible blood.
11. The following procedures apply to Setebaid Services'® camping programs. All of the disease-specific precautions will continue to be utilized when an infection is known or suspected in a camper. It is the policy of the organization to provide a safe environment for all by minimizing the risk of exposure or infection from any blood-borne disease. This is accomplished by the implementation of Universal Precautions. Certain staff members have a reasonably higher occupational exposure risk than others.

12. Staff members at risk for exposure are:

- Medical Director
- Head Nurse
- Physicians
- Nurses

13. All staff and volunteers for diabetes camp should have the Hepatitis B Vaccination prior to coming to camp. If the staff member or volunteer (deemed at risk and not already vaccinated) elects not to be vaccinated, they may sign a waiver stating that they are aware of the risks but are declining vaccination.

14. **Procedures:** When contact or splashes with blood or body fluids or non-intact campers' skin is anticipated, protective barriers should be used according to the following guidelines.

A. Gloves

1. Gloves should be readily accessible to all staff at all times. Gloves are to be used for medical protective services or for food services only.
2. Gloves must be worn in the following situations:
 - a. Performing invasive procedures.
 - b. Starting IVs.
 - c. Handling items soiled with blood.
 - d. Touching or cleaning surfaces with blood.
3. Gloves should be changed between each camper contact and as soon as possible if torn.
4. Thorough hand washing with soap and water should occur:
 - a. Before and between camper contacts.
 - b. If contamination with blood or body fluids occur.
 - c. Following glove removal.
 - d. After trash or infectious waste disposal.
 - e. Any time hands are visibly soiled.

B. Red Needle Boxes

1. Red needle boxes will be kept in the infirmary and cabins for all disposals of blood contaminated products including needles, lancets, tissues dripping with blood, cotton dripping with blood or any testing equipment dripping with blood.
2. Needles and lancets should not be recapped, purposely bent or broken by hand or otherwise manipulated by hand.
3. Used needles and other sharps should be discarded immediately in a puncture resistant container.

C. Chlorine Bleach Solution: Non-disposable products should be cleaned with a solution of 1 part bleach to 10 parts water. Cleaning should occur at least once daily. This should include counter tops.

D. Health Center Laundry

1. All linen soiled with blood will be placed in a red plastic bag marked potentially infectious. It will be washed with Chlorine Bleach Solution.
2. All soiled sleeping bags will be handled as above only if blood is seen.

E. Blood and body fluid spills must be cleaned up promptly with a solution of 1 part bleach to 10 parts water.

F. Injuries or accidents from needle-sticks or sharps, or splashes of blood must be reported immediately to the medical staff or, if occurring to the medical staff, the Medical Director.

1. An incident report should be filled out immediately by the staff, and the Medical Director should be made aware of the situation. The Medical Director must complete the treatment portion of the incident report.
2. Begin any treatment if necessary. Offer Hepatitis B Vaccine if the staff member has not been vaccinated.
3. Notify the Health Department for any necessary follow-up.
4. Contact the Setebaid Services'® Organization Office for follow up with the insurance carrier.
5. Send original report to Setebaid Services'® Organizational Office. Make a copy of the report for the staff member.
6. Continue post-exposure prophylaxis as directed by the physician.
7. Incident report will be kept on file for thirty years at the Setebaid Services'® Office.

G. Training

1. Review procedures at staff training prior to camp.
2. Demonstrations for putting on gloves, and correct procedures for disposing of used syringes, lancets, etc.
3. Review of what constitutes an exposure.
4. Review by all staff members of Exposure Incident Reports.

DISPOSAL OF MEDICAL WASTE

15. Any and all medical waste, which is defined as biohazard waste, will be disposed of in the large medical waste boxes provided in and around the infirmary, med-shed, cabins, or tents. This waste includes used syringes, and any blood-saturated materials. Please place this waste in the proper containers and not on the ground, floor, or any other waste receptacle.

SANITATION MONITORING

16. Sanitation throughout camp shall be monitored by the Head Nurse under the direction of the Medical Director.

RECORDS

17. All staff records will be kept in accordance with Setebaid Services'® Human Resources Policies. Staff Health records will be held for PA statutory limits.
18. Camper records of any program of Setebaid Services®, or any program operated by Setebaid Services®, shall be kept on file in the Setebaid Services'® Organizational Office until two years after the camper reaches the age of majority. The records will be filed in storage alphabetically in their permanent chart.

DEFINITION OF DIABETES AND TYPE 1 DIABETES

19. Diabetes is a condition in which the body is unable to use glucose, the body's source of energy, properly. Glucose provides the fuel that cells, muscle cells for example, use for energy. For the glucose to enter the cell, insulin is needed. A person with diabetes does not make insulin, does not make enough insulin, or is not able to use the insulin properly. Without insulin, glucose cannot enter the cells where it is burned for energy. Insulin is usually produced in the pancreas.
20. In a person with diabetes, glucose cannot get into the cells, so it accumulates in the blood, travels around to all the organs, and spills, through the kidneys, into the urine. Because insulin is a very delicate hormone, it must be injected into the body because the stomach would digest it.
21. With Type 1 Diabetes, insulin is needed for all parts of the body to function properly. The important difference between Type 1 and Type 2 diabetes is that in Type 1, insulin is not manufactured by the pancreas and thus needs to be supplied from outside the body. All campers have Type 1, unless staff is told otherwise by the medical staff. Therefore, their bodies depend on appropriate insulin administration via insulin injections.
22. Proper control of diabetes is important to the child with diabetes to prevent any organ from damage. When kept under control at an early age, the camper can live a healthy and happy life. There are three basic aspects of good diabetes control which we teach at camp: carbohydrate consumption, activity levels, and insulin administration. It is through proper balance that the camper may maintain an equilibrium desired for proper control of diabetes. The camp will strive to teach the campers techniques that will help them maintain good glycemic control.

INSULIN REACTIONS

23. **Definition:** Hypoglycemia, also known as an insulin reaction or low blood sugar, could be a result of numerous factors, including too much insulin, more activity than anticipated, less carbohydrate consumption than anticipated, or a combination of any of these. Some campers learn to recognize the early symptoms of hypoglycemia, and others have no recognition or warning. Children who do not recognize hypoglycemia need to be carefully monitored and watched; staff members need to respond quickly to hypoglycemia.
24. **Recognition:** Become familiar with the types of reactions characteristic of each individual camper. While there are typical symptoms of hypoglycemia like perspiration, shaking, mood changes, dilated pupils, and sleepiness, some campers may have unique symptoms such as personality changes, crying, quarreling, excessive talking, or extreme quietness. Be suspicious of the camper who is sitting alone and showing no interest in activity. Be alert for the camper who shows a sudden disinterest in an activity that previously held his/her attention. Learn your campers and get to know their symptoms. Ask parents and care givers during the drop-off period and read the camper forms for specifics on each camper.
25. It may be difficult to decide whether the camper is experiencing hypoglycemia. If unsure, consult a medical staff member or ask the camper to check a blood sugar.
26. While not always possible, avoiding hypoglycemia is the best possible treatment. With tighter control (i.e. keeping glucose to blood levels closer to the normal range of 80-120 mg/dL) hypoglycemia is more prevalent. Hypoglycemia is also more prevalent prior to meals, mid-morning, and mid-afternoon; however, hypoglycemia may occur at any time.
27. Zealous observation will often lead to early detection of hypoglycemia and thereby avoid severe hypoglycemia. Carry simple carbohydrates with you at all times during camp to treat hypoglycemia.
28. The only way to determine whether or not a camper's blood sugar is low is to use a blood glucose monitor to check it. Seek medical staff if you need assistance.
29. There are three levels of hypoglycemia. The first level is when the camper feels "low". The camper will still be coherent and able to treat themselves with some assistance from you. At the second level, which is slightly more severe, the camper will be conscious, but may not recognize that he/she is hypoglycemic. He/she will need assistance with treatment. In the third level, which is the most severe, the camper will not be conscious and may be experiencing seizures. Treatment for the first two levels may be given orally and therefore should be treated by any staff member aware of the situation and comfortable dealing with it. The third level requires treatment IM and requires medical staff assistance.

30. **Treatment (by non-medical staff):** First, determine if the camper is hypoglycemic by using a blood glucose monitor to measure the blood sugar level. If the camper is below 80 mg/dL, treat the camper with 15 g of carbohydrate orally (i.e. a can of fruit juice, package of crackers, glucose tablets, etc.). The camper should feel better in several minutes. If the camper still feels low, have them rest and check the blood sugar level 15 minutes after they ate the carbohydrate. If needed, repeat the above steps. If you need to repeat this, seek medical attention from the medical staff. Treatment of severe hypoglycemia must be done by members of the medical staff who have training and expertise in treating severe hypoglycemia.
31. **Recording:** Make certain that all hypoglycemia and its specific treatment are recorded on the camper's chart and the medical staff is aware of the treatment during the next chart review. This is extremely important when insulin adjustments are made. Report anything that may seem even remotely important.
32. **Definition:** Hyperglycemia, also known as a high blood sugar, could be a result of numerous factors including not enough insulin, less activity than anticipated, too much carbohydrate consumption, a kink in the insulin pump tube, bad insulin, or a combination of any of these.
33. **Treatment:** Treatment for hypoglycemia should include an immediate blood glucose monitor. If the camper has a blood sugar greater than 250 a ketone urine test should be administered. The blood sugar and urine test should be recorded in the camper medical folder and a medical staff member should be notified for correction.

BLOOD GLUCOSE MONITORING PROCEDURES

34. Setebaid Services'® philosophy stresses obtaining knowledge in order for campers to gain independence. This is obvious in our medical procedures at blood glucose monitoring (BGM) times. BGM occurs at least four times daily: before breakfast, before lunch, before dinner, and before bedtime. BGM is done with cabin/tent mates and the counselor. Each group is assigned a medical team including a physician, nurse educator, and nutritionist.
35. Counselors oversee BGM with their campers. Each counselor receives a BGM for his/her group. Each camper has a chart, lancet device, and lancets. The camper supplies are kept in the camper's bag, which he/she receives just before each BGM time. Campers and staff take turns using the meters. When campers have their turn, each individual uses his/her personal equipment. Campers use the lancet device to draw blood and place a drop of blood on the testing strip in the meter. Once the blood sugar reading is obtained, staff and campers record the reading on the camper's chart. Campers are under the watchful eyes of trained counselors as they follow safe BGM procedures.

36. Nurses and nurse educators are available to help campers who need assistance, but part of the goal at camp is to return campers to parents with a more independent attitude about BGM. Campers are encouraged by the medical staff and counseling staff to begin to take charge of their BGM and insulin administration. Many campers come to us already handling their own BGM and insulin administration; younger and first-time-away-from-home campers usually require more assistance. Our staff is trained extensively on BGM practices and procedures, glucose monitor (i.e. the “meter”) operations, safe handling of lancets and medical waste, and the significance of the BGM results. Sharps containers, and protective equipment (i.e. gloves) are readily available. Part of each BGM procedure is to train campers to dispose of medical waste properly.
37. Campers keep a record of each blood sugar reading on a specially designed sheet. Following each blood sugar check, each camper is visited by the medical team. They will informally chat with the camper about his/her reading, about upcoming activities for the day, and about the next meal. It is hoped that through these chat sessions the campers will begin to take part in decisions about their insulin adjustments related to activity level and carbohydrate consumption.
38. Each medical team is in constant communication with the campers’ counselors and program staff if there is a concern about the management of a particular camper. The staff works together as a team to provide the best possible diabetes management program for each camper.

INSULIN ADMINISTRATION PROCEDURES

39. As with BGM Procedures, Setebaid Services’[®] Camp (including those camps operated by Setebaid Services’[®]) philosophy stresses independence. Insulin Administration at camp is based on the camper’s routine at home, but may be adjusted slightly to fit our busy camp schedule and the active lifestyle at camp.
40. Campers will give their insulin in their cabin or tent at camp. Counselors are trained extensively on insulin administration procedures and our veteran counselors have extensive experience in insulin administration at camp. Counselor training includes safe handling of syringes and Universal Precautions. Sharps containers and protective equipment (i.e. gloves) are readily available.
41. Counselors serve as coaches as they teach younger campers to give their own injections. Setebaid Services’[®] goals are for campers aged 8-9 to give their own injections, and older campers to draw up and/or mix insulin. Obviously, these are general goals and we adjust them to fit each individual camper’s maturity level.
42. The nursing staff is available to assist campers who have never given injections to themselves. They also distribute other medications and assist other campers on an as-needed basis.

43. **Procedures:** Each camper stores his/her insulin in a bag labeled with his/her name which is stored in a locked area by the medical staff. At each insulin administration time, the medical staff distributes the bags to the counselors. The bags contain the camper's personal equipment (lancet device, lancets for BGM and syringes and insulin for insulin administration). Counselors have the campers perform BGM and record the readings on the charts. They then wait on their porch or at their cabin/tent for the medical staff. The medical team discusses the reading, upcoming activities for the day, and the next meal. It is hoped that through these chat sessions the campers will begin to take part in decisions about their insulin adjustments related to activity level and carbohydrate consumption.
44. Following the discussion with the medical team, the physician and camper determine the correct amount of insulin and record it in the chart. The Counselor, or the Counselor with the Nurse's assistance, then instructs (if needed) and watches the camper draw up and administer the insulin. If the camper is not developmentally ready to draw up insulin, the Nurse or Counselor draws up the correct amount of insulin and has another staff member verify that the correct amount is drawn up.
45. Record: If the camper gave his/her own shot or inserts his/her own pump site (the goal of the camp), then the Counselor specifies the injection or pump insertion site (i.e. Right Abdomen, Left Thigh, Right Arm, etc.) under the Remarks column on the chart and initials the chart that the insulin was given. If the camper does not give his/her own injection, then the nurse will give the injection with another person serving as a witness. It is the goal of the camp to teach children to give their own injections before returning home.

Dietary Philosophy

46. At Setebaid Services[®] camping programs, dietitians, medical staff, counselors and food service staff work as a team to build campers' diabetes management skills. This team combines to build the camper's competence and confidence levels in the areas of carbohydrate counting and appropriate insulin administration.
47. The goal of dietary education is to build the camper's knowledge of:
1. Food choices that will provide optimum growth and maintenance of lifelong health.
 2. Accurate carbohydrate content of foods eaten using the Nutrition Facts label and other resources.
 3. Age appropriate portion sizes.
 4. Recognition and appropriate treatment of hypoglycemia.
48. These goals are achieved during "teachable moments" throughout the day, but especially during meal times.

49. The camper's diet history (provided prior to camp by the camper's parent) reveals a great deal about the level of knowledge and compliance of a camper. The dietitian reviews each diet history and communicates any special needs, including food allergies or unique meal pattern requirements (especially campers using NPH insulin) to the counselor and kitchen staff. Each unit is assigned a dietitian who works with individual campers and counseling staff to encourage campers to develop the skills listed above.

50. During meals, counselors' responsibilities are many, including:

1. Arriving on time for meals.
2. Making sure blood glucose monitoring is completed and documented on the appropriate medical record.
3. Treatment of hypoglycemia as needed.
4. Reviewing the posted menu - including carbohydrate counts - with campers, being sure to have a positive attitude about meals at camp. Remember, counselors set the tone for campers!
5. Setting a good example by **modeling good eating habits**, including appropriate portion control.
6. Helping campers calculate and record their carbohydrate intake in the proper place.
7. Document insulin dose and administration per physician's order.
8. Assist with the cleanup after meals.

Summer Food Service Program

51. Setebaid Services, Inc. participates in the Summer Food Service Program (SFSP) through the PA Department of Education and the USDA. Meals provided must meet certain nutritional requirements and must offer foods in proper portions from each food group. The meal pattern requirements will be met by the posted menu. Staff members need to familiarize themselves with these meal patterns and monitor their assigned camper's food intake to make sure they are selecting and consuming meals which are posted on the menu. Student dietitians will generally assist with this, but cannot monitor individual campers as their counselors can.

Snacks at Camp

52. The role of snacks at camp is an important one. Snacks are provided according to an individual camper's need and depend upon what type of insulin regimen is used at home. Although most campers are currently using an insulin pump, those campers using NPH insulin follow a less flexible meal and snack pattern and will need to have snacks daily at specific times. These individual needs are identified by the dietitians and medical staff and discussed with the counselors to ensure camper safety.

53. Snacks are provided mid-morning, mid- afternoon and in the evening.

Hypoglycemia (LOW) Supplies

54. The best treatment for hypoglycemia in diabetes is prevention. However, the increased physical activity at camp, combined with other factors, can lead to hypoglycemia throughout the day.

55. Treating hypoglycemia should be done consistently by counselors. Hypoglycemia is treated by:

1. Testing blood glucose to confirm hypoglycemia. (< 70mg/dl)
2. Administration of 15 g of Carbohydrate
3. Re-testing in 15 minutes. If a meal is more than 30 minutes away, a more substantial snack of carbohydrate and protein should be given to prevent repeat hypoglycemia.

56. Low supplies can be found in a central place at camp. Counselors should carry low supplies with them at all times and are responsible for replenishing their supplies. No food should be kept in tents/cabins unless secured in an animal-proof container.

Some Miscellaneous Notes

57. Mealtimes are wonderful opportunities for campers and staff to talk about, plan and re-live the daily camp activities. Making pleasant conversation at the table gives everyone time to get better acquainted. In addition, campers who are traditionally “picky eaters” sometimes forget to be picky if they are distracted by the fun events of the meal. During meals, camp spirit is especially important. At times, the dining hall becomes spirited with singing table songs and silly chants. Staff should make these times fun for the campers by participating in these group activities.

58. Milk is the main beverage offered at meals. This is a positive habit that should be encouraged and modeled by all staff. Only 16% of American children meet their calcium requirements, and developing a “milk with meals” philosophy is a healthy habit campers can take home. Diet soda is available at times, but staff should not drink it during meals. Water is also available.

59. Vegetarian entrees are available per request. The kitchen staff will honor requests as time permits. Those requesting a vegetarian entrée should communicate with the dietitian or kitchen manager in advance of the meal. Once ordered, they must eat the specialty prepared meal.

60. Be positive about the food.

61. Campers and counselors are not permitted behind the serving line for safety reasons.

62. Staff snack is available every evening in the dining hall at specified times. At times counselors are responsible for staff snack clean up. The dining hall and kitchen should be left clean when snack is over.