

# *Aotearoa New Zealand*

## Diabetes Camping Guidelines

*The Organisation and Management of Camps  
for Children and Young People with Diabetes*



Produced by Diabetes New Zealand  
and  
The New Zealand Clinical Network for Children and Young People with Diabetes

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## PREFACE

*These guidelines have been designed to ensure that the health and safety of young people with diabetes is maintained at all times during camp.*

These guidelines replace all previous versions.

It is recommended that all Diabetes New Zealand Groups and other New Zealand groups organising camps for young people with diabetes follow these guidelines, wherever possible and appropriate.

The information contained within these guidelines is provided for reference purposes and is not intended to be a complete manual or handbook, nor is it intended to provide requisite forms, policies or procedures for diabetes camps. Every camp should develop its own materials that address the safe and effective provision of services to children with diabetes in its own unique camp setting - these services must meet the regulations of local and national government/accrediting bodies. The information provided here is intended to guide those involved through the process.

While every reasonable precaution has been taken in the preparation of these guidelines, the authors and publisher assume no responsibility for errors or omissions, nor for the uses made of the materials contained herein and the decisions based on such use. This document does not contain all the information necessary for the total operation of a diabetes camp. As such no individual may solely rely on the information presented herein in forming a comprehensive diabetes camping program. Neither the authors nor the publisher shall be liable for direct, indirect, special, incidental or consequential damages arising out of the use or inability to use the contents of these guidelines.

By necessity, as research evidence and new treatment approaches emerge, this document will be reviewed and updated on a continuing basis. Feedback from all stakeholders is encouraged.

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## 1. Introduction

Camping provides children and young people with diabetes and their families a unique opportunity to share with and learn from others with diabetes. We strongly believe every family with a young person with diabetes in Aotearoa New Zealand should be given the opportunity to benefit from the diabetes camp experience.

### 1.1 Background

These guidelines have been prepared by Diabetes New Zealand in collaboration with the New Zealand Clinical Network for Children and Young People with Diabetes.

### 1.2 Purpose of these Guidelines

These guidelines have been developed for everyone involved with diabetes camps for young people with diabetes in Aotearoa New Zealand.

It is acknowledged that local factors will lead to adaptations in practice.

### 1.3 Aims and Objectives of Diabetes Camping

#### Primary Aim of a Camp

The primary objective of holding a camp is to provide children and young people with diabetes a fun but safe environment that allows them to learn about themselves and their diabetes, to reinforce existing knowledge, and to promote the further development of management and coping strategies.

#### Secondary Objectives of Camps

- To provide an enjoyable recreational camping experience for young people with diabetes
- To provide a safe and healthy environment away from home, embodying the physical, social and emotional well-being of campers
- To overcome any sense of isolation from living with diabetes, reduce stigma, and promote emotional resiliency and confidence in living with diabetes
- To enable young people with diabetes to meet and share experiences with others with diabetes
- To provide opportunities for young people with diabetes to learn more about diabetes, and how to manage it
- To encourage young people to take responsibility for their own wellbeing and develop appropriate levels of independence.

#### Additional Benefits of Camps

In addition to achieving the above objectives, camps bestow numerous additional benefits to children and young people with diabetes, their parents and families, and the health professionals who care for these young people at camp:

- Many camps provide the opportunity for campers to take part in vigorous activities where diabetes management can be demonstrated and positively reinforced
- Campers may gain confidence in dealing with diabetes away from the home setting – this benefit may also extend to an increase in confidence of the parents or caregivers
- An increased confidence and ability to deal with diabetes away from the home setting may encourage participation in other independent activities, such as sleepovers and school camps
- Camps provide a respite for parents and caregivers from the daily stresses of dealing with diabetes

- Health professionals participating in camps gain an increased understanding of the day-to-day challenges facing children and young people with diabetes – this is an invaluable experience.

## 2. Camp Organisation and Management

The organisation of a camp should be initiated at least 12 months prior to the proposed camp.

### 2.1 The Camp Committee

Each camp should operate under the authority of a local Camp Committee, or Diabetes New Zealand Youth Coordinator. A committee may consist of:

- Camp Coordinator – Person responsible for overall co-ordination of camp committee, camp programme, staff, campers, parents, and implementation of these guidelines.
- Clinical Advisors – Health professionals with expertise in diabetes who are able to advise on clinical and dietetic aspects of the camp.
- Financial Officer – Responsible for the budget, coordination of fundraising, collection of receipts and upkeep of detailed accounts; the Financial Officer does not necessarily need to be present at the camp.
- Consumer Representative.

### 2.2 Selection of Camp Site

The camp site should be at a venue designed for school/sports/group camps. The site should comprise a well-defined contained area. Essential facilities at the prospective camp site should include the following:

- Water supply
- Toilets
- Washing facilities
- Sleeping units (cabins or tents)
- Kitchen
- Dining hall
- First Aid Room/Clinical Space
- Recreation hall
- Outdoor recreational area
- Equipment for activities
- Fire protection and sanitation
- Civil Defence Kit
- Telephone

### 2.3 Appointing Staff

The health and safety of staff and campers is dependent on adequate staff numbers – both overall, and within specific professional or skilled areas. The exact staff required will depend on the nature of the camp and the age range and number of campers.

**All staff** must hold evidence of a recent Children's Worker Safety Check including a New Zealand Police Vetting Check.

Clinical Staff – Medical director, medical officer(s), Nurse Practitioner(s) Diabetes Nurse Specialist(s), Clinical Psychologist(s) Dietitian(s), Registered nurse(s), Night nurses or doctors:

All clinical staff should hold a current practising certificate and have a clinical awareness of diabetes in children and young people.

Non-clinical Staff (*Group Leaders and Camp Assistants*) – Additional volunteers with either experience of or interest in diabetes in children and young people.

Ideal qualities sought in non-clinical staff and young adult leaders include the following:

- Good role model
- Show maturity and responsibility
- Aged 16 years or over
- Willing to attend at least one workshop or meeting prior to camp

Early application to the appropriate Te Whatu Ora – Health New Zealand District is essential for the release of necessary medical, nursing and dietetic staff.

The appointment of all clinical staff should be confirmed at least 2 months prior to the start of camp.

The Camp Coordinator should clarify the roles assumed by Site Staff and appointed Camp Staff and ensure that all Staff understand their responsibilities.

### Staff Ratios

General - there should be at least two leaders per 10 campers (including one clinical staff).

Night staff - there should be one-night nurse or doctor with diabetes experience and at least one-night assistant.

Staff ratios may be affected by age and experience of both campers and staff. These recommendations may be altered, should the Camp Committee deem this to be appropriate.

## 2.4 Budget Considerations

Funding applications should be started least 12 months prior to the camp. The Camp Committee should consider fundraising possibilities for camps on an ongoing basis. For Diabetes New Zealand camps, all funding and budget considerations should be discussed with the Head of Youth and Type 1.

INCOME <sup>1</sup>	EXPENSES <sup>1</sup>
Te Whatu Ora Health New Zealand District Charitable Trusts Work and Income and other Government sources Company sponsorship and/or donations Service Clubs – e.g. Lions, Rotary Diabetes NZ Fundraising events Fees from campers (although finance should not be a barrier to attendance)	Venue hire Glucose and ketone test strips Spare Insulin Sharps bins Syringes and pen needles Spare Pump supplies Hypo management supplies Catering costs Extra food provisions – e.g. for snacks Activity costs Medical staff including Night Staff and Dietitian accommodation First aid supplies Volunteer gifts Campers packs – caps, t-shirts, drink bottles etc. (usually sponsored items) Administration – including time

## 2.5 Camp Advertising

Advertising should be initiated at least 6 months prior to the camp, with the close date no later than two months before the camp. The Camp Committee should consider the following advertising options: Promotion should be initiated approximately 6 months prior to the camp by way of a 'Save the Date' advertisement or Expression of Interest survey. Registration closing dates will vary depending on the camp however an ideal time frame for youth camp registrations to close is 2 months.

- Local Diabetes Clinic should be contacted to send out a flyer to their patient lists, this will ensure that all children or young people with diabetes are informed about the camp.
- Diabetes New Zealand Website
- Local Diabetes NZ Social Media
- Diabetes NZ Offices

## 2.6 Programme Development

The programme should be designed to achieve the goals of the camp. Development of the programme will be the responsibility of the Camp Coordinator/Committee in consultation with the appropriate camp venue staff.

<sup>1</sup> Although not limited to these income or expenses



Other pertinent points to consider include the following:

- Age of campers, their skills and abilities
- Specific skills or expertise of staff
- Duration of camp
- Time of year/season/weather
- Available adult or group leader/assistant to camper ratio
- Camp resources
- Safety factors

It is important that the programme is interesting and stimulating for the relevant age group.

## 2.7 Administration

A written statement of policies and procedures is required. These may include the following:

- Specific objectives of the camp
- Memorandum of Agreement for members of staff
- A description of channels of communication and responsibility
- Medical protocols and procedures
- The upkeep of camper records
- General rules for campers; behaviour management
- Fire and general safety policies
- Emergency procedures
- Procedures for persons missing or lost
- Reporting of incidents
- Safeguarding and child protection

## 2.8 Camp Report

On completion of each camp a report should be written including an evaluation of the camp. This is important for accountability to funders and to governing bodies. An evaluation of the camp informs future camps and promotes the advancement of diabetes camps for young people across Aotearoa New Zealand. Evaluation of camps may include subjective and objective assessments, involving campers, staff, and parents.

The Camp Committee should be able to use the results of a formal evaluation to make recommendations for future camps or events. The evaluation should be fully documented within the camp report.

A copy of the camp report should be emailed to Diabetes New Zealand: [youth@diabetes.org.nz](mailto:youth@diabetes.org.nz)

# 3. Roles and Responsibilities of Camp Staff

## 3.1 Division of Responsibility

Responsibility should be divided as follows:

- **Medical** – activities carried out by clinical staff under supervision of the Medical Director and in liaison with the Camp Coordinator.
- **Dietetic** – activities carried out by a suitably qualified diabetes dietitian in liaison with the Medical Director and the Camp Coordinator.
- **Recreational** – activities carried out by all camp staff under supervision of the Camp Coordinator.

- **Household** – activities carried out by Camp Staff and/or Site Staff under supervision of Site Supervisor/Manager and/or Camp Coordinator.

### 3.2 Expectations of Staff

It is desirable for each camp to have a written statement of personnel policies and practices as they affect both the camp and staff member; these may be based upon a memorandum of understanding (see Appendix 1).

Staff members are expected to:

- Have read, understood, and signed a Memorandum of Understanding
- Be fully aware of and comply to all specific camp policies and practices, rules and safety regulations
- Appreciate the aims and objectives of the camp

#### Camp briefing

It is desirable that there is a camp briefing prior to or in the initial stages of the camp. This enables Camp Staff and Site Staff to become fully acquainted and to confirm roles and responsibilities.

All staff (clinical and non-clinical) should:

- Know the whereabouts of the group members at all times
- Establish a good rapport with the campers
- Encourage a healthy team spirit
- Attend daily camp meetings as appropriate
- Report anything untoward to the Camp Coordinator and/or Medical Director immediately.

All staff must be fully aware of the signs, symptoms and management of hypoglycaemia. All Camp Staff and Site Staff (especially those supervising specialised activities) should be provided with a Hypoglycaemia Management Protocol.

### 3.3 Camp Coordinator

This position may be split into administrative and on-site coordination roles. (Reflecting the fact that the person who coordinates the administrative aspects of the camp may not be the same person who is present at the camp.)

#### Camp Organiser

- Is responsible for the overall planning of the camp and all administrative duties required prior to the start date

#### On-site Coordinator

- Is responsible for overseeing the smooth running of the camp including overseeing the camp programme.
- Is responsible for Health and Safety during camp and for ensuring that all camp policies and procedures are followed. They should work closely with the Medical Director who is responsible for seeing that all medical procedures and protocols are followed.
- Is responsible for setting the overall atmosphere of the camp. They should model good behaviour themselves and ensure that all staff (clinical and non-clinical) do so too.
- Is responsible for facilitating communication between the adults running the camp including:
  - Venue staff
  - Clinical staff

- Non-Clinical Staff including
  - Volunteers
  - Industry Representatives
  - Recreational
  - Household staff
- External contractors e.g. caterers
- Alongside the Medical Director is responsible for overseeing communication with parents when required.
- Know the whereabouts of all staff and campers at all times.
- Is responsible for ensuring the behavioural contract is upheld.

### 3.4 Medical Director

It is essential that the camp have a Senior Practitioner in residence, with up-to-date knowledge of diabetes management, and who is actively involved in the camp. The Practitioner will usually assume the role of the Medical Director during the camp.

The Medical Director:

- Is responsible for the overall health of the campers
- Will work closely with all members of the clinical team, with the camp coordinator, and with other staff, to ensure that optimum health is achieved for all campers during the camp
- Should ensure that the camp environment is conducive for the clinical staff to work together and communicate well with each other and the other members of staff
- Must agree the clinical guidelines, policies and procedures to be used in the medical management of campers
- Should be aware of the health status of all members of staff, as well as that of the campers.

*The Medical Director is also responsible for the following tasks (which may be delegated to other clinical staff as appropriate)*

- Maintaining camp medical records
- Ordering and maintaining pharmaceutical supplies
- Altering insulin doses
- Supervising the decisions of the clinical staff
- A Medical Director may delegate temporary oversight of the above responsibilities, where they have had to leave the grounds, step-out for leave, or due to unforeseen circumstances. This will be agreed upon mutually by the Medical Director and the clinician who is delegated the responsibility. Delegation would be to a medical officer or nurse practitioner with the appropriate knowledge and skills.

### 3.5 Specialist Diabetes Nurse/Nurse Practitioner

The Diabetes Nurse Specialist/Nurse Practitioner will work closely with other members of clinical staff to oversee the following essential aspects of diabetes care for the campers:

- Altering insulin doses
- Supervision of insulin injections/insulin pump boluses
- Supervision of insertion or insertion of pump sites
- Supervision of insertion or insertion of continuous glucose monitors

- Supervision of monitoring of glucose levels and ketones levels (where necessary)
- Provision of appropriate care for diabetes-related health problems that may arise during camp.

Of note, Nurse Practitioners may manage health related problems which are not diabetes related, and supervise other clinical staff.

### 3.6 Registered Nurse/Allied Health Professionals

The Registered Nurse will work closely with the Medical/Nurse Practitioner and Specialist Diabetes Nurses and under their supervision.

Any clinicians that are not diabetes specialists may require some pre-camp training in

- Supervision of insulin injections/
- Insulin pump settings and use of insulin pumps
- Use of CGM's
- Monitoring of glucose levels
- Record keeping
- Carbohydrate counting
- Hypo management

### 3.7 Night Clinician

The Night Clinician should always be accompanied by a responsible adult when performing regular night rounds.

Campers should be checked at least at least twice overnight and more if clinically indicated.

The Night Clinician is responsible to the Medical Director.

Responsibilities include regular observation for hypoglycaemia; monitoring of any young person that may be at risk of or thought to be currently experiencing hypoglycaemia.

Any episodes of hypoglycaemia should be treated as per the hypoglycaemia protocol and documented.

Any episodes of raised blood ketones should be treated as per the treatment of hyperglycaemia with raised blood ketones protocol and documented.

The Night Clinician should be aware of individual potential problems that may arise as a result of hypoglycaemia, or independently of hypoglycaemia, such as:

- Bedwetting – this is usually from hyperglycaemia
- Lifting of bedwetters should be carried out according to guidance from the parent or guardian, with consideration to normal practice for the child.
- Sleepwalking
- Nightmares
- Exercise during the day
- Illness

### 3.8 Dietitian

Food is a cornerstone of diabetes management and so the inclusion of a suitably qualified diabetes dietitian in the planning of any camp is vital. The dietitian should take overall responsibility on behalf of the camp committee for all areas associated with food service including menu planning; food purchasing; food safety; kitchen duties and meal service.

Wherever possible the dietitian should also be on site during camp itself and ensure the appropriate nutrition care of each camper. This would be regardless of how involved they actually are in a 'hands-on' capacity or if they are liaising with the on-site kitchen staff. Menus should be aligned with Ministry of Health guidelines for the particular age group also allowing for the camp budget and kitchen facilities.

The dietitian is responsible for the collation of each camper's regular food requirements and any additional needs. This would include gluten free diets for coeliac disease; diagnosed food allergies or intolerances; and any religious considerations. There should also be clear guidelines for the camp staff on dealing with food issues as they may arise. Appropriate education should be provided to any on-site kitchen staff regarding all nutritional requirements for children at camp once these are known. This can be tailored according to the dietitians' availability to provide oversight at meal and snack times.

As part of the camp programme the dietitian should co-ordinate menu planning to match diabetes management for all insulin regimens alongside the activities each day. Consistency of meal and snack times should be part of this planning. All menu items will need to be carbohydrate counted and this information provided in a timely manner to those at camp responsible for the campers at meals and snacks. There will also need to be provision of appropriate carbohydrate foods for treatment of hypoglycaemia and any pre-exercise glucose management.

### 3.9 Group Leaders and Camp Assistants

The bulk of staff at camps will tend to fall into the category of group leaders. Group leaders may be clinicians interested in diabetes, adults with diabetes, medical/industry representatives, or youth leaders.

All staff are encouraged to enjoy themselves and have fun – this rubs off on the campers and positively influences the success of a camp.

#### Group Leaders

- Report to the onsite camp coordinator
- Should be actively involved with campers and activities at all times, unless rostered off duty. This is to build rapport within the group and encourage a healthy team spirit.
- Should assist campers with friendship formation, reinforce and compliment positive behaviour and be on the lookout for bullying or other unkind behaviour.
- Should assist with behaviour management as per the behavioural contract, seeking help from the onsite camp coordinator as required.
- Should model good behaviour in general and in terms of diabetes management. Any adult with diabetes is expected to engage in diabetes management tasks the same as the campers.
- Make sure campers are aware of and obey camp rules and boundaries.
- Attend camp meetings and briefings as advised by on-site coordinator.
- Be fully aware of the signs, symptoms and management of hypoglycaemia.

- Should assist with diabetes management tasks as directed by clinical staff (e.g., checking glucose levels, record keeping, and hypo management).
- Should be open to discussing diabetes issues with campers and be ready to report back to clinical staff and the onsite camp coordinator if advice or help is indicated.

#### **NOTE: Industry Representatives**

Industry reps are encouraged to participate in camps as group leaders. Their role at camp is predominantly one of a supervisory nature. Direct promotion of any product(s) is not permitted. With prior approval from the camp organiser, Industry reps may run educational sessions on technology/devices at camps.

#### **Youth Leaders (16 years and above)**

Teenagers and young adults with diabetes are an important part of activities for children and young people with diabetes. A key role is role modelling appropriate diabetes management tasks in front of children and adhering to a gluten free diet if you also have coeliac disease. Teenagers and young adults may need to be reminded that their own practices at home may be different to the camp guidelines; however, for the purposes of the diabetes camp they need to follow the camp protocols (e.g., non-food based hypo-management, frequency of blood glucose monitoring).

Expectations of Teen Leaders and Mentors at a given camp should be specified in their Registration form/Contract (see Appendix 3).

### **3.10 Activity Supervisors**

Activities may be supervised by a combination of camp staff or site staff.

Potentially hazardous camp activities must be supervised by suitably qualified or experienced people, who are able to implement appropriate safety standards should the need arise.

All activities should be supervised at all times by a responsible adult who can readily identify hypoglycaemia and treat it confidently.

### **3.11 Kitchen Staff**

The kitchen should be staffed by an experienced cook who is capable of organising kitchen staff to prepare the required food, including meeting dietary requirements (such as gluten free food), for the said number of people at the required times. Liaison with the dietitian will be required.

### **3.12 Training**

#### **General requirements**

The Camp Committee is responsible for ensuring that all camp staff are aware of the aims and objectives of the camp and have signed the memorandum of agreement prior to the start of the camp.

#### **Pre-camp Briefing for Clinical Staff**

All staff should be provided with written information prior to the camp. This includes:

- Plan for routine diabetes care
- Procedures for insulin administration under supervision
- Procedure for glucose/ketones monitoring including defined frequency
- If feeling “hypo” or unwell, management of “hypos” – prevention, detection and treatment
- Information regarding hyperglycaemia and ketones

- Procedure for documentation of monitoring and incidents
- Hygiene
- Onsite meetings
- Supervision of activities
- Behaviour management

#### Pre-camp Information for Non-clinical Staff

Basic training in the principles of diabetes management may be necessary for non-diabetes speciality staff and volunteers.

Roles and responsibilities of non-clinical staff, and general expectations of staff should be explained in person and accompanied by written material.

## 4. Campers

### 4.1 Applying for Camp

Communication with families is important to ensure that accurate information about the child's health is obtained. There should be ample opportunity for parents/carers to discuss their child's health before, during, and after camp.

### 4.2 Registration

A young person's health care team should be aware that s/he is applying for camp before a place on camp can be confirmed.

See Appendix 4 for details on what a registration form should include.

It is essential that the clinical staff see all camp registration forms at least 4 – 6 weeks before the camp start date (dependent on time of year).

### 4.3 Legal Consent

An appropriate legally binding consent form must be signed by the parent or guardian – this should include consent for any necessary medical, surgical or anaesthetic care in an emergency, should this be required during camp.

### 4.4 Selection Criteria

The selection of campers should be made jointly by the Camp Organisers.

#### Inclusion Criteria

The needs of the entire group of camp participants must be considered, as well as the personal needs of a given individual. Thus, if one individual has the potential to disrupt the entire event, the inclusion of that individual should be carefully reviewed.

Consider the following:

- This to be a first camp experience
- Newly diagnosed
- Social reasons

- Geographical (consideration to those in remote areas)
- Age (consider giving priority to those who may not be eligible next year)
- Exclusion from previous camps on account of numbers

#### Exclusion Criteria

Decisions to decline applicants are made at the discretion of the Camp Organisers.

Possible exclusion criteria might include:

- Exceptional behavioural or medical grounds
- Age
- Bed numbers or room availability

### 4.5 Education at Camp

Camps clearly illustrate the successful concept of diabetes education away from the formal setting. Education is integrated into the camp programme where learning is by doing.

Each camp provides new opportunities for all participants (including the staff) to learn more about living with diabetes, and the challenges that this presents.

Camp staff may draw on creative methods of imparting and reinforcing diabetes knowledge by looking for "teachable moments". For example, during mealtimes where key diabetes tasks including carbohydrate counting, insulin adjustments, and injection technique are all "normal" activities. Managing glucose levels through exercise and activities is an everyday occurrence at camp, which provide natural opportunities for teaching about hypo - and hyper-management.

### 4.6 Behaviour Management at Camp

There should be a clear outline of the rules and regulations that campers need to follow at camp. This will likely include requirements from the camp facility. The camp should have a written policy demonstrating how behaviour is managed in the camp environment including processes for when rules and regulations are not followed (see Appendix 3 for a sample Behaviour Policy). Campers and their parents need to be aware of such policies and guidelines prior to the camp.

Physical discipline of any kind is not acceptable. Children should not be treated in a way that is degrading, humiliating, or causes them fear or anxiety.

Behaviour management strategies should be natural and logical to the situation and there needs to be consistency of implementation.

Consider the following:

- How positive behaviour will be encouraged and maintained
- What strategies will be used to help children modify behaviours that are against the rules and regulations of the camp
- How ongoing misbehaviour will be managed
- What the process will be if a child needs to be withdrawn from the programme.



## 4.7 What to Bring to Camp

The Camp Committee should compile a list of what to bring and what not to bring to camp. This will be appropriate to the type of camp and the age group of the campers. See Appendix 4 for a sample checklist.

5. Medical Care at Camp

The Medical Director is responsible for coordinating and overseeing medical care at camp.

Medical management of campers should be sensitive and relevant to the needs of the young people. Any parental concerns should also be borne in mind.

In addition to registers held by members of the clinical staff, a central medical register should be maintained. All medically associated activities and occurrences should be fully documented as per the Medical Director's direction.

## 5.1 Medical Facilities

### Off Site

Prior to camp, the nearest hospital, medical centre, pharmacy, and out-of-hours emergency primary care provider must be identified. The distance from these facilities may have a bearing on the resources that will be required on site during camp.

Appropriate local medical personnel (primary care centres, and emergency departments) should receive prior notification of the camp – dates, venues, numbers of children, and medical staff in attendance.

### On Site – the Medical Health Unit

There should be a separate area at the camp that is designated as clinical space. This facility should be suitably organised and equipped to handle diabetes related and non-diabetes related medical problems.

Glucose monitoring equipment must be readily available.

Additional requirements:

- A sink, running water, and toilet facilities
- A means of isolation for a child with an actual or suspected communicable disease while transport home is arranged (this should occur within 6 hrs)
- A storage area for medical supplies, to include a refrigerator
- A private treatment area
- There should be an *Emergency Plan* to hand
- Key emergency telephone numbers must be readily available
- A list of local providers should be readily available.

The medical director and camp coordinator should agree a plan to transport sick or injured individuals to the nearest appropriate medical care facility. Information clearly defining the location of the nearest facility should be readily available.

## 5.2 Medical Supplies

There should be adequate medical supplies available for the treatment of diabetes and non-diabetes health problems. The quantities of supplies will depend on the number of campers and the distance from local providers.

NOTE: All usual medication and supplies should be provided by the camper's family – this includes diabetes supplies plus anything required for any illness or condition other than diabetes.

### Diabetes Supplies

*Personal diabetes supplies may be the responsibility of the camper but always ensure that there are adequate "spares" available.*

- Meters that can measure blood glucose and ketones
- Meter batteries
- Blood glucose and ketone testing strips
- Single use lancing devices
- Glucose monitoring devices
- Record sheets or spreadsheets to record glucose, insulin and medications
- Cotton wool
- Paper towels
- Glucagon kits (one per group)
- Insulin syringes
- Insulin pens & pen needles (4 and 5mm)
- Insulins pen vials or disposable pen devices
- Insulin pump supplies
- Spare batteries
- Spare sites, lines and cartridges
- Alcohol swabs
- Additional tape e.g. Hypafix®
- Glucose tablets (allow at least 30g per child) or boxes of cordial/ juice
- Glucose powder
- Sustained carbohydrate foods e.g. muesli bars, crackers (including gluten-free options)
- Secure and rigid sharps container(s)
- 10% Glucose 1 L with giving sets and 3-way taps.
- A selection of cannula's, syringes, cannula tapes
- Prescription pad
- Torches

### General First Aid Supplies (should be taken on all off-site activities)

- Adrenaline (1:1000 solution) and supplies for administration
- Hydrocortisone or Solu-Cortef
- Salbutamol Inhaler and spacer
- Band Aids
- Bandages
- Dressing packs
- Non-stick dressings
- Gauze
- Waterproof dressings e.g. Tegaderm
- Scissors
- Tweezers

- Adhesive Tape
- Insect repellent
- Antiseptic solution such as Betadine
- Sterile water or saline for cleaning wounds
- Antihistamine tablets and cream
- Steri-strips
- Paracetamol tablets and syrup
- Antiemetic's
- Ibuprofen tablets and syrup
- Thermometer
- Gloves
- Triangular bandages/sling and safety pins
- Cold pack
- Sunblock
- Sanitary pads and tampons

#### Kits for Outings

- Blood glucose monitoring equipment
- Strips and meter(s)
- Single use lancing devices
- Cotton wool/tissues
- Alcohol-free wipes
- Hand sanitisers
- Gloves
- Disposable rapid acting insulin pen device and needles (or group leaders bring/carry the child/teen's own labelled insulin pens) and insulin syringes. Container(s) for sharps
- Glucose – tablets and powder or boxes of cordial/ juice
- Glucagon kits
- Emergency carbohydrate foods e.g. muesli bars
- Phone or satellite phone
- Sunblock
- Insect repellent
- Plastic bags for waste
- Emergency/survival blankets
- Fully stocked First Aid kit (as above)

### 5.3 Clinical Protocols for Diabetes Camp

It is essential that camp-specific clinical protocols are agreed by the medical staff and followed as appropriate. All other clinical protocols as determined by the clinical team's host organisation will also apply.

- Blood Glucose Monitoring – to include: Objectives of Monitoring, Monitoring in Practice
- Continuous Glucose Monitoring – when to check with BG monitoring
- Insulin Adjustment - to include: General Guidance
- Insulin Pumps – to include guidance for basal rate adjustment, carb ratio adjustment, correction/ ISF adjustment, disconnection.

## Management of Hypoglycaemia including management of hypoglycaemia at night and for pumpers

- Administration of Glucagon
- Administration of Intravenous Glucose
- Management of Hyperglycaemia
- Testing and Treatment of Raised Blood Ketones
- Management of Hyperglycaemia and Sick Days
- Medical Care for Illness or Conditions other than Diabetes
  - Coeliac disease
  - Asthma
  - Allergies, including hayfever or food allergies
  - Auto-immune thyroid disease
  - Gastroenteritis
  - Eczema or dermatitis
  - Insect bite reactions
  - Incontinence (bedwetting and encopresis)
  - Epilepsy
  - Autism
  - Attention Deficit Hyperactivity Disorder
  - Cystic Fibrosis

## 6. Health and Safety

### 6.1 General Guidance and Camp Rules

The physical, emotional and environmental health and safety of staff, volunteers and children is of utmost importance at camp.

A Health and Safety briefing must be held at the start of the camp.

Every camp must comply with all relevant health and safety legislation and observe the Diabetes New Zealand *Health and Safety at Youth Camps and Events* policy (Appendix 6)

Camp rules and the behaviour management policy must be clearly explained to staff and campers at the start of the camp.

Two adults should be present at all times when attending children during the night.

No persons other than those involved with the camp are permitted to stay on the camp premises overnight without prior arrangement through the Camp Coordinator.

### 6.2 Legal Requirements

Under the Health and Safety at Work Act 2015 (HSWA) the Board of Trustees and CEO of Diabetes New Zealand are legally responsible and have the primary duty for the health and safety of all staff, volunteers and children at camp. Specific obligations of the Board are outlined in the Diabetes New

Zealand *Health and safety* policy and *Safeguarding and Child Protection Policy* available from Diabetes New Zealand directly.

The Children's Act 2014 requires that Children's Worker Safety Checks be carried out for staff attending a camp. Whilst it is not a legal requirement for volunteers to undergo a safety check,

**Diabetes New Zealand require all adults who attend camp to have a Children's worker safety check including a New Zealand Police vetting check as a matter of best practice.**

### 6.3 Risk Management

Risk management involves four essential steps:

1. Identifying the risk or hazard
2. Assessing the level of risk
3. Managing the risk
4. Monitoring for new or changing risks

All of these steps should be documented using Diabetes New Zealand RAMS forms.

All camp venues should have their own risk management systems in place for the services provided. The Camp Coordinator should request copies of all risk management documentation well in advance of the camp.

Each site, facility, and programme present unique risks when it comes to diabetes camps; your risk identification process will likely reveal additional risks that will need to be addressed.

### 6.4 Recording and Reporting of Incidents and Near Misses

All accidents, incidents, injuries and near misses must be documented and reported to the Camp Coordinator.

Serious or potentially serious incidents must be reported to Diabetes New Zealand as per the *Health and Safety at Camps and Events* policy.

All incidents involving serious harm should be reported to WorkSafe NZ as soon as possible. Serious harm is defined as death, permanent loss of a bodily function, temporary severe loss of a bodily function, amputation, burns requiring a specialist, loss of consciousness, or any harm that causes a person be hospitalised for 48 hours or more.

Immediate consideration should be given as to whether any actions can be taken, or changes made, that will reduce or eliminate the possibility of a similar future incident.

### 6.5 Fire Safety

All camps must be equipped with fire-fighting equipment of the type and quantity approved by the local fire authority. The staff of the camp must be familiar with the location of fire-fighting equipment and its use.

A plan of sleeping locations of both campers and staff should be on display.

There should be a written protocol for emergency evacuation.

## 6.6 Insurance

Insurance is a tool in the risk management process but doesn't cover all the risks to which a diabetes camp may be exposed. Every insurance policy has exclusions, which are as important to understand as what is covered.

The Camp Committee/organiser should ensure that appropriate insurance will cover all aspects of the camp, including hiring of vehicles.

Some circumstances are potentially covered by Accident Compensation Corporation (ACC).

## 6.7 Transport

Any vehicle used for transporting staff and/or campers must be maintained in a safe condition; it must be registered, insured, and have a current warrant of fitness.

Every vehicle used for transporting staff and/or campers must be equipped with a first aid kit.

The seating capacity of the vehicle must not be exceeded, and seat belts must be worn if fitted. Car seats must be fitted for children under 7yrs.

All drivers transporting campers and/or staff must hold a full driver's licence applicable to the type of vehicle being driven. All drivers transporting campers and/or staff must obey the Road Code at all times.

## 6.8 Emergency Preparedness

The following plans should also be in place:

- Medical Emergency
- Natural Disasters
- Terrorist Incidents

## 7. References

Activity Good Practice Guidelines. 2024

<https://www.supportadventure.co.nz/>

EOTC Guidelines Bringing the Curriculum Alive 2023. Ministry of Education, 2023.

<https://eotc.tki.org.nz/EOTC-home/EOTC-Guidelines>

Camping Standards – Guidelines for the conduct of camps for children and adolescents with diabetes. Diabetes Australia NSW / National Diabetes Camping Committee for Children and Adolescents, 2007.

Maslo and Lobato. Diabetes summer camps: history, safety, and outcomes. Paediatric Diabetes, 2008. DOI 10.1111/j.1399-5448.2008.00467.x

American Diabetes Association. Diabetes Management at Camps for Children with Diabetes. Diabetes Care. 2012 Jan; 35(Suppl 1): S72–S75.

Limbert, C., Tinti, D., Malik, F., Kosteria, I., Messer, L., Jalaludin, M. Y., Benitez-Aguirre, P., Biester, S., Corathers, S., von Sengbusch, S., & Marcovecchio, M. L. (2022). ISPAD Clinical Practice Consensus Guidelines 2022: The delivery of ambulatory diabetes care to children and adolescents with diabetes. *Pediatric diabetes*, 23(8), 1243–1269. <https://doi.org/10.1111/pedi.13417>

## 8. Appendices



## Appendix A - Camp Registration - STAFF

*(Kept on record by Medical Director, for emergencies only)*

<b>Personal Details</b>	
Name:	
Date of Birth:	
Address:	
Cell Phone Number:	
Email Address:	
<b>Emergency Contact</b>	
Name:	
Address:	
Telephone:	Day
	Night
<b>Medical Information:</b> <i>(Medical conditions, medications, allergies)</i>	

## Memorandum of Understanding

### *Between Diabetes New Zealand and Camp Staff including Health Professionals, and Adult Volunteers*

Thank you for signing up to come to our Diabetes Camp. In order for everything to run smoothly and safely we have rules that need to be agreed to.

The primary objective of camp is to provide children and young people with diabetes a fun but safe environment that allows them to learn about themselves, and their diabetes. The main aim is to reinforce current education and promote further development of management and coping strategies.

Whilst at camp you will be allocated various roles in supervising children and young people with diabetes in activities and diabetes management tasks. You will need to be prepared to help children wash their hands, check and record their blood glucose levels, and observe drawing/dialling up of insulin.

Each dose of insulin must be double-checked by an adult leader. Doses of insulin will be determined by appropriate medical staff. No insulin is to be given unless nursing or medical staff have given the OK.

Only nursing or medical staff may give insulin injections to another person.

You will be privy to confidential medical information about children and young people whilst they are at diabetes camp; this information is NOT to be shared outside of the camp environment.

-----

☐ I agree that photos of myself may be taken during camp and shared via Diabetes NZ networks only for the purposes of promoting the objects of Diabetes New Zealand.

I accept and understand the responsibilities detailed above. I am aware of the camp policies and practices, rules and safety regulations, and agree to comply with these at all times.

Signature: \_\_\_\_\_

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

Name: \_\_\_\_\_

Staff Role at Camp: \_\_\_\_\_

## Appendix B - Camp Registration – INDUSTRY REPS

*(Kept on record by Medical Director, for emergencies only)*

<b>Personal Details</b>	
Name:	
Date of Birth:	
Address:	
Cell Phone Number:	
Email Address:	
<b>Emergency Contact</b>	
Name:	
Address:	
Telephone:	Day
	Night
<b>Medical Information including dietary requirements:</b> <i>(Medical conditions, medications, allergies)</i>	

## Memorandum of Understanding

### *Between Diabetes New Zealand and Industry Representatives*

Thank you for signing up to come to our Diabetes Camp. In order for everything to run smoothly and safely we have rules that need to be agreed to.

The primary objective of camp is to provide children and young people with diabetes a fun but safe environment that allows them to learn about themselves, and their diabetes. The main aim is to reinforce current education and promote further development of management and coping strategies.

Whilst at camp you will be allocated various roles in supervising children and young people with diabetes in activities and diabetes management tasks. You will need to be prepared to help children wash their hands, check and record their blood glucose levels, and observe drawing/dialling up of insulin.

Each dose of insulin must be double-checked by an adult leader. Doses of insulin will be determined by appropriate medical staff. No insulin is to be given unless nursing or medical staff have given the OK.

Only nursing or medical staff may give insulin injections to another person.

You will be privy to confidential medical information about children and young people whilst they are at diabetes camp; this information is NOT to be shared outside of the camp environment.

<insert any specific terms and conditions relevant>

-----

☐ I agree that photos of myself may be taken during camp and shared via Diabetes NZ networks only for the purposes of promoting the objects of Diabetes New Zealand.

I accept and understand the responsibilities detailed above. I am aware of the camp policies and practices, rules and safety regulations, and agree to comply with these at all times.

Signature: \_\_\_\_\_

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

Name: \_\_\_\_\_

Staff Role at Camp: \_\_\_\_\_

## Appendix C - Camp Registration – YOUTH LEADER

<b>Personal Details</b>			
First Name:			
Last Name:			
Age:			
Date of Birth:		Gender:	
Address:			
Cell Phone Number:			
Email Address:			
<b>Emergency Contact</b>			
Name:			
Address:			
Telephone:	Day		
	Night		
Email Address:			
<b>Diabetes Management</b>			
Please write your usual daily insulin plan, including names of insulin, carb:insulin ratios and correction factors used.			
Do you use a CGM?	YES	NO	
(If YES please give details):			

Do you recognize hypo symptoms?	YES	NO
<b>Any other Health Conditions</b>		
Are you on any other medication?	YES	NO
<i>(If YES please give details):</i>		
Do you have any allergies (including food/drinks)	YES	NO
<i>(If YES please give details including dietary requirements):</i>		
<b>Water Safety</b>		
Are you a confident swimmer?	YES	NO
Are you happy to swim with kids in the river or the swimming pool?	YES	NO
<b>Relevant Experience and Referee</b>		
Use separate sheet if necessary		

Please read and complete the Diabetes Camp Youth Leader Contract. This must also be signed off by a parent if you are under 18yrs, and a member of the Camp Committee, before your registration will be accepted.

## Diabetes Camp Youth Leader Contract

As a mentor you hold one of the most important roles of a successful camp. Your major responsibility is to supervise a group of campers to provide a safe, fun, and exciting camping experience. Your duties as a mentor need to be taken seriously.

### Mentor Job Description

As a mentor your job involves role-modelling, listening to and guiding campers, giving encouragement and support. Camp is an opportunity for you to demonstrate initiative and develop your leadership and communication skills.

### Responsibilities

1. You will demonstrate emotional maturity, be self-confident, and able to accept constructive criticism.
2. You will demonstrate an interest in the camp processes, events and activities, as well as the campers, their needs, undertakings and special challenges.
3. You will assist with the leadership of the group without constant and specific direction and/or supervision.
4. You will interact with staff, other mentors and campers in a cooperative manner.
5. You will set a good example in EVERYTHING you do at camp. This includes setting the tone and being an example for campers by actively and enthusiastically participating in all camp activities, abiding by all camp rules at all times, and ensuring that all campers are treated equally and fairly and are involved in all camp activities.
6. You will observe camper behaviour, assess its appropriateness and minimize any harmful behaviours (verbal or physical)
7. You will strive to provide a positive camping experience for campers by creating and maintaining a safe, fun and enjoyable atmosphere at all times.
8. You will role model diabetes management tasks as per camp guidelines (e.g. with hypo management, blood glucose monitoring, insulin administration, ketone testing).
9. You must be discreet and willing to listen to any confidential issues that a camper might have. Any such issues need to be communicated to the Camp Coordinator.
10. You will communicate regularly with the Camp Coordinator regarding any concerns, updates or challenges, including if you need a break or are struggling to manage.

### Rules

All camp staff – including Youth Leaders – will NOT:

1. Use alcohol or drugs.
2. Smoke or vape.
3. Use inappropriate or offensive language.
4. Engage in or permit verbal or non-verbal put-downs of others.
5. Engage in close personal relationships with other mentors, staff or campers.
6. Permit vandalism of property in any form.
7. Permit any kind of littering.
8. Leave the camp without permission.
9. Engage in or permit excessive physical “rough-housing” with campers.

10. Threaten or administer physical punishments.
11. Be under the influence of or in possession of any drugs, alcohol or cigarettes.
12. Use cell phones or other technology in front of campers unless appropriate for the whole group (e.g. music)
13. Make inconsiderate noise and disturbance after “lights out” and before wake up time.
14. Have snack or drinks (including chewing gum) or any other special privileges in front of campers if the campers are not allowed to have them.
15. Wear T-shirts, caps, or any other clothing that may be deemed offensive (e.g. no string bikinis or skinny strap singlets (board shorts and top are okay))
16. Clothing must be sun-safe – a hat is compulsory.

**The four most important qualities that you must possess as a Youth Leader:**

1. Tons of energy (and we mean tons!)
2. A willingness to make a fool of yourself for the sake of making a child or young person smile.
3. The ability to give “warm fuzzies” on a daily basis (please ask if you’re curious)
4. A desire to have fun!!!!

-----

As a Diabetes Camp Youth Leader, I agree to follow the responsibilities and rules listed above.

_____	_____
Youth Leader Signature	Date

I agree to permit my son/daughter (if under 18 years) to participate as a diabetes camp mentor under the direction of the Camp Committee. I understand that I will be notified by a staff member should an issue arise and that my son/daughter may be asked to leave the camp at that time. I will be responsible for collecting them.

_____	_____
Parent Signature	Date

_____	_____
Signature on behalf of the Camp Committee or Diabetes New Zealand Youth Coordinator	Date

\_\_\_\_\_

Name



## Appendix D - Camp Registration – CAMPERS

Registration for campers should include the following information. This information is all gathered through Humanitix event management system.

### Contact Information

- Personal Details of Camper
- Parent and Caregiver contact details
- Emergency Contacts
- Family Doctor

### General and Medical Information

- Attendance at camps or sleepovers
- Fitness Level
- Swimming Ability
- Fears or Dislikes
- Car Sickness
- Enuresis
- Special needs or Health Conditions
- Medication other than Diabetes Related
- Behavioural or Social Issues
- Additional Cultural Practices

### Diabetes Management

- Number of years living with diabetes
- Type of Diabetes
- Clinic Information
- Diabetes Medications and Management Plan including devices, carbohydrate ratios, and sensitivity factors
- Glucose Monitoring System
- Hypoglycaemia

### Dietary Information

- Typical Meals including carbohydrate amounts
- Coeliac Disease
- Allergies and Intolerances
- Cultural or religious practices around mealtimes

### Transport Requirements

## Diabetes Camp – DECLARATION BY PARENT OR GUARDIAN

Consent will be part of the Humanitix registration process and includes the following areas:

- Consent to attend the Diabetes Camp
- Understand and acknowledge that the camp coordinator and all members of Camp Staff will exercise all due care, but will not be liable for any injury or damage my child may sustain to his/her property.
- Understand that in the case of illness the Camp Physician may request my child to be taken home within six (6) hours, and that a caregiver must be contactable.
- Consent to any appropriate medical, surgical or anaesthetic care in an emergency, should this be required.
- Understand that the programme may include a range of adult-supervised water and land-based activities.
- Camp rules and behaviour contract have been read and understood.
- Indemnify Diabetes New Zealand and the Camp Site Staff if my child is found to be responsible for any damage caused.
- Consent to the Diabetes Camp video/photos being used as an educational tool for parents and families. I understand that some photos and parts of the video may include my child.
- Consent to photos being used on Diabetes New Zealand and Hospital websites and social media.
- Consent to group photos including my child and other children at the camp being displayed at Hospitals and/or published in health-related publications or social media.
- Understand that if my child's camp placement is confirmed, the camp fee is non-refundable unless there are exceptional circumstances.

## Appendix E - Camp Rules and Behaviour Contract for Campers

Please make sure that you read this through with your child. Safety for our campers and staff is our number one priority. We do not want to punish anyone, we just ask that each camper comply with our standards helping to ensure a happy, safe and fun camp for everyone.

What happens at home may be different to at camp and therefore we need to make it clear what is acceptable behaviour at camp, and what will happen if a child's behaviour crosses those boundaries.

Rules and Regulations that campers and their families have agreed to are:

- **To Respect Everyone** – Treat other campers and camp leaders with respect and the way that you would like to be treated.
- **No Verbal or Physical Bullying** – Camp is a bully free zone. There is no verbal bullying, threats, or intimidation. Hitting, punching or hurting other people is not acceptable.
- **No Disruptive Behaviour or Language** – This upsets the rest of the campers and interferes with the activities of the camp. Treat everything as if it is your own.
- **Don't Disappear** – Leaving campgrounds without permission and disappearing or hiding so we cannot find you creates stress for everyone.
- **No False Reporting** – Not telling the truth about other people's behaviour, your own blood glucose levels, insulin management, food or anything else just leads to confusion and can ruin how the camp works.
- **No taking what is not yours** – If it is not yours then don't touch it unless you have permission.
- **No Use of Alcohol or Drugs** – This is illegal and not acceptable.
- **No Smoking or Vaping** – These are not health-promoting behaviours.
- **No Romances at all** – No break-ups, make-ups, making out or anything else.

Behaviour that goes against all the rules and regulations of the camp will be managed in a logical and systematic way. The following steps will be taken:

	Consequence	Action
First Occurrence	Warning	Discussed with the camper and record will be kept
Second Occurrence	Time Out	As above + the camper will be stopped from a part of the camp programme
Third Occurrence	Time Out + Additional Responsibilities	As above + the camper will be required to help with camp jobs
Fourth Occurrence	Phone Call Home	The parent/caregiver will be phoned, and the situation will be discussed
Fifth Occurrence	Sent Home	The parent/caregiver will be phoned and asked to remove the child from camp at their own expense

Please be aware if the safety of a child or other children is compromised then we will need to phone parents/caregivers and ask that they collect their children immediately (day or night).

The Camp Coordinator and Medical Director will be responsible for ensuring that the rules are kept and will deal with any breaches of behaviour requiring action. Upon arrival there will be an explanation of the camp rules.

## Appendix F - What to Bring

Please label **everything** your camper brings to camp. Lost items that are labelled can easily be returned if they are found. We will leave all unlabelled items behind.

### MEDICAL SUPPLIES - PLEASE ENSURE THESE ARE ALL PACKED TOGETHER FOR EASY COLLECTION

- |  |   |
|--|---|
| <input type="checkbox"/> New vials of insulin (2 vials of each type)                                   | <input type="checkbox"/> Glucagon Hypokit   |
| <input type="checkbox"/> CareSens Dual Meter (& spare batteries)<br>+ Finger Pricker (& spare lancets) | <input type="checkbox"/> Insulin Pens and/or Syringes + Pen Needles                       |
| <input type="checkbox"/> 2 Boxes of Blood Glucose Testing Strips                                       | <input type="checkbox"/> Pump Supplies - sites, reservoirs, etc (3 changes)               |
| <input type="checkbox"/> 2 Boxes of CareSens Ketostrips (camp supplies)                                | <input type="checkbox"/> Pump Batteries or Charger (Clearly Labelled)                     |
| <input type="checkbox"/> Prescription Medications (in original containers)                             | <input type="checkbox"/> Tape for Pump or Glucose Monitoring Device                       |
| <input type="checkbox"/> Glucose Monitoring Device plus charger (& spare sensor)*                      | <input type="checkbox"/> Battery Powered USB Charger for Pump or CGM Receiver if possible |
- \* *Glucose Monitoring Devices will be used at our regular glucose checking times. If clinically required, we will confirm the glucose level using a finger prick. If your child's system falls out during the camp, we will replace it if you have included a replacement. We may have to do fingerprick BGL's for up to 24 hours after replacing it due to potential instability of glucose levels. If you do not include a replacement, we will use fingerprick blood glucose levels for the remainder of camp.*

### HYPO-MANAGEMENT SUPPLIES

- ☐ Only what you would put in your child's school bag (no extras and no lolly-based options)

### CLOTHING

- |  |   |
|--|---|
| <input type="checkbox"/> 5 Days of Clothing  | <input type="checkbox"/> Long Pants and Warm Sweatshirt (Night activities)                      |
| <input type="checkbox"/> Summer Pyjamas (dorms are very hot)                                 | <input type="checkbox"/> Rain Jacket  |
| <input type="checkbox"/> 2 Pairs Swimming Togs   | <input type="checkbox"/> Sun Hat  |
| <input type="checkbox"/> 1 Pair of Closed Toe Shoes for Outdoor Activities<br>(Go-Karts etc) | <input type="checkbox"/> Shoes or Sandals Suitable for Outdoor Activities<br>(not just Jandals) |

### CAMP SUPPLIES

- |   |  |
|---|--|
| <input type="checkbox"/> Sleeping Bag OR Bedding                            | <input type="checkbox"/> Single Fitted Sheet for the Mattresses  |
| <input type="checkbox"/> Pillow and Pillowcase                              | <input type="checkbox"/> Toiletries (e.g., shampoo; toothpaste and brush;<br>hairbrush; face cloth; soap; deodorant) |
| <input type="checkbox"/> Day pack/School Bag                                | <input type="checkbox"/> 2 Bath Towels   |
| <input type="checkbox"/> 2 Swim Towels                                      | <input type="checkbox"/> Drink Bottle  |
| <input type="checkbox"/> Torch  | <input type="checkbox"/> Personal Item – favourite toy/teddy   |
| <input type="checkbox"/> Sunscreen  | <input type="checkbox"/> Costume for Dress-Up Dinner   |
| <input type="checkbox"/> Old shirt to wear for painting and arts activities |  |

### WHAT NOT TO BRING – No responsibility is taken

- |  |                                    |
|--|------------------------------------|
| X Cell phones (unless being used as a CGM receiver)  | X Non approved diabetes devices    |
| X Valuable or Precious Items   | Electronics                        |
|  | X Pocket knives                    |
|  | Spray deodorants                   |
| X Extra food (including treat foods or "midnight snacks"). This will have to be confiscated. Spare hypo-management food is provided. | X Money – we don't visit any shops |

## Appendix G - General Expectations of Staff

(Some of these might seem a bit obvious but this ensures we are all on the same page)

- Obey camp rules at all times.
- Make sure campers are aware of and obey camp rules and boundaries.
- Be with your group at all times, unless specifically asked to perform another task.
- Always behave as if campers are watching.
- Set a positive example in all that you do.
- If you need to go somewhere else with another camper or leader please let someone know.
- Make sure to keep yourself safe, and be aware of situations that may be misconstrued, and/or situations when you are alone with a child.
- Don't bring valuables to camp.

### Working With Your Group

- Learn each child's name.
- Spend time with campers, get to know them and let them get to know you.
- Get excited when discussing and doing camp activities.
- Be enthusiastic and positive – your attitude is infectious!
- Find one thing each day for each child that you can encourage them in or say, "well done".
- Treat campers fairly and kindly.
- Do not allow campers to pick on each other.
- Sometimes a child may confide in you with personal information. NEVER imply that you will keep what they tell you a secret. If a child tells you about something concerning, you MUST report it to the Camp Coordinator and/or Medical Director. It is not appropriate to discuss with other leaders.
- With younger children, have a buddy system so they feel they have at least one friend in the group.
- Encourage group participation.
- Get involved in activities yourself as much as possible, rather than watching from the sidelines.
- Have high expectations of your group and each child. If you have low expectations of them then that is all they will meet.

**SET THE EXAMPLE!!**

## Homesickness

In the case of younger campers, it is likely that some children will experience homesickness. This is a normal response to being away from home and those they are close to, as well as changes to routines. Homesickness is contagious, however, so it is important to try and deal with it as soon as possible.

Here are some tips if for looking after children who are homesick:

### ***Take it seriously***

- Try and work out what any specific reasons behind the homesickness are
- First time away from home?
- Bullying?
- No friends?
- Fears? – e.g. sleeping in a strange place?
- Sheer exhaustion? – tiredness increases distress

Children who get homesick might withdraw from other activities as well. Make sure that all of your campers are being included and participating in the activities; encourage them to give everything a go.

### ***Respond in the right way***

Don't over respond to the homesickness. (Try not to console them, let them sit on your knee, give them extra rewards) Although it is hard responding to an upset child (especially when all they want is their Mum/Dad) make sure you don't give in to what they want.

- Take the attention away from the homesickness.
- Keep them busy with camp activities.
- Try and get them to come up with ideas as to how they might get over the feeling of homesickness. Be involved with the solution, "What can we do at camp to help you not to feel like this?"
- Give the camper some extra special tasks that are part of the camp (be careful not to exclude other campers doing this).
- Get them to think about the positive side of being at camp – what good things are they doing at camp that they wouldn't be doing at home?

### ***What NOT to do***

- Don't say that they can go home.
- Don't let them ring home.

Don't hesitate to ask other staff for help with a homesick camper.

If the homesickness is extreme, we will contact the parents and discuss with them the best steps forward.

## Behaviour Management

Safety for our campers and staff is our number one priority. We do not want to punish anyone, we just ask that each camper comply with our standards helping to ensure a happy, safe and fun camp for everyone.

What happens at home may be different to at camp and therefore we need to make it clear what is acceptable behaviour at camp, and what will happen if a child's behaviour crosses those boundaries. We also need to ensure that they understand what they have done wrong.

Please note this approach applies to the rules and general expectations of a child's behaviour. It does not apply if a child is not carrying out expected diabetes management tasks. If needed, use the group dynamic of everyone doing the same thing to encourage completion of a diabetes management task. Remember praise and acknowledgement afterwards.

Rules and Regulations that campers and their families have agreed to are:

- **To Respect Everyone** – Treat other campers and camp leaders with respect and the way that you would like to be treated.
- **No Verbal or Physical Bullying** – Camp is a bully free zone. There is no verbal bullying, threats, or intimidation. Hitting, punching or hurting other people is not acceptable.
- **No Disruptive Behaviour or Language** – This upsets the rest of the campers and interferes with the activities of the camp. Treat everything as if it is your own.
- **Don't Disappear** – Leaving campgrounds without permission and disappearing or hiding so we cannot find you creates stress for everyone.
- **No False Reporting** – Not telling the truth about other people's behaviour, your own blood glucose levels, insulin management, food or anything else just leads to confusion and can ruin how the camp works.
- **No taking what is not yours** – If it is not yours then don't touch it unless you have permission.
- **No Use of Alcohol or Drugs** – This is illegal and not acceptable.
- **No Smoking or Vaping** – These are not health-promoting behaviours.
- **No Romances at all** – No break-ups, make-ups, making out or anything else.

Behaviour that goes against all the rules and regulations of the camp will be managed in a logical and systematic way. The following steps will be taken:

	Consequence	Action
First Occurrence	Warning	Discussed with the camper and record will be kept
Second Occurrence	Time Out	As above + the camper will be stopped from a part of the camp programme
Third Occurrence	Time Out + Additional Responsibilities	As above + the camper will be required to help with camp jobs
Fourth Occurrence	Phone Call Home	The parent/caregiver will be phoned, and the situation will be discussed
Fifth Occurrence	Sent Home	The parent/caregiver will be phoned and asked to remove the child from camp at their own expense
<i>Parents are aware that if the safety of another child or children at camp is compromised then we will phone them and request immediate collection of the child (day or night)</i>		

## Bullying

### *As soon as you see it or hear about it, deal with it*

- Do not play favourites with your campers. Kids do notice – and while some might feel excluded, others may use it as a thing to bully another about.
- Keep your eye out for potential bullying victims. Children who display behaviours which others may find annoying or are sensitive/prone to crying can be typical victims.
- If you think a child in your group needs some extra help with social skills – whether because he/she is a bully or a victim – talk to other staff, they may have some ideas for you.
- Let kids know that they will be safe if they report bullying. Under no circumstances reveal who it was that ‘ratted everyone out’.
- Be a good role model for your campers. If they see YOU bullying, they’ll think it’s all right.
- Be a good role model for bullying intervention as well. Step in immediately and calmly when you see a bully situation. Do not react with anger or attempt to shame. Simply state, “The name calling stops this instant. It’s against our camp rules.”
- Trust your instincts. If it ‘feels like’ bullying is going on, there’s a good chance it is.
- Check in with the child being bullied to find out whether the bullying is continuing and whether they feel safe.
- Bullying hurts. It has significant short and long-term effects on children both physically and emotionally.
- Bullying can escalate quickly unless camp staff and campers’ step in to stop it.
- Take bullying seriously. If adults don’t, neither will children.
- Don’t assume campers will work things out for themselves. Don’t ask them or expect them to. Bullying is not an argument or conflict; it usually requires adult intervention.

### *What to do:*

- **Intervene immediately.** When you do nothing, you send the message that bullying is acceptable. If you ignore, minimize, or wait to deal with the problem, victims may not believe that adults understand or care, or that they can help. If you don’t intervene, children won’t either.
- **Intervene even if you’re not sure it’s bullying.** Observing children’s actions, words, body language and facial expressions will help you determine if bullying is occurring. Even if it’s not, aggressive behaviours need to be stopped.
- **Stand between or near the victim and the bully,** separating them if necessary, so as to stop the bullying behaviours. Consider removing them from the situation to a ‘time-out’ area.
- **Respond firmly but appropriately.** Remain calm but convey the seriousness of the situation. Announce that the bullying must stop. Describe the behaviour that you observed and why it is unacceptable.
- **Get help if needed.** If the bully is using physical force, or there is more than one bully, you may need to find another adult to help keep children safe and protect yourself.
- **Do not respond aggressively.** Using aggressive behaviour send the wrong message that this is a good way to solve problems.
- **Avoid lecturing the bully in front of other campers.** Your goal is to end the behaviour, not humiliate or shame the bully. Focusing on the bully with others around you can provide attention to the bully that they might find rewarding.



- **Give praise and show appreciation to helpful bystanders.** Children who try to help the victim or stop the bully are key to bullying prevention.
- **Stick around.** Remain in the area until you are sure the behaviour has stopped.
- **Follow up with each of the 'players' separately.** Rely on your relationships and connections with the children to talk openly and productively about the bullying incident, and its effects and consequences.

### ***For Bullies***

- They must understand that bullying is not acceptable and will not be tolerated. It is important for children who bully to take responsibility for their action and to understand what they did, why their behaviour is wrong, how it affects their victims, how it affects others around them, and to 'make amends'.
- Help the bully apologise or make amends by doing something nice for the victim.

### ***For victims***

- They must know that adults care and will support them. Listen carefully to their description of what happened and offer sympathy and support. Help them develop strategies for addressing the problem, should it recur in the future.
- Let them know they do not deserve to be bullied and they are not alone – adults and fellow campers can help.

## Appendix I - Evaluation

Evaluation of camps is an essential part of the process.

Evaluation informs future camps and promotes the advancement of diabetes camps for young people across New Zealand.

The Camp Committee should be able to use the results of a formal evaluation to make recommendations for future camps or events. The evaluation should be fully documented within the camp report.

### Aims of Evaluation

- To provide feedback to the Camp Committee on the overall success (or otherwise) of the camp.
- To assess whether the objectives of the camp were achieved.
- To inform future camp organisation.

Specific aims of the evaluation should be drafted at the time of defining the objectives for the camp.

### Methods of Evaluation

The precise methods and timing of data collection for evaluation purposes should be decided during the initial stages of planning.

### Collection of Data

Evaluation of camps may include **subjective** and **objective** assessments, involving

- campers
- staff
- parents
- other caregivers

Information may be gathered through

- interviews
- questionnaires
- documented observation during camp
- written reports by camp staff
- written statements from campers

### Interpretation of Evaluation Data

Evaluation data may be interpreted in the light of

- specific aims and objectives
- age range of the campers
- expectations of the campers
- previous camps, especially if any of the aims or objectives were based on recommendations from previous evaluations

## Sample Evaluation questions

### Evaluation - Parents and Caregivers

Did your child's general self-esteem/self-worth: Decrease/Stay the Same/Increase

Did your child's knowledge about diabetes: Decrease/Stay the Same/Increase

Did your child's engagement in diabetes management tasks: Decrease/Stay the Same/Increase

Did your child's confidence in managing his/her diabetes: Decrease/Stay the Same/Increase

What aspects of the camp do you as parents value the most?

What aspects of the camp did your child value the most?

If a camp was run next year would your child want to attend? Yes/No

Would you recommend attending camp to another family? Yes/No

Was the camp "value for money"?

How did you find the online registration process?

Did you receive enough information about the camp rules and regulations and what your child needed to bring to camp?

### Evaluation - Staff and Mentors

Was there enough information (written and verbal) for you to prepare for camp?

Site/Venue - /Facilities/ Accommodation/Cleanliness/Safety

Programme - Type and Range of Activities

Is there anything you would definitely not have as part of camp again? Why?

Is there anything you think should be added to the camp? What and Why?

Meals (Quality/Quantity/Type/Carbohydrate Information)

Did you feel supported enough in decision making?

What did you think about the staffing levels?

### Professional and Personal Development

Would you want to return as staff to diabetes camp?

Would you recommend being staff at diabetes camp?

What was your highlight of camp?

Were your expectations met? Why/Why Not

## Implementation of Evaluation Data

The evaluation of each camp should be implemented in connection with the results of previous or other concurrent evaluations in order to benefit all of those involved in the organisation, management and participation of camps for young people with diabetes in New Zealand.