



2013 SUMMER CAMP
OUR FOURTEENTH YEAR OF BEING HERE!



**Session 3 at Camp Barney Medintz
STAFF MANUAL**



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2013 CAMP KUDZU SUMMER CAMP STAFF MANUAL

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Welcome to Camp!



Camp Kudzu Is...

- ✿ Camp Kudzu is a non-profit 501(c)(3) organization providing education, recreation and peer-networking programs for Georgia's children and youth living with diabetes and their families.
- ✿ Led by dedicated volunteers, medical professionals and a small professional staff, Camp Kudzu offers three weeklong overnight summer camps, family camps and other diabetes education and management programs throughout the year.
- ✿ Camp Kudzu was founded in 1999, by parents, physicians, healthcare professionals and community leaders who joined forces to establish a program in Georgia that would support the special medical and emotional needs of children living with type I (insulin-dependent, juvenile) diabetes in a fun, safe environment.
- ✿ The first summer camp was hosted in June 2000 with 96 children in attendance. This summer, approximately 600 children will attend camp.

Camp Kudzu

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Mission Statement

Camp Kudzu educates, empowers and inspires children living with diabetes.



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Philosophy

Camp Kudzu values **fun** and believes...that our children come to camp to be joyful, playful, and spirited, and they benefit from rediscovering the lighthearted side of life.

Camp Kudzu values **excellence** and believes...that our children, our volunteers and our staff deserve high quality programs, preparation, medical care and facilities.

Camp Kudzu values **education** and believes...that our children learn best when they are relaxed, receptive and exposed to medical and life lessons in many forms.

Camp Kudzu values **safety** and believes...that our children feel free to stretch their capabilities when adventures take place with supervision, standards of good care and in a secure environment.

Camp Kudzu values **friendships** and believes...that the magic of camp arises out of camaraderie, acceptance and support. Peers and mentors influence our youth far beyond the confines of our programs.

Camp Kudzu values **diversity** and believes...that our community is most relevant and strongest when we embrace children and adults of all racial, ethnic and economic backgrounds.

Camp Kudzu values **community** and believes...that belonging to a camp community is empowering, and that life's challenges may be less daunting when drawing upon the contacts and resources made through camp.

Camp Kudzu values **fiscal responsibility** and believes...that it is our responsibility to exercise fiscal discipline and increase fundraising so that we might increasingly address the needs of our community.

Goals & Outcomes

- Campers will be able to establish proactive patterns for living with diabetes.
- Campers know how to build friendships to have a social support network.
- Campers will have at least one positive role model intersection of a person living with type I diabetes while engaged in the Camp Kudzu experience.
- Campers will show improvement in a health skill area as identified by the checklist by a family member by having an experience at Camp Kudzu.

Why We Need a Camp for Children Living With Diabetes

Bringing together diverse children with the common bond of diabetes for educational programming, medical support and positive peer reinforcement provides an environment that can positively impact the course of a child's life. A summer camp program focused on diabetes can literally save the life of a young child with diabetes. Both immediate and long term quality of life enhancements and improved overall health are results of the Camp Kudzu experience. Camp Kudzu provides a nurturing, fun and positive environment where children who otherwise would never experience a wholesome camp atmosphere, find both recreation and innovative diabetes education while forging friendships that last a lifetime.



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Camp Kudzu Organizational Chart

Campers!

Campers!

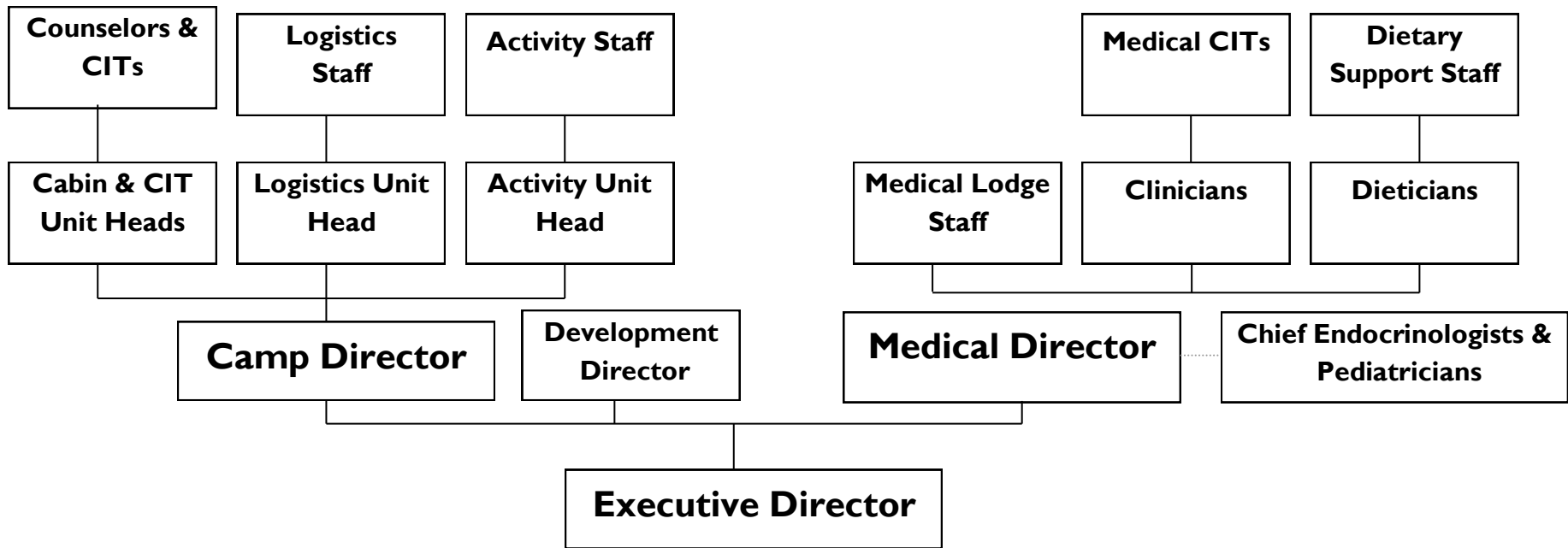
Campers!

Campers!

Campers!

Campers!

Campers!



Board of Directors



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The ABCs of Camp Kudzu Staff Guidelines

All staff agree to follow these rules as a condition of being a volunteer and a part of the team at Camp Kudzu. When everyone on the team is, on the same page, we can work together to make Camp Kudzu a great place for our campers and our staff.

Belongings of great value, be they monetary or sentimental, should remain at home. Camp Kudzu is not responsible for loss or damage to personal property including personal sports equipment, hair appliances, cameras and other electronics, musical instruments, cell phones or PDAs, etc.

Camp property should be taken care of to avoid damage. All campers and staff should participate in maintaining the cleanliness of the camp facilities.

Dietary needs should be arranged through the Camp Director prior to the start of camp. Let us know if you eat a vegetarian diet, etc.

Experienced Unit Heads support cabin staff in working with their campers so that they can help campers adjust to camp life and thrive in the camp community. Living in a cabin with other campers and being away from home can be a difficult thing for some campers to adjust to... avoid promising campers things you can't make good on like a giant ice cream sundae or a call home. We will work with that camper to make camp an emotionally and physically safe place for him to be.

However, using the phone to call home is not part of that plan to stay safe. If a camper needs additional support, please let your Unit Head know and s/he will talk to the Camp Director.

Food needs to stay in the dining hall (other than low box food items, which are to be kept in sealed containers). Food not kept in sealed containers attracts rodents and bugs and will cause unnecessary problems. Please ask your campers if they packed snacks in their belongings on the first evening.

Golf Carts are a necessity in helping camp logistics and for medical transports. Only authorized staff as assigned by the Camp Director may use the golf carts. Golf carts may carry one passenger per designated seat. In golf carts designed to carry cargo, only cargo may be transported in the cargo area. All authorized drivers must be 18 years of age with a valid driver's license and must sign and agree to all rules governing the use of the golf carts. *Golf carts need to stay off of the gym floor and out of water at all times.*

Heat and the humidity can zap your energy and your health. Make sure you keep yourself and your campers hydrated and out of the direct sun without protection. Pack a hat, an extra water bottle or two and portable fan.

Ivy League (staff gathering for food and fellowship) is only for Camp Kudzu and Camp Barney staff. *All snacks need to stay in Ivy League.*



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Just as campers turn in all of their medications to the Med Lodge, so do staff – with the exception of inhalers needed for asthma and/or Epi pens for allergic reactions. All medications (prescription and non-prescription drugs alike, Tylenol, antacids, Claritin, etc.) belonging to campers and counselors must be brought to the Med Lodge. Staff will be responsible for taking their own medications and may come to the Med Lodge for their medicines as needed.

Kitchen staff and the kitchen facility at the host camp support our campers and staff by providing a menu that meets the needs of our camper population. The Camp Kudzu staff work in concert with the host camp by providing dietitians, counselors, and clinicians a detailed carbohydrate listing of all food items serve at each meal. Dining procedures will be explained in detail during staff orientation. Only the camp's kitchen staff have access to the kitchen area. Should you require assistance from the kitchen staff, please knock on the door.

Laudry is available for emergency use for camper items. It is only to be used for campers that have specific needs due to illness or accident, such as soiled clothing, soiled linens, not enough clothes, etc. Counselors should inform their Unit Head if a camper has items that need to be washed.

Meals are served in the dining hall. Staff members play an important role in supervising the food intake and table behavior of campers during and after the meal. Staff are responsible for setting the proper example in the dining hall. Please be on time for meals. Campers and staff are responsible for serving themselves and cleaning up their tables and around their tables after each meal.

Needles, lancets, and syringes will be disposed of in sharps containers. Medical waste, such as alcohol pads, tissue, test strips, and gloves will be disposed of in trash cans.

Only the assigned counselors or activity leaders are permitted in the program areas during camper activity periods. The following specific program areas can only be used when supervised by a Camp Barney staff member: horseback riding area / and horses, high ropes and low courses, boats, swimming pool, bikes, ceramics studio, archery range, staff lounge, videography lab, woodworking and photo studio.

Parking is limited at camp. Please park in designated areas, economizing the space taken up by your vehicle. Once you have parked, you will stay parked for the week of camp. We will ask that you place a parking decal in your car with your name and housing assignment in the front window just in case we need to find you to move your car- dumpster truck, water main break, etc.

Quick tidying should be a daily part of all staff/campers' schedules. It is the responsibility of all staff and campers to keep their living quarters neat and clean at all times. Living quarters will be inspected periodically. It will make it easier to clean-up camp the last day of camp if this task is done daily. Clean-up should include: daily sweeping of the cabin and pick up around the exterior of the building. We are, in a sense, renters of the host camp so we need to make sure that we are proper guests and are respectful to the property and equipment of the facility. Moving furniture around inside the cabin or from cabin to cabin is not permitted. Staff and/or campers are not permitted to go onto the roof for any reason (cabin decorations, etc.). The roofs are not designed for this purpose.

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Requests for maintenance go through your Unit Head, who will then complete a maintenance request form. The daily deadline for maintenance requests is the breakfast meal period.

Smoking occurs only in the designated areas of camps. These areas are away from the campers and away from buildings. Staff that smoke are responsible for disposing of the trash in an appropriate manner and may not take time off to smoke when they are on duty. All buildings, structures, program areas, and sleeping quarters are smoke free. If you do smoke, the only designated area at Camp Barney in which smoking is permitted is the back porch of the staff lounge.

Telephones are located in the Camp Kudzu Office and are for STAFF USE only. You may find that you have limited cell service depending on the time of day or area of camp. Your personal cell phone is to be used away from the campers. We ask parents, guardians and campers not to pack cell phones and bring them to camp. Camp Kudzu campers are not permitted to use or carry cell phones or pagers.



Using foul or inappropriate language isn't permitted at camp. This includes any words or phrases that are questionable or provocative in nature and includes any conversation or discussion regarding such subjects as religion, politics, and personal/romantic lives.

Visitors must be approved by the Camp Director prior to camp. Visitors must register at the Administration Office upon arrival, wear nametags and be accompanied at all times.

Weapons including knives, firearms, and demonstration items in martial arts are prohibited at camp.

Xeric and entirely desert-like we aren't, but sometimes it feels like that. Keeping yourself liberally hydrated, out of the sun, covered with sunscreen, and properly rested will help you combat the effects of the Georgia heat.

Your adherence to Camp Kudzu's alcohol and illegal drug use policy is mandatory. The possession or consumption of alcoholic beverages is NOT permitted at camp and is cause for immediate staff dismissal. The possession or use of illegal drugs is NOT permitted at camp and is cause for immediate staff dismissal. Those who violate this policy will be barred from future participation in Camp Kudzu programs.

Zebbras, ferrets, giraffes, boa constrictors, elephants, dogs, or any other pet, no matter how cute, are not permitted at camp. However, the host camp has petting zoos and horseback riding programs and these animals are used in the camp's program.

Who's Who at Camp?

- ✿ **DIABETES MEDICAL STAFF (Endocrinologist):** Responsible for the overall management and care of diabetes at camp.
- ✿ **GENERAL MEDICAL STAFF (Pediatrician, RN's):** Responsible for the overall management and care of all general medical issues and needs.
- ✿ **MEDICAL HEAD STAFF:** Works closely with the Medical Director administering overall medical operations at camp.
- ✿ **CLINICIAN:** Responsible for all medical decisions in the field. Each clinician has responsibilities for his/her cabin(s), but will always be available to assist any counselor or camper during the day's activities. Responsibilities include:
 - Identify problems with blood sugar control, and bring it to the attention of the Camp Endocrinologists.
 - Participate in activities and meals with the campers when available.
 - Assist at meals and snacks for proper carbohydrate quantities.
 - Supervise blood sugar monitoring and administer insulin as required.
 - Assist cabin counselors with maintaining blood glucose records.
 - Conduct midnight or later blood sugar check rounds as assigned.

- ✿ **DIETARY:** Oversees the menu and provides the necessary carbohydrate information for meal time, coordinate snacks and other dietary issues for staff and campers. Responsibilities include:
 - At each meal assist in ensuring proper meal pattern and carbohydrate quantities.
 - Communicate with the kitchen staff regarding meal and snack choices, times and quantities.
 - Organize and distribute snacks to campers and counselors.
 - Conduct individual sessions with campers as needed.
 - Supervise Ivy League
 - Plan for and work with campers who have other dietary needs.
- ✿ **MEDICAL CLINICIANS IN TRAINING (MCIT):** Medical staff who work with current clinicians to learn the role and skills of a clinician in preparation for returning to Camp Kudzu to serve in such a capacity.



Who's Who at Camp?

- UNIT HEADS (for Cabins):** Responsible for supervising, supporting the cabin staff and the Counselors in Training (CIT's). Head staff will provide leadership to promote staff communication, respect and team building. Responsibilities include:
- Provide leadership and support to assigned counselors or Counselors in Training, and serve as a liaison to the Camp Director.
 - Supervise and evaluate staff to promote personal and professional growth while creating a rewarding experience for campers and counselors.
 - Assist and support counselors with problems and issues that arise. Assist with the coordination of schedules, staffing needs and discipline.
 - Coordinate cabin duty coverage for assigned cabins.
 - Meet daily with the Camp Director to review schedules, staffing and any problems that may have occurred.

- LOGISTICS / ACTIVITIES HEAD STAFF:** Coordinates all the day to day logistics needs (general camp and activities). From water coolers, to mail and SWAG delivery, to magically having dry sheets appear, these staff work behind the scenes to make the entire camp week run smoothly.

Logistical needs include-

- Help set-up registration and arrival areas.
- Post signs and cabin numbers.
- Help set up activity areas prior to camper arrival.
- All logistics staff will meet daily with the Logistics Head Staff to review assigned duties
- Clean, fill, distribute and collect ice-water coolers throughout the day and early evening.

- Perform administrative tasks as assigned, including mail and promo item sorting and distribution.
- Deliver all camp communications - newsletter, daily notices, schedules and updates
- Transport linens to and from cabins as needed.
- Provide support for activity areas and cabin counselors as needed.
- Check and replenish "low" boxes in cabins.
- Make supply runs and errands.
- Help set-up and run evening programs.
- Help breakdown camp on Saturday departure as instructed.
- Provide cabin coverage as assigned during "Shoes Off" and after evening program.

- CIT UNIT HEAD:** Responsible for the supervision and training of the Counselors-in-Training.
- Provide leadership and support to the Counselors in Training, and serve as a liaison to the Camp Director.
 - Supervise and evaluate CITs to promote personal and professional growth while creating a rewarding experience for CITs, campers and counselors.
 - Assist and support CITs with problems and issues that arise. Facilitate learning through teachable moments.
 - Meet daily with the CITs to facilitate education/development training curriculum.
 - Meet daily with the Camp Director to review schedules, staffing and any problems that may have occurred.

CABIN COUNSELOR DUTIES and RESPONSIBILITIES:

Cabin Life Responsibilities:

- Live in a cabin with the campers, serving as their counselor, leader and role model.
- Partner with co-counselors, your CIT and clinicians to create a friendly cabin team.
- Enthusiastically participate in all activities and programs with your cabin.
- Supervise your campers at all activities and special programs.
- Know where your campers are at all times.
- Employ the Rule of Three at all times.
- Teach your campers the camp rules and ensure that they follow them.
- Discourage pranks. Forbid bullying.
- Recognize and reward achievements and the unique character of each camper.
- Ensure campers' proper hygiene (shower, brush teeth, change socks and underwear, etc.)
- Perform cabin duty as assigned.
- Encourage respect for personal property, camp equipment, facilities, and each other.
- Talk to your unit head daily:
 - Get the support you need and get the stuff you need.
 - Share fun news about your cabin's accomplishments.
 - Be informed about the day's special events and tasks.



Diabetes Management Responsibilities:

- **Recognize and treat low blood sugars quickly and appropriately.**
- Consult with clinicians or the health lodge about high blood glucose.
- Assist campers with blood glucose checks ("finger checks") and log readings:
 - Before all meals and before bed, recording in the cabin's log book;
 - At activities and programs, recording on "field blood sugar cards".
- Assist campers in counting carbohydrates at meal and snack times.
- Monitor and log carbohydrates consumed by each camper at meals and give information to clinician.
- Assist clinician with insulin administration (syringe injections or pump boluses) if and when instructed in these tasks.
- Do not allow campers to give themselves insulin without a clinician's permission.
- Check and record blood sugars outside the dining hall before meeting your clinician. Review the carb counts on menu options.
- Prepare campers for meals.
- Assist with midnight (or later) blood sugar checks.
- Make sure that you have enough medical supplies and low blood sugar treatments (glucose tabs, juice boxes, crackers) in your backpack and in the cabin.

Who's Who at Camp?

LOGISTICS STAFF DUTIES and RESPONSIBILITIES

Logistics staff is critical to the success of every activity and evening program at camp. It is not like activity staff, in that not all staff performs all the duties all the time- the workload is shared as required by the day's agenda.

- Help set-up registration and arrival areas.
- Post signs and cabin numbers.
- Help set up activity areas prior to camper arrival.
- All logistics staff will meet daily with the Logistics Head Staff to review assigned duties
- Clean, fill, distribute and collect ice-water coolers throughout the day and early evening.
- Perform administrative tasks as assigned, including mail and promo item sorting and distribution.
- Deliver all camp communications - newsletter, daily notices, schedules and updates.
- Transport linens to and from cabins as needed.
- Provide support for activity areas and cabin counselors as needed.
- Check and replenish "low" boxes in cabins.
- Make supply runs and errands.
- Help set-up and run evening programs.
- Help breakdown camp on Saturday departure as instructed.
- Provide cabin coverage as assigned during "Shoes Off" and after evening programs.

COUNSELOR IN TRAINING (CIT)

The Counselor-In-Training program is designed for teens that are no longer eligible to be campers, but not yet eligible to be Camp Kudzu staff. The program is designed to teach these young adults leadership and the skills necessary to be successful counselors in the future as well as bridge the years between camper and counselor.

- CIT's are just that- not full-fledged staff...yet! They are in training all week. Another good term is "camper in transition."
- CIT's are to be treated as part of the cabin, sit with their assigned cabin at all meals, and attend all activities with assigned cabin.
- Remember that CIT's range in age from 17-18 and are still impressionable.
- CIT's will not be left medically responsible for anyone at anytime.
- CIT's should not be left alone in camp anywhere, anytime.
- Most CIT's have been campers in previous years and should be used as a resource if needed and as they are able.

Who's Who at Camp?

ACTIVITY STAFF DUTIES and RESPONSIBILITIES

- Develop and carry out activities adapting them to the age, interest and skill level of campers.
- Participate in and show enthusiasm for your activity and all camp programs.
- Plan and prepare materials and area needed to execute planned activity.
- Set up your activity area prior to campers' arrival.
- Provide leadership to motivate and instruct campers through a fun, safe and challenging program activity.
- Establish and explain safety precautions and procedures relating to the equipment, materials and program area.
- Foster creativity, imagination and wonder in the activity participants.
- Think of rainy day alternatives, and help with them.
- Clean up your activity area on the last day of camp.
- Provide cabin coverage as assigned during "Shoes Off" and after evening programs.

An Important Note for All Staff at Activities:

All activities, whether staffed primarily by Camp Barney staff or by your fellow Camp Kudzu staff members, **require a positive and enthusiastic attitude and participation by counselors.**

Counselors are expected to actively participate with campers. Examples include riding in a boat, taking part in Group Initiative games, being a tennis partner, or taking their cabin on a nature hike. You may be helping Camp Barney staff pull or push boats, spot during low ropes elements, help bring out bikes for mountain biking, etc.

In activities in which Camp Barney staff are responsible for leading the activity, or in activities where the responsibilities are shared, Camp Barney staff members are the ultimate decision-makers on safety issues or any program decisions. Camp Kudzu staff should abide by their decisions and bring questions or concerns to the Camp Director, their Head Staff, or the Activity Head Staff. Camp Kudzu staff are continuously responsible for the supervision of campers including behavior management and attending to any needs that campers have, regardless of the activity (aquatics, challenge course, horseback riding, archery, etc.).

Program changes not discussed with the Camp Kudzu Activities Head Staff should not be changed verbally at the program areas unless there is an issue that compromises safety. Keep in mind that food and insulin decisions were made based on the energy use expected during that activity.

Please pay attention to your fellow activity staff members during orientation and while you are at their respective locations.

Camp Barney covers over 500 acres! Plan enough walking time to get to activity areas. For all activities, cabins must arrive together as an entire group for the activity and must stay until the activity is completed. However, if you need to attend to a camper's medical needs, send the cabin ahead with a staff member. Remember, employ the Rule of Three at all times.

Inclement weather plans and gathering places will be communicated to you by the activity staff at the start of the day. If there is a pop-up shower or storm, all activities have an assigned place to seek shelter.

Please respect all equipment and facilities, so that they can last many years to come!



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Cabin Duty and Camper Duty

Cabin Duty: Cabin duty is providing supervision for campers during “shoes off” time and in the evenings, after evening programs. It gives cabin counselors a much-needed break. ALL Logistics and Activity Staff are expected to perform cabin duty during the week. In addition, the three cabin counselors within each cabin can also work together to create a rotation to cover cabins and provide a bit of time off, per the Unit Head’s approval.

Each logistics and activity staff member will be assigned to a particular cabin. This will be your assigned cabin for the week unless otherwise instructed. Cabin coverage will be on a rotating basis. Cabin assignments and the rotation schedule will be distributed to all staff on arrival. The logistics and activity staff are responsible for arriving on time to the mutually agreed upon meeting place.

Please do not miss your assigned duty, as it is unfair to the cabin counselors who depend on you to cover their cabins. Counselors should be considerate of staff temporarily covering your cabins in the evenings and return no later than 11:30pm.

Cabin Duty Responsibilities:

- Be on time to the correct cabin or evening program. (Shoes Off: 1:30 p.m.; Evening duty: after 1st evening program for the 8-12 yr. old cabins and 10:30 p.m. or so for teen cabins).
- Stay in the cabin until the cabin counselor returns.
- Ask cabin counselor if there are any specific instructions.
- Be sure all campers are accounted for before the counselor leaves.
- Lights should be out at the specified time.
- Once in the cabin, campers are not to leave the cabin. If medical attention is needed, call the Med Lodge.

Shoes Off: After lunch, campers and staff alike take a break to cool off and slow down. One cabin counselor will be scheduled off in the cabin and additional coverage to the cabin will be provided by non-cabin staff (activities staff, logistics staff, etc.). For non-cabin staff, you will be scheduled to lend a hand in the cabin or will have time off yourself. In either case, some campers relish the down times and some get a little restless. Make sure campers are being watched by staffed so that not all adults are taking a nap. During your cabin meeting, set down the expectations of the activity level in the cabin.

Shower Time: Making sure everyone takes a shower every day is important. Shower time can be stressful for some campers- from changing clothes to adjusting the water and getting all the shampoo out of one’s hair. With our younger campers, staff may need to help with some of these tasks. Please dress accordingly (e.g., swimsuit). Counselors will want to make sure that with older campers showers are monitored in a way that respects the privacy of the campers but ensures that no towel snapping contests break out.

Evening Program: At the end of the day, our campers are still full of energy and excited for evening programs! During evening program, the expectation is that you participate with your campers in the activities from dressing out to sitting with them during the entertainment. At times, you may be asked to support or set up part of the evening program.

Dining Hall: Amid the noise and fun of the dining hall, valuable nutrition intake is to take place. Staff will need to help campers set the table, check in with campers and clinicians before actually entering the building, and help monitor campers’ food consumption. Cabin counselors will need to work with each other to have a system to record their campers’ carb consumption at every meal.



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Summer Camp Daily Schedule for Staff

7:00 am	Rise & Shine! Check blood glucose
7:30 am	Meet with Clinician, administer insulin
8:00am	Breakfast
8:45am	Meet with Clinician, announcements
9:00-10:15am	Activity Period #1
10:15-10:45am	Circle Time
10:45 -12:15pm	Activity Period #2
12:15-12:35pm	Check BG, meet with Clinician, and administer insulin as needed
12:35pm	Lunch
	Meet with Clinician
1:45 – 2:45pm	“Shoes Off” Time (Rest Period; Quiet Time in Cabin) Cabin Duty Rotation for Counselors
3:00 – 4:00pm	Free Activity Period (Cabin selects activity as a group from 3 choices, e.g., pool, arts & crafts or gym). Staff split up and go with small groups of campers- Afternoon snack included
4:05 – 5:20pm	Activity Period #3
5:25pm	Check BG & meet with Clinician, and administer insulin as needed
6:00pm	Dinner
6:45pm	Meet with Clinician, Announcements/Singing

Younger Cabin Evening Schedule

7:30-9:00pm	Evening Program
9:00pm	To Cabins
9:15pm	Check BG, evening snack, meet with Clinician, and administer insulin as needed
10:00pm	Lights Out!
11:45 pm	Counselors check blood glucose levels and treat lows
12:00 am	Clinicians make midnight rounds

Teen Cabin Evening Schedule

7:30-8:45pm	Dimensions
9:00-9:15pm	Check BG, evening snack, meet with Clinician, and administer insulin as needed
9:15-10:30pm	Evening Program
10:30pm	Head to Cabins
11:00pm	Lights Out!
11:45 pm	Counselors check blood glucose levels and treat lows
12:00 am	Clinicians make midnight rounds

All Staff

10:00 –11:30pm	Cabin Duty Rotation for Counselors. Ivy League Staff Lounge Open for Staff in Dining Hall
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Evening Programs at Camp

Younger cabins (8-12yr. old):

Evening Programs begin after dinner: 7:30pm- 9:00pm

SUNDAY: ALL Camp Welcome & Activities Preview

MONDAY: Kudzu Carnival!

TUESDAY: Color Wars (Red or Blue)

WEDNESDAY: CIT Extravaganza . . . it's a mystery!

THURSDAY: Pool Party!

FRIDAY: Camp Kudzu, The Musical!



Teen Cabins

Starting Monday, Teens have evening dimensions and snack prior to evening program.

Teen Evening Programs: 9:15pm-10:30pm

SUNDAY: ALL Camp Welcome & Activities Preview

MONDAY: Kudzu Carnival!

TUESDAY: Color Wars (Red or Blue)

WEDNESDAY: CIT Extravaganza . . . it's a mystery!

THURSDAY: Pool Party!

FRIDAY: Music Party! Light 'em up . . . NEON!!



Camp Kudzu Policies and Procedures

The following policies and procedures established by Camp Kudzu have been put in place in an effort to foster a positive environment which enables each child to experience personal growth, friendships, diabetes education and new adventures. We will strive to do all that we can to make this journey safe, sound and FUN. The rules have been established to prevent (to the extent possible) any physical and emotional harm.






When in doubt about a rule or particular situation, use common sense. Please consult a Head Staff person and err on the side of caution.

1. Use sharps disposal containers for all lancets, needles, syringes and related products. Do not throw any trash (cotton balls, alcohol swabs) in the Sharps container.
2. Medical and nursing staff must show current proof of licensure.
3. No one is permitted to leave camp during the week in session. Permission must be given by the Director to leave camp.
4. All staff must sign a release form upon accepting a staff position and sign a Staff Agreement at orientation.
5. Staff are responsible for supplying any medications they may personally require except for diabetes supplies. Staff on insulin pumps should bring pump supplies.
6. Counselors who become ill during the week of camp will be asked to leave camp for the protection of campers.
7. All media coverage must be cleared with the Executive Director.
8. Written permission must be obtained prior to taking any photographs of campers that might be used, printed or released. This permission may be included in the standard consent form signed by parents when the camp application is completed. These photos are for Camp Kudzu to utilize – not for volunteer staff to post on personal websites (Facebook, etc.).
9. All campers will be signed in and out by parents/guardians. During the week, this process will be coordinated by the Camp Director.








Follow the “Rule of Three” at all times. The “Rule of Three” is Camp Kudzu’s policy that at no time will any volunteer or staff be alone with a child. There must always be at least two adults with one child or two children with one adult. This includes trips to the med lodge, back to the cabin, etc.

Camp Kudzu Staff Standards of Conduct

Camp Kudzu Staff will:

-  Respect their colleagues.
-  Respect property.
-  Be positive and professional.
-  Be aware that the KIDS COME FIRST. Camp is for the camper.
-  SMILE. ☺

In addition:

-  Staff shall not hit or physically strike a child for any reason.
-  Staff shall not touch campers in a place that is normally covered by a bathing suit.
-  Staff shall not touch a camper against his/her will, whether expressed verbally or non-verbally.
-  Staff shall ensure that two people are always present when a camper is present.
-  Staff shall not be alone with a camper in the cabin or an activity area.
-  Staff shall not share a bed or sleeping bag with a camper, under any circumstances.
-  Staff shall not discuss their romantic/personal lives with campers.



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Camp Kudzu Dress Code

Staff should remember that they are viewed as role models by the campers. The following clothing items are not allowed at camp:

- ✿ NO clothing or products which advertise alcohol or tobacco.
- ✿ NO clothing with suggestive or racy themes.
- ✿ NO clothing or products offensive to any ethnic, minority or religious group.
- ✿ One piece bathing suits please!
- ✿ Shoes and nametags should be worn at all times.

Camp Kudzu Fraternalization Policy

Camp Kudzu does not sanction volunteers contacting or meeting campers outside of Camp Kudzu sponsored activities. Appropriate boundaries should be maintained with all campers. We discourage frequent personal emails, frequent phone calls, or contact that may appear to show favoritism toward one particular camper. If in doubt, call the camp office for appropriate guidance. Campers should not become personal friends.

Camp Kudzu Social Networking and Blogging Policies

Camp Kudzu views social networking sites (e.g. Facebook), personal web sites, and weblogs positively and respects the right of staff/volunteers to use them as a medium of self-expression. If a staff/volunteer chooses to identify himself or herself as a staff/volunteer of Camp Kudzu on such internet venues, some readers of such websites or blogs may view the volunteer as a representative of Camp Kudzu. In light of this possibility, Camp Kudzu requires as a condition of volunteering with Camp Kudzu, that staff/volunteers observe the following guidelines when referring to Camp Kudzu, its programs or activities, its campers, and/or other volunteers/staff, in a blog or on a website:

- ✿ Staff/volunteers must be respectful in all communications and blogs related to or referencing Camp Kudzu, its campers, and/or other staff/volunteers.
- ✿ Staff/volunteers should refrain from using obscenities, profanity, or vulgar language.
- ✿ Staff/volunteers must not use blogs or personal websites to disparage Camp Kudzu, campers or other staff/volunteers of the camp.
- ✿ Staff/volunteers must not use blogs or personal websites to harass, bully, or intimidate other staff/volunteers or campers. Behaviors that constitute harassment and bullying include, but are not limited to, comments that are derogatory with respect to race, religion, gender, sexual orientation, color or disability; sexually suggestive, humiliating, or demeaning comments; and threats to stalk, haze, or physically injure another staff/volunteer or camper.
- ✿ Staff/volunteers must not use blogs or personal websites to discuss engaging in conduct that is prohibited by camp policies, including, but not limited to, the use of alcohol and drugs, sexual behavior, sexual harassment, and bullying.
- ✿ Staff/volunteers will not post pictures of campers or other staff/volunteers on a website without obtaining written permission from Camp Kudzu.
- ✿ The use of our Camp Kudzu name or logo is not allowed without written permission.

Camp Kudzu Child Abuse Reporting Policy

Last summer, House Bill 1176 took effect July 1, 2012 making clergy, volunteers and a list of new fields mandated reporters. This change has a tremendous impact on all of the faith-based organizations and youth-serving organizations in Georgia.




The Official Code of Georgia §19-7-5 mandates the reporting of child abuse when a mandated reporter has reasonable cause to believe that a child has been abused. All Camp Kudzu volunteers and staff members are mandated



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reporters and must make the required report if they have reasonable cause to believe or suspect that a person under 18 years of age has:

-  A physical injury or death inflicted by other than accidental means;
-  Been neglected or exploited by a parent or caretaker;
-  Been sexually abused or exploited by any person.

The law provides immunity from liability for reporting abuse and/or neglect when the report is made in good faith. The knowing and willful failure to make a report is a crime.

In conjunction with the above law of Georgia, any Camp Kudzu counselor, staff member or medical personnel who suspects child abuse should immediately inform their Unit Head, who will then take immediate, appropriate action. If there is cause to believe or cause to suspect that a child has been abused, the Executive and/or Camp Director shall report or cause a report to be made to the proper authorities. A staff member who makes a report to the Camp Director shall be deemed to have fully complied with the law.

Harassment Policy

It is Camp Kudzu's belief that the employees and volunteers of the organization are the primary means by which the goals and objectives will be met. To that end, the rights of all employees/volunteers must be respected. All employees/volunteers of Camp Kudzu must understand its position on harassment. By definition, harassment is any unwanted attention or action prohibited by law by someone in the workplace that creates an intimidating, hostile, or offensive work environment, including sexual harassment.

Sexual harassment is broadly defined as unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature. Sexual harassment does not refer to occasional compliments of a socially

acceptable nature. It does refer to any remarks or actions of a sexual nature that are not welcome and are likely to be viewed as personally offensive. This includes sexual flirtation; unwelcome physical or verbal advances; propositions; verbal abuse of a sexual nature; vulgar talk or jokes; degrading graphic or verbal comments of a sexual nature about an individual or his or her appearance; display of sexually suggestive objects; and physical contact of a sexual or particularly personal nature. Cartoons, pictures, or other graphic materials that create a hostile or offensive working environment may also be considered harassment. In addition, no one should imply or threaten that an employee or applicant's "cooperation" with unwelcome sexual advances or requests for sexual favors (or refusal thereof) will have any effect on the individual's employment, assignments, compensation, advancement, career development, or any other condition of employment.

All harassing conduct prohibited by this policy whether committed by management or non-management personnel is strictly prohibited and will bring prompt and certain disciplinary action, including possible termination. If you have witnessed harassment of others or if you believe you have been harassed in violation of this policy, you should promptly report, without fear of reprisal, the facts of the incident and the names of the individuals involved to your immediate supervisor, the Executive Director, the Board Chair, or a member of the Executive Committee. Camp Kudzu will not retaliate or take any adverse action against an employee for truthfully reporting conduct that the employee in good faith believes to be in violation of this policy or for participating in good faith in an investigation of alleged harassment or in any proceeding or hearing relating to alleged harassment. Supervisors should immediately report any incidents of harassment to the Executive Director or the Board Chair. Camp Kudzu will investigate all such claims and take appropriate corrective action. All harassment complaints will be treated in the strictest confidence possible under the particular circumstances.



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Emergency Procedures

WHAT IS AN EMERGENCY?

An emergency is a life or death situation! Emergencies include:

- ✿ Severe weather conditions;
- ✿ Severe injury to a camper or staff member;
- ✿ A camper or staff medical situation;
- ✿ A stranger on camp
- ✿ A missing camper;
- ✿ A horse(s) on the main road,
- ✿ A broken water line.

What to do:

Please proceed to the nearest staff member with a radio and request a radio page as needed, or contact a Head Staff member in person. All Unit Heads, Clinicians and other lead medical staff on duty carry radios.

The following do not constitute an emergency:

- ✿ Ant or mice problems;
- ✿ Lack of hot water or no water at all;
- ✿ A burned out light bulb.

What to do:

Please notify your Unit Head at the next meal.

WEATHER AND OTHER EMERGENCIES

Remain with the campers while safely removing them from any immediate danger. If two staff members are available, one should go to the nearest phone and call the front office or call the med lodge and have the Director paged. A pair of campers can make this call if only one staff member is present.

It is easier for camp to be accounted for by cabin groups. Please assemble in that order. For example, all the staff in Cabin 1 (all staff that sleep in that cabin) and the campers in Cabin 1 should all line up together. The exception to this would be if an emergency were to occur during the free activity period, at which time staff with that activity should stay with his/her 3 or 4 campers.

WHAT IS HEAT STROKE?

Heat stroke is the result of long, extreme exposure to the sun in which a person does not sweat enough to lower body temperature. It can develop rapidly and requires immediate medical attention. Certain conditions such as extreme heat, high humidity, or vigorous activity in the hot sun can cause heat stroke.

Symptoms of heat stroke: headache, dizziness, fatigue, hot dry skin, but not sweaty, high body temp, seizure, rapid heartbeat.

What to do to prevent heat stroke:

- ✿ Drink plenty of water during outdoor activities
- ✿ Protect yourself from the sun by wearing a hat, sunglasses, and use the shade when possible.
- ✿ During outdoor activities, take frequent water breaks to avoid becoming overheated.
- ✿ If you think a camper or staff person is suffering from heat stroke get them to the Med Lodge immediately. If this is not possible, move to the shade or closest indoor facility and have the person lie down, apply cool water to the skin and call the Med Lodge for assistance.

FIRE OR EMERGENCY EVACUATION

1. Remain with the campers while safely removing them from any immediate danger. If two staff members are available, one should go to the nearest



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phone and call the Med Lodge and have the Director paged. A pair of campers can make this call if only one staff member is present.

2. In the event fire occurs in a building or cabin, all campers and staff should be familiar with exit signs and doors. If cabin doors are blocked by fire, a section of the window screen should be removed in order to exit cabin.
3. In the event of fire, all campers and staff should report to the Halpern Center, unless fire threatens the camp road, and the Director will communicate an alternative exit route through Head Staff. At the Halpern Center, counselors are responsible for keeping cabin groups together and accounting for all campers. Camp Kudzu counselor staff should take a head count and remain with their cabin group. Everyone should be accounted for and remain quiet.
4. Only the Camp Kudzu Director or Camp Barney Director will contact the Fire Department, if needed.

After the above have been completed, any fire that can be controlled by judgment of the individual should be. Only after the campers and staff are safe should anyone attempt to douse a fire. Extinguish small fires with available materials (e.g., fire extinguishers, water, shovels, etc.). If necessary, camp will be evacuated in an orderly fashion walking quietly, quickly and together down the main camp road. If fire threatens the main camp road, the Director will relay an alternate exit route.

ACCIDENT (VICTIM EVACUATION)

- ☛ Remain calm. Keep campers/staff calm.
- ☛ Remember the ABC's of first aid – airway, breathing and circulation – and be prepared to act. Do not attempt to move the patient if there is suspicion of spinal injury, unless it is to provide needed rescue breathing or CPR.
- ☛ Send for help. Call the Med Lodge. If at all possible, do not leave injured party alone without an adult. If a second staff member is not available, send a pair of campers to get help.
- ☛ While waiting for help, provide first aid that you feel is important and appropriate.

FIRST AID FOR SHOCK

Injury-related shock or traumatic shock may be caused by severe injuries of any type. Any victim of severe injury should always be treated for shock.

Symptoms: Pale skin; moist or clammy skin; victim is weak; rapid pulse; deep or irregular breathing; thirst; nausea; dilated pupils.

Treatment: Raise the victim's legs up so that they are higher than their heart and head. Then maintain their body temperature; if they are hot, shade them. If they are cold, cover them with blankets.

IN THE EVENT OF AN ACCIDENT ON SITE

- ☛ Phone the Med Lodge at once to notify medical staff of the injury. The Med Lodge staff will make the decision about calling 911.
- ☛ A responsible adult should remain at the scene of the accident with the injured party.
- ☛ While waiting for help, provide first aid/CPR as you feel is important and appropriate.
- ☛ The viability of using a vehicle to transport an injured victim requiring a stretcher or backboard will be assessed. Camp Kudzu's Med lodge staff will make the decision regarding advisability of such transport.
- ☛ Complete an incident report.

SEVERE LIGHTNING/THUNDERSTORMS

- ☛ Move immediately indoors to specialty areas, cabins, gym or dining hall.
- ☛ Campers may not go outside.
- ☛ When in buildings, turn off all electrical appliances.
- ☛ Turn off all unnecessary lights.
- ☛ Do not stand near light fixtures, switches, or receptacles.
- ☛ If caught outside, do not stand under tall trees. Find shelter under small trees that are grouped together, and do not spread apart.



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UTILITY FAILURE

- ✿ A power loss may occur from sources inside or outside the camp.
- ✿ Wires and electrical equipment substations and large green transformer boxes are dangerous and off limits.
- ✿ In case of an Electrical Fire, assemble and evacuate all campers.
- ✿ Never use water on an electrical fire. Use a fire extinguisher or baking soda.
- ✿ Downed power lines are extremely dangerous. Stay clear and don't touch them. Remove any campers from the area and notify your Unit Head.

TORNADO WATCH OR WARNING

- ✿ **Tornado Watch:** Weather conditions indicate that a tornado could be coming. During a tornado watch an announcement will instruct everyone that they need to end the activity immediately and head to their cabin. Groups on nature hikes, mountain bikes, and horses will be notified by walkie-talkies and will be given specific instructions.
- ✿ **Tornado Warning:** A tornado has been signaled. During a tornado warning everyone must move to shelter immediately. You will move immediately to the closest, strong inner structure, away from possible blowing debris. If you are at the pool, move to the nearest building; if you are near the cabins, move to the shower house as quickly as possible and get in the center of the bathroom areas. If time allows, grab mattresses and cover the group. If you are in any other building, move away from any glass and into the strongest inner structure and cover your group with mattresses if available. In the dining hall, move to the center of the room and away from the screens. If you find yourself and your group in an open area, move toward the best possible depression (trench, etc.) and lay down there.
- ✿ Keep in mind that you need to keep your group from panicking.
- ✿ Keep track of who is in the group; use good common sense.
- ✿ Always try to anticipate rather than react.
- ✿ Move immediately to the Halpern Center, if time permits.

- ✿ If there's no time, move immediately to a low-lying area or ditch.
- ✿ Be aware of flash flooding.
- ✿ Counselors should account for all campers.
- ✿ Remain low until further notice by a staff member.

TRANSPORTATION – CARS

Campers do not ride in staff cars except with special permission from the Director and in an emergency. There are only a couple of staff each session authorized to transport campers in their cars – and this is for emergency purposes only. All Drivers must carry personal automobile liability insurance and allow Camp Kudzu to have a copy of their driver's license and insurance card on file.

LOST CAMPER

In the unlikely event that a camper is lost, the staff member responsible for the child must let their Unit Head know immediately. In turn, the Unit Head will notify the Camp Director. The situation will be assessed and an appropriate search will be set in motion. The counselors will be asked for the following information: **Camper's Name, Age, Cabin Number, Description of Campers Clothing, Location Last Seen, Length of Time Missing, What has already been done to find them, and any other pertinent information.** If the camper is not located within a reasonable amount of time, the Director will notify the proper local authorities, i.e. search and rescue and/or the local police. The Camp Kudzu Director will notify parents or guardians if the camper is not located within four hours.

Prevention Techniques: Employ the buddy system beginning Sunday at camp; perform count offs at the beginning and end of each activity and meal period; keep mental notes of what each camper is wearing each day for recollection purposes.



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INTRUDER ON SITE

Unauthorized visitors, either during the day or at night, are classified as “intruders.”

If anyone on the campgrounds is not familiar to you and/or is not wearing a name badge, they are then classified as “unauthorized” and should be treated with caution. Be bold, ask these individuals about their status. Unfamiliar persons on the property may range from someone lost and looking for directions to a person with intent to do harm to persons or property. Some judgment must be made on the part of the staff.

Do not antagonize an intruder. Be polite, give assistance if possible, accompany the person to the Camp Barney office, or ask them to leave. This is private property and is not open to the public. Observe to be certain that the person leaves the site. Be observant as to the make, model, and license number of the car.

If the appearance of the unfamiliar person makes you uncomfortable, approach with another staff member. A staff person should always stay with the campers, keeping them away from the situation. If the person seems threatening in any way, do not approach or take any chances. Remove yourself and the campers from the area, notify the Med Lodge, have them radio the Camp Director, and observe the whereabouts of the person. If you see or suspect an intruder in camp at night, immediately notify your Unit Head or the Med Lodge. Report the incident as soon as possible to the Camp Director

During the Day: These individuals should be politely escorted to the office. Don't just ask them to go to the office by themselves. An office staff member will then contact the Camp Director to determine whether this individual is welcome to stay on site, or if they will be directed to leave.

At Night: Be extremely cautious! If you come across an unfamiliar individual with no identification badge, who is unfamiliar to you and is in a section of camp that is off limits, this person could be not only dangerous to the campers and staff, but to you – be cautious! Do not act alone – get help – but

DO NOT let the individual out of your sight! He should be directed to the office, where the camp administration will take over all responsibilities. If he does not follow your directions, then contact the Camp Director.

KIDNAPPING

Under no condition shall a camper leave the camp site while summer camp is in session without the written permission of his/her parent, legal guardian or authorized designee and the Camp Director.

SIGN-IN/OUT & ABSENTEES

All campers will be signed in and out of camp. When parents/guardians check in/out their child from camp, they must show ID and talk with a clinician. If parents/guardians check-in/out their child from camp late/early, they will need to go to the camp office, show ID, talk to the clinician and then depart with their camper.

Staff will call absentees within 24 hours of the start of camp to verify that they do not plan on attending camp. We will let you know if a camper has cancelled and is not going to show up at camp even though s/he appears on your opening day roster.



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EMERGENCY COMMUNICATION PROCEDURES

In the event of a crisis or major or emergency at camp, the following Crisis Management team will be utilized for communications and decision making.

Camp Kudzu Crisis Management Team:

Camp Director: Coordinates the Crisis Management Team, makes initial emergency calls, collaborates with and reports to Host site Director, makes assignments to Camp Kudzu staff members. If necessary, communicates with Camper Families. Assigns tasks to responsible people to:

- Record/document all phone calls, statements,
- Record details of staff/campers' recollections of the day and incident
- Photograph site of incident and/or relevant evidentiary material.

Medical Director, Bethany Kinsey: Coordinates collection of medical information (medical insurance, records, etc.), Confers with Camp Kudzu medical staff regarding medical situation, escorts or assigns staff to escort camper/staff to medical facility. Communicates with Camp Director to receive medical emergency transport, if necessary.

Legal Advisor: Camp Kudzu has a board member and lawyer who can direct Camp Kudzu to appropriate counsel and will take the first steps to advise the Board of Directors, Camp Kudzu's Executive Director and Camp Director of legal issues.

Executive Director, Alex Allen: Works along with Camp Director, Contacts insurance agent and contacts lawyer and Board Member. Acts as spokesperson to the media (in conjunction with host site Camp Director). Notifies Board of Directors, if necessary.

Head Staff Members: Leads the initiative to contain campers at a distance from the scene. Shares appropriate information with cabin counselors and helps them quiet campers. Unit Head Staff members account for all campers and cabin counselors and CIT's. Activity Head Staff accounts for all activity staff members. Logistics Head Staff accounts for all logistics team members.

Counselor Staff: Attend to campers, ensure complete head counts on a cabin-by-cabin basis, continue business of camp, and assist crisis management team in coordinating information relating to incident, as necessary.

Responsibilities and guidelines for Crisis Management Team:

1. Provide for safety of those affected by incident in cooperation with the host site staff.
2. Secure the scene of incident.
3. Report to Insurance Company and legal advisor.
4. Create plan for communicating with media, if necessary. Coordinate dissemination of information with the host site staff.
5. Assign supportive tasks, such as handling phone calls, transmittal of materials and records, taking photographs for evidence.

Campers, Campers, Campers...

LET'S START WITH THE POSITIVE!

- **GREET** your campers when they arrive with a smile and quickly set a positive tone in your cabin.
- Let campers know when they are doing **GREAT** and tell them that!
- **ENCOURAGE** the campers to create the “rules” of your cabin and then post the rules where everyone can see them.
- If **YOU** are positive – they will be positive!
- Set them up for **SUCCESS!** Help them create realistic and fun goals for their week.
- Share the **SCHEDULE!** Let's face it...we all are more relaxed when we know what is coming next.
- **PATIENCE**...patience...patience!
- **SAFETY**...it is our job to keep campers emotionally, physically, and medically safe!
- Encourage **RESPECT** for self, others around you, and the environment.

BUT NOW AND THEN, WE DO HAVE CAMPERS WHO NEED SOME EXTRA HELP!

Some campers might outwardly react to a new situation such as camp by becoming **homesick**, **wetting the bed**, or choosing **undesirable behavior**. Here are some things that might help you understand these behaviors better and to handle them with ease.

Always remember that our goal is for each camper to be successful at their own level of success – how **YOU** react and handle situations can influence the success of that child.



WHEN THEY THINK THEY WOULD RATHER BE AT HOME...Homesickness

Camp is a new and different environment for campers for a myriad of reasons. Some campers may find camp stressful. Camp needs to be a physically and emotionally safe place for all kids.

WAYS OF WORKING WITH CAMPERS WHO ARE HOMESICK

Be alert to catch it early. Watch for the camper who has a tendency to go off by himself/herself or complain about a stomach ache. Watch him/her especially during evening hours and the first day.

The earlier you can notify your Unit Head of a potential issue with a camper, the better. If nothing else, your Unit Head can assist you with camper-specific strategies.

Find interests and activities that appeal most to the camper and keep him/her busy. When finding something that the camper does well, commend him/her for it. Build up the activities the camper likes, e.g. “We have horseback riding tomorrow. It's going to be great!”

Utilize a “buddy system.” Pair a homesick camper with a veteran camper for the day. You can introduce this concept to the campers on Sunday for use



throughout the week with bathroom breaks or when at activities during the day.

Encourage other campers to always include the homesick child; especially when you have a new camper in with several kids who have been to camp before and have established friendships.

Provide emotional support for the camper. Let him/her know that homesickness is a common experience of persons away from home for the first time.

Give the homesick camper attention during the day and talk with them before bedtime at night. Give him/her a lot, but not too much, special attention during the day.

Avoid telling a camper that they can call home or go home. "When can I go home?" Tell the camper the truth: "That decision isn't up to me; it's up to the Camp Director." If the camper wishes to talk to the director, make an appointment to see her. Never promise the camper that he/she can go home, but never cut off all hope that he/she will be able to go home. Both extremes will aggravate the child's condition.

WHEN ACCIDENTS HAPPEN...Bedwetting

If it happens it happens. Be respectful of the child and let your head counselor/logistics staff know in the morning (as they make rounds before breakfast or at breakfast).

Ensure that everyone is respectful of the situation (including campers) so that the child is not embarrassed or harassed because of the situation.

Keep a discrete watch on this camper so you will know if this is going to be a recurring problem. And let them know that if it does occur again, it is OK- and to just let you know very quietly and discreetly when they wake up. You will take care of it and no one needs to know.

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Additionally, should you have a camper who uses "pull-ups" or "goodnights", create a plan with the camper to privately and discretely dispose of these each morning.

WHEN THE BEHAVIOR WE SEE IS NOT THE BEHAVIOR WE WANT...Kudzu's Discipline Policy

Camp Kudzu desires that every camper succeed during their week of camp. Camp Kudzu also desires that its volunteers enjoy their time with their campers. You may find it useful to redirect behaviors that are displeasing, and to commend actions and behaviors that are cooperative and positive. Some behavioral challenges can be held at bay with heavy doses of encouragement and support, and by minimizing competition between campers. We strive for a community in which no one feels humiliated or publicly criticized and all feel valued.

However, sometimes a camper's behavior interferes with the goals of camp. Particular behaviors that should be addressed include but are not limited to the components of the Camper Contract. Camp Kudzu has a progressive discipline policy for these occasions.

Step 1: Address the behavior with the camper as it occurs.

- Be specific
- Explain why the behavior is unacceptable and how that behavior affects other campers/staff
- Explain what behavior is desired
- Share the conversation with your head staff

Step 2: Head Staff will talk with the camper

- Should the behavior continue, ask your head staff to join you for a conversation with the camper.
- Head Staff will explain the consequences of the behavior.

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- Head Staff will fill out a Behavior Agreement Form, describing the behavior and the agreed upon desired behavior. Both the Head Staff and the Camper will sign the form.
- It should be understood by both the counselors and the camper that if the behavior is not corrected, the camper may be sent home.
- This understanding is not used to threaten the camper, but instead to let him/her know the path that he/she is on.

Step 3: Conversation between the Camper and the Camp Director. This is the point where most often the camper will be sent home.

Although Camp Kudzu provides many options to correct improper behavior, it is sometimes difficult to manage disruptive campers. Upon continued disruptive or unacceptable behavior, the camper shall be removed from all camp activities and monitored by counselor/staff until a parent or guardian can be notified of dismissal from camp, and the camper is picked up. Disruptive behavior includes striking other campers or staff, throwing objects at others, consistent and unmanageable temper tantrums and defiant behavior.



A camper may be immediately dismissed from camp should the camper's behavior, attitude or actions warrant. Dismissal from camp is at the discretion of the Camp Director or Medical Director. Head Staff can help support the cabin group and their feelings around this action should a camper leave mid-session.

Under no circumstances will a staff member ever strike a camper in punishment or any other form of discipline. Such an act by staff will result in immediate dismissal from the camp. Keep your voice calm. Remember you are the adult!

Above all, address the situation with the camper **AS SOON AS IT OCCURS** in a way that is respectful to the camper. **PLEASE** alert your Head Staff as soon as you encounter behaviors in your cabin group that you even think that may be a bit difficult or disruptive. Allowing a disruptive behavior to continue without intervention can affect the quality of the camp experience for everyone – take the time to create a positive atmosphere to prevent undesirable behaviors before they start!



Age-Level Characteristics of Campers

8-9 YEAR OLDS

- 🌿 Everything in high gear; works hard and plays hard
- 🌿 Like to talk; use language to express feeling/tell stories
- 🌿 Tend to have "best friends"; prefers to play in groups of same sex
- 🌿 Too much challenge/adventure makes them fearful or nervous.
- 🌿 They love dramatics, imagination games and storytelling, but fantasy and reality can get confused.
- 🌿 One hour is a long program time.
- 🌿 Responds to staff enthusiasm, sell programs.
- 🌿 Keep it simple and repeat programs.
- 🌿 They are not well coordinated and have a poor sense of time and place.
- 🌿 Little abstract reasoning skill. They want and need simple rules, not reasoning.
- 🌿 They don't understand teasing and irony.
- 🌿 They love to be with adults. You are great just because you exist. Don't abuse that honor.

10-12 YEAR OLDS

- 🌿 Great physical changes.
- 🌿 Tend to hang out in groups.
- 🌿 A sense of justice or fairness is important to this group.
- 🌿 They want to be older than they are and have privileges of older campers.
- 🌿 One year is a big age difference to them.
- 🌿 They can do a complete job or a sustained project if properly motivated.
- 🌿 They like adventure and they like to win.
- 🌿 They love to talk about home and family relationships.
- 🌿 Can still be motivated by enthusiasm.
- 🌿 Boy-girl interaction/crushes start.
- 🌿 They have heroes and idols.
- 🌿 Need much supervision in hygiene, personal appearance; can be careless.

- 🌿 Boys mingle easily with each other; girls relationships are more tense and emotional
- 🌿 Sensitive to opinions of peers

13-14 YEAR OLDS

- 🌿 Sensitive to appearance- may adopt fads in clothing, speech, etc.
- 🌿 Beginning of community consciousness, social responsibility (in their minds).
- 🌿 Beginning to think about the future
- 🌿 Tend to tire easily
- 🌿 Depend on peer group for identity
- 🌿 Need freedom to engage in self-reflection

15-16 YEAR OLDS

- 🌿 Physical growth has slowed down some
- 🌿 Acceptance by the opposite sex is a high priority
- 🌿 Huge desire to be recognized as an individual
- 🌿 Emotional growth has taken off but moods can shift
- 🌿 Can carry out tasks with the need for limited supervision
- 🌿 Can be bothered by a lot of things; need to talk but might not seek out leaders.



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Camp Kudzu Song

*We're brothers and sisters of Camp Kudzu
Working together and learning something new
Making some best friends hoping it won't end
Together at Camp Kudzu!*

*We reach for tomorrow at Camp Kudzu
Building our future with everything we do
Having a great time out in the sunshine
Together at Camp Kudzu!*



What Do I Bring To Camp?

- ✿ Plan ahead to live out of a bag. Each staff should have no more than two good sized-bags. If you have more than that, you've packed too much! Duffel bags and trunks are great ways to pack all camp items.
- ✿ All clothing should be tolerant of water, mud and fun. Please do not bring new or expensive items!
- ✿ **BE SURE THAT YOUR NAME IS ON EVERYTHING!** Label anything you want returned.
- ✿ Please: break in shoes and boots before camp begins to avoid blisters and uncomfortable long walks.

Things to Leave at Home

- X Any items considered dangerous (knives, guns, weapons, fireworks, matches, etc.)
- X Alcohol
- X Tobacco Products
- X Illegal Drugs
- X Money, jewelry or expensive articles
- X Food of any kind, including sugar-free candies or chewing gum (All snacks are provided.)
- X Skateboards, bicycles, scooters, rollerblades, roller skates, etc.
- X Insulin, syringes, lancets, meters, strips, etc. All diabetes supplies are provided, except pump sets.
- X Personal sports equipment not used in a program area.
- X Items that any sentimental worth – the wear and tear combined with the outdoor aspects of camp may not be what those items can tolerate.

Things to Bring to Camp

LINENS AND BEDDING:

- 1 set of twin sheets and a warm blanket

OR

- Sleeping bag with 1 extra set of sheets
- Pillow and pillow case
- 3 bath towels and washcloths
- 2 beach towels

TOILETRY ITEMS:

- Plastic or waterproof container for your toiletries/shower supplies
- Bathrobe/Shower Robe
- Shower Shoes (flip flops, plastic shoes)
- Toothpaste and toothbrush (with container)
- Soap and Soap Container (or liquid soap)
- Comb/Hair brush
- Shampoo and Conditioner
- Sunscreen
- Deodorant
- Insect repellent
- Lip balm
- Feminine products



SHOES:

- 2 pairs comfortable walking shoes. Flimsy flip flops are strongly discouraged. We recommend shoes or sandals with closed toes.
- Pool/shower shoes (plastic)

MEDICAL SUPPLIES

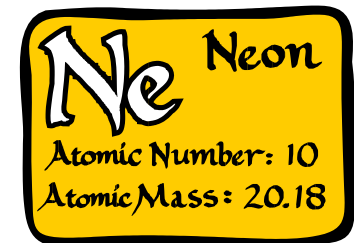
- Daily Medications and Vitamins still in the original pharmacy containers.
- 10 Pump Site Changes (for pumpers)

CLOTHING:

- 1-2 pair of jeans (must wear long pants for horseback riding)
- 6 pair shorts
- 9 shirts that's a lot.
- Sweatshirt or jacket
- Raincoat or poncho with a hood
- Pajamas (camp appropriate)
- 10+ pairs socks
- 9 pairs underwear/undergarments
- 2 swimsuits (one-piece for females/swim trunks for males)
- Swimming goggles (if preferred)
- Sunhat or baseball cap
- Sunglasses
- Laundry Bag

OTHER ITEMS:

- Flashlight (and extra batteries) OR
- Head Lamp (LED Headlamps are great)
- Water bottle
- Sturdy book bag/backpack to carry supplies.
- Music Party Costume- Neon Themed- anything that glows or will glow
- Camera
- Books and/or magazines
- Watch and/or alarm clock
- Folding chair
- Cabin Decorations
- Night light
- Small collapsible drying rack
- Fan



Camp Kudzu's summer home in August is Camp Barney Medintz...

Located high amidst the Appalachian and Blue Ridge Mountains just 75 miles NE of Atlanta, Camp Barney covers over 500 acres of mountains, lakes, rushing streams and pine forests. Built around each lake are uniquely designed cabins within separate "villages" (for each age/grade), the 20,000 sq. ft. Alterman Lodge Dining Hall and Kosher Kitchen, the Halpern Center Gymnasium and Amphitheater, the Spectacular Zaban Chapel, the Brill Equestrian Center, six lighted tennis courts, over 12 acres of groomed ball-fields, a nature and reptile center, the Babbit Center, The Benator Cultural Center, Israeli Cultural Center, Halpern Creative Arts Center, an Olympic-size swimming pool, water-ski docks, a dance studio and a 5,000 sq. ft. infirmary overlooking "the Sukkah" and the Lake Wendy beachfront..

Parking is a very limited at camp. Staff are encouraged to carpool to camp.

Camp Kudzu works in concert with the Camp Barney Staff to provide an exciting, safe camp program for our campers.

Camp Barney Medintz Staff

- ❖ Jim Mittenthal, Director
- ❖ Susan Berger, Associate Director
- ❖ Adam F. Levin, Assistant Director
- ❖ Matt Waldman, Assistant Director
- ❖ Don Leslie, Operations Director
- ❖ Alan Barney, Food Service Director

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Camp Barney Medintz - Camp Rules

1. RESPECT THE ENVIRONMENT

Camp Barney is an exquisite facility. Moreover, the ecological balance of the 500 acres is precarious at best. It takes a lot of stamina for plants, trees, flowers, etc. to survive. Pulling branches, putting nails in trees, littering or building fires in unscarred areas are all abusive acts. This rule also refers to our respect for Camp property and the possessions of other campers and staff.

2. RESPECT ALL LIVING THINGS

Never harm any person or animal. There are a number of pets and wild animals that roam the Camp. They are to be treated with respect. The pets will be fed by their owners and wild animals should be left alone.

3. NO ALCOHOL or ILLEGAL DRUGS IN CAMP





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DIRECTIONS TO CAMP BARNEY MEDINTZ

4165 Highway 129 North Cleveland, Georgia 30528
(706) 865-2715

From GA-400 North

Take GA-400 North until it ends.

Continue going straight for about 5 miles on Long Branch Road (a two-lane road).

Turn Right at the light, onto Hwy 115.

Follow Hwy 115 to Cleveland (13 miles).

Turn Left at the square in Cleveland onto Hwy 129 North.

Camp Barney is 4 miles north of the Cleveland Square on Hwy 129 on the Left side of the road. (The camp entrance is easy to miss –it is next to a church on a hill with a large cross of shrubs.)

Drive down the camp road (approx. ½ mile) --park in the parking lot down on the left.

From I-85 North

Take I-85 North to the Gainesville Connector (I-985).

Take I-985 to Exit 24 –Jesse Jewell Hwy.

Take Hwy 129 North to Cleveland.

Camp Barney is 4 miles north of the Cleveland Square on Hwy 129 on the Left side of the road.

(The camp entrance is easy to miss –it is next to a church on a hill with a large cross of shrubs.)

Drive down the camp road (approx. ½ mile) --park in the parking lot down on the left.

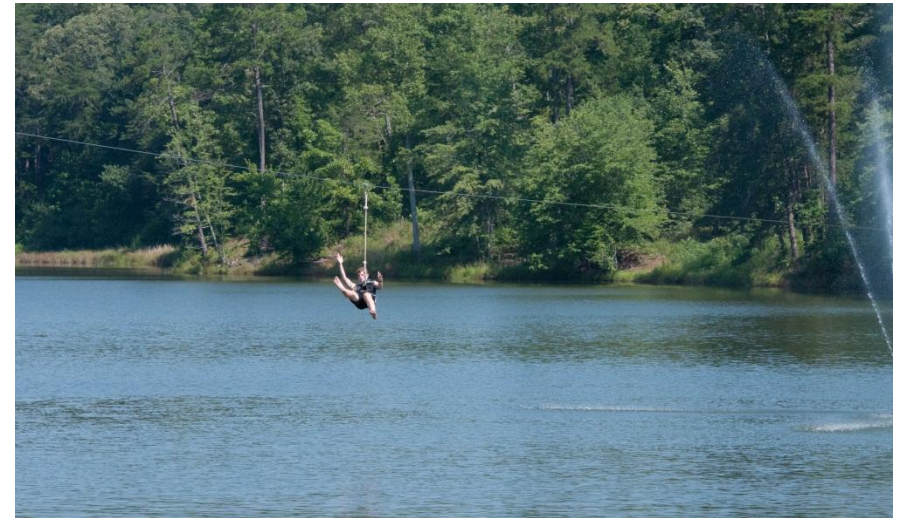
From Athens

Take Hwy 129 to Gainesville.

Continue on Hwy 129 North to Cleveland.

Camp Barney is 4 miles north of the Cleveland Square on Hwy 129 on the Left side of the road.

(The camp entrance is easy to miss –it is next to a church on a hill with a large cross of shrubs.) Drive down the camp road (approx. ½ mile) --park in the parking lot down on the left.



How to contact us at Camp Barney Medintz

Contacting us via telephone (only in the event of an emergency or other urgent matter): **While we are at camp, your family will still be able to leave messages at the Camp Kudzu office.**

PHONE NUMBERS:

Camp Kudzu Main Office: 404.250.1811

Camp Kudzu Cell Phone: 404.405.1115

Camp Barney Medintz Office: 706.865.2715

Camp Barney Med Lodge: 706.348.2174

CBM Staff 2013

Medical Overview

GOAL OF THE MED LODGE:

To keep campers out of the Med Lodge and involved in camp activities!

ABOUT THE MED LODGE

The Med Lodge is staffed 24 hours a day by competent nurses and physicians in a teamwork approach. Only true emergencies are seen during most of the hours, especially during blood checking times, daily medical conferences, team conferences, and meal times. All routine medications are dispensed after meals.

If a camper requires medical attention by the Med Lodge, a staff member and another camper, or two staff members, must accompany the camper to the Med Lodge (Remember the "Rule of Three"). Hypoglycemia is best treated in the cabins and at activities.

Campers and counselors are encouraged to come to the Med Lodge for evaluation or treatment primarily before or after meals and before bedtime. For safety reasons, it is necessary for the counselor or another adult, along with another camper, to accompany each camper to the Med Lodge and to wait with the camper until a nurse or physician can respond to the camper's complaint ("Rule of Three").



MEDICATIONS

- ✿ All medications (prescriptions, Tylenol, antacids, Claritin) belonging to campers and counselors must be brought to the Med Lodge. All medication must be in its original pharmacy container.
- ✿ Staff will be responsible for taking their own medications and may come to the Med Lodge for their medicines as needed. Staff meds are handled with the utmost confidentiality.
- ✿ A limited amount of medication for life-threatening conditions may be carried by a camper or staff person (e.g. Epi pens, inhaler).
- ✿ Medications will be dispensed to campers after meals and after the evening program. Only campers requiring medications at that time should check in at the Med Lodge.
- ✿ A counselor should accompany campers to the Med Lodge.



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Camp Kudzu Diabetes Information and Overview

Thank you in advance for reviewing these materials prior to your Camp Kudzu orientation session. Please feel free to print this information and make note of your questions. We will expand on this information at orientation as well as learn many other necessary details.

Being a camp staff member is a job to love. Most of us work with children because we want to shape their development so that they will be happy, healthy and well-adjusted. Each day we have the opportunity to teach, mentor and build their self-esteem. Creative, exciting programs that bring children together with their peers are the best way to teach new skills and enhance the child's ability to work within a group. Every child should have the same opportunities. And, of course, ensuring a safe environment is critical for success.

It can be challenging, even scary, to have a child with diabetes in your care. If you don't deal with diabetes frequently, it can be overwhelming to think about your "regular" job broadened to encompass what would ordinarily be defined as "nursing" or "parenting" skills. Insulin, food, exercise, high and low blood glucose symptoms, special medical devices...YIKES!

Camp Kudzu is committed to helping you. Our goal is to provide leadership and education to assist you to provide a safe camp experience for the children in your care. Ultimately, we hope that every child with diabetes can participate in any activity they choose so that they feel "normal" and happy just like their peers without diabetes.

Our educational theme for this summer is

Impact of Activity!



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What is diabetes?

Diabetes is a chronic condition that has no cure. Approximately 1 in 500-600 children have diabetes. In Georgia there are approximately 5,000 children with type 1 diabetes. These children require daily insulin injections to survive. Type 2 diabetes in children, which until recently affected primarily adults, has been deemed “an epidemic.” Children with type 2 diabetes must improve food intake, increase exercise and may also require oral diabetes medications or insulin. Both types of diabetes may have devastating effects on the current and long-term health of children. Camp Kudzu serves children with type 1 diabetes.

Uncontrolled diabetes has immediate health consequences, and long-term complications affecting the eyes, vascular system, heart and kidneys are not uncommon. This makes it essential for everyone in a child’s life to be knowledgeable and ready to support healthy diabetes management.

Diabetes results from the body’s inability to secrete or produce an adequate amount of a hormone called insulin. Insulin is produced by the beta cells in the pancreas and acts like a “key” that opens up the doors to the body’s cells, so that glucose can enter the cells. The foods that we eat, especially carbohydrates, are converted to glucose. Without insulin, the body’s cells cannot be nourished because the glucose cannot get into cells to be used for energy and cell repair. When this happens, the glucose builds up in the bloodstream causing high blood glucose (BG) or hyperglycemia. Symptoms of hyperglycemia include:

Excessive thirst
Extreme hunger
Fatigue
Blurry vision

Frequent urination
Unusual weight loss
Irritability

In type 1 diabetes, pancreatic beta cells have been destroyed by an autoimmune process, eliminating the production of insulin forever. At present, there is no known cause for this process and it occurs quite quickly.

Many children with type 1 diabetes present to the doctor with serious “flu-like symptoms.” Their BG may be extremely high and hospitalization may be required to stabilize blood glucose. When a child has very high BG levels, the body’s cells are not being nourished. The body begins to burn fat for energy. The by-products of this process are “ketones” which can be traced through the urine and the blood. This serious condition is called diabetic ketoacidosis (DKA). If DKA is not immediately addressed from a medical standpoint it may cause coma, and in rare occasions, death.

In type 2 diabetes, which is associated with childhood obesity, the body is not able to use insulin to regulate blood glucose. Children could have type 2 diabetes and not know it because they have mildly elevated blood glucose levels that may not cause dramatic symptoms. Even elevated blood glucose levels with no apparent symptoms have a profoundly negative effect on the body. We do not know how many obese children have type 2 diabetes but there is a push to have children screened for the condition. Keeping a child’s weight in a healthy range is the best prevention for type 2 diabetes.

Both types of diabetes present a challenge when children are away from parents. Maintaining blood glucose levels in a safely tolerated, normal range is the key to a child’s immediate and long-term health. It requires monitoring of blood glucose, administration and adjustment of medication, meal planning and daily exercise. A child must have support from parents and other adults in order to handle the complexities of their daily diabetes management routine. No child should have to manage their diabetes without adult supervision and support.



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Diabetes Management Routines

The key to successful diabetes management is to match food and exercise with prescribed medication in order to maintain near-normal blood glucose levels. Achieving this goal in management allows a child with diabetes to participate in any activity they wish.

Type 1 Diabetes

Type 1 diabetes is treated with synthetically made insulin. A child must have a constant background of long-acting insulin (called “basal”) 24 hours a day, combined with a burst of fast-acting insulin (called “bolus”) to cover either food or to correct a high blood glucose. Insulin is available by injection through the use of syringes, pens, and insulin pumps. A typical daily insulin regimen for a child with type 1 diabetes on injections would be a basal injection of long-acting insulin once or twice daily combined with an injection or bolus of fast-acting insulin before or immediately after meals. This means that a child taking injections may need 4 - 6 injections every day. Taking care of a camper with type 1 diabetes will include the following daily activities: insulin injections, blood glucose monitoring, counting carbohydrates and treating potential high and low blood glucose.

Type 2 Diabetes

Type 2 diabetes in children is usually managed with healthy meal planning, regular exercise and sometimes medication, often an oral medicine, rather than insulin. However, some children with type 2 diabetes must use insulin.

Meal Planning

Meal planning is important so that food can be matched to doses of insulin or other diabetes medications. Children with diabetes need to have enough calories to provide energy for play and growth. If they are hungry or more

active they need more to eat. Insulin may be adjusted on a meal-to-meal basis to allow a child with diabetes to be flexible.

The overall goal of meal planning is to include meals and snacks that enhance energy, growth and development. You will see how tricky that can be when a child has diabetes. The balance of insulin and food with activity is not an exact science. That is why blood glucose levels fluctuate widely in children with diabetes. It is important to minimize extreme fluctuations in routine by eating at the same time each day, and spacing food throughout the day. This helps to reduce high and low blood glucose. Children participating in strenuous activities will probably need fast acting snacks like juice or glucose tabs and a longer lasting snack source such as cheese crackers.

The food we eat is made up of carbohydrates, protein, and fat. Good nutrition includes healthy choices of these three types of food, plus plenty of water, vitamins and minerals. Carbohydrates have the most significant effect on blood glucose. All of the carbohydrates we eat are converted into glucose. The amount of carbohydrate eaten and the concentration of carbohydrate determine how the blood glucose level rises. In other words, the same meal but with different portion sizes, will require different amounts of insulin. Even when meals are carefully planned and the “right” amount of insulin is given, blood glucose readings can vary. Also, many factors other than just food and insulin can have an effect on blood glucose – like hormonal, hydration, illness and stress.

Carbohydrate Counting (Carb Counting)

You will learn all about carb counting at Camp Kudzu. The first fact you learn is that there are fast-acting carbs and slower-acting carbs. When you are treating a low blood sugar, you always want to use a fast-acting carb. The fast-acting carbs (also known as simple carbs or simple sugars) that we have at camp are juice boxes, glucose tabs and glucose gel. The slow-acting carbs (or complex carbs) are everything else that has carbohydrate in it including crackers, cookies, sweets, bread, pasta, rice, fruit, and milk.



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The importance of correct carbohydrate counting in the management of diabetes cannot be over-emphasized. It is just as important as knowing the person's BG or drawing up the correct amount of insulin. Since insulin doses are calculated based on the number of carbohydrates (carbs) a person is going to consume, accurate carb counting is essential.

At Camp Kudzu all of the meals are served family style. That means that food is brought to the table in large quantities to be distributed to everyone. There will be a list of all the foods that are being served and their carb count per serving. The counselor's job is to help the camper keep track of how many carbs they eat. The easy way to do this is to have each counselor help three campers. To make the counts very accurate, foods need to be served in specific quantities. For example: rice is served in 1/3 cup measures, pasta in 1/2 cup measures and bread is served by the slice. There are carb counting worksheets that you can use at camp to help you keep track. One way is to write down how many carbs each camper starts with then add any extra carbs that he takes and then subtract what he doesn't eat on his plate. Don't forget the drinks which contain carbs (milk). Mealtimes can be very hectic with lots of singing and pounding on tables so it is very important that your cabin has a system for carb counting accurately.

Carbohydrate counting involves counting the total number of grams of carbohydrate in a meal or snack and matching it to an insulin dose. For instance, a typical "insulin-to-carb ratio" might be 1 unit : 10 grams of carb (1 unit of insulin for each 10 grams of carbohydrate consumed). That means that for every ten grams of carbohydrate eaten, the child must take 1 unit of fast-acting insulin. Foods that have carbohydrate include: bread, pasta, rice, starchy vegetable, milk, yogurt, fruit, cakes and cookies.

At Camp Kudzu we use the carbohydrate counting method for all of our meals and snacks. One of the goals at camp is to improve a camper's carb counting skills. This will enable the child's independence in managing their diabetes. You will receive detailed instructions in carbohydrate counting at your orientation session.

Special Nutrition Considerations

Peanut Allergies

Peanut allergy is common and often appears in the first years of life. While many children outgrow allergies to other foods such as milk or eggs, most kids don't outgrow peanut allergy as they get older. An allergic reaction to peanuts can range from a minor irritation to a life-threatening reaction called anaphylaxis. Even people who have only had a mild reaction in the past are at risk of a more serious future reaction. An allergic response to peanuts usually occurs within minutes after exposure and signs and symptoms range from mild digestive problems or skin reactions to anaphylaxis, a life-threatening reaction that can constrict the airways and block breathing. Exposure to peanuts can occur in three ways:

- **Direct Exposure:** Eating peanuts or peanut-containing foods. Sometimes direct contact with peanuts can trigger an allergic reaction.
- **Cross-Contact:** Unintended introduction of peanuts into a product (exposure during processing or handling of a food product).
- **Inhalation:** Inhaling dust or aerosols containing peanuts (i.e. peanut flour or peanut cooking oil).

The only way to prevent an allergic reaction is to avoid peanuts and peanut proteins altogether. Campers with known peanut allergies will be identified. You will be notified and the camper's name tag that hangs over his bed will be marked "Peanut Allergy". This will ensure that adults caring for the camper do not inadvertently treat the camper's low blood glucose with foods like peanut butter crackers. There will be snacks, low blood glucose treatments and meals available that do not contain peanuts.

While most reactions to peanuts are not life-threatening, it is important to be prepared for a severe reaction. For an anaphylactic reaction, an emergency injection of adrenaline (epinephrine) is necessary. If a person is



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at risk of a severe reaction, they will need to carry injectable epinephrine (EpiPen) with them at all times. Campers at risk for severe reactions will usually bring their EpiPen to camp. As a counselor it is important that you carry the camper's EpiPen at all times in the event that the camper should need an injection. If your camper is having the following signs and symptoms, you should use the EpiPen immediately: Trouble breathing, tightness in the throat, feeling lightheaded or dizzy or loss of consciousness.

The key to peanut allergy is prevention:

- Avoid foods that contain peanuts
- Notify key people that camper has allergy
- Ensure EpiPen is always available
- Know peanut allergy symptoms
- Have an action plan
- Have camper wear medical ID (ideal but may not wear at camp)
- Discourage camper from sharing foods

Celiac Disease

Celiac disease is a digestive condition triggered by consumption of the protein gluten, which is found in bread, pasta, cookies, pizza crust and other foods containing wheat, barley or rye. Oats may contain gluten as well. When a person with celiac disease eats foods containing gluten, an immune reaction occurs in the small intestine, resulting in damage to the surface of the small intestine and an inability to absorb certain nutrients from food. Eventually, decreased absorption of nutrients (malabsorption) can cause vitamin deficiencies that deprive the brain, peripheral nervous system, bones, liver and other organs of vital nourishment, which can lead to other illnesses. This is especially serious in children, who need proper nutrition to develop and grow. There are no typical signs and symptoms of celiac disease. Most people with the disease have general complaints such as intermittent diarrhea, abdominal pain and bloating. Sometimes people with celiac disease may have no gastrointestinal symptoms at all.

Celiac disease can be effectively managed by eating a gluten-free diet. You will be told if any of your campers have celiac disease as they will only eat foods and snacks that are free of gluten.

The Counselor's Role in the Management of the Camper's Diabetes

The counselor plays a critical role in providing the camper with a safe and fun environment. The counselors will meet with their cabin clinician before the campers arrive at camp to discuss the medical management tasks and how they will be divided. The clinician is responsible for making all of the medical management decisions for each camper in their care.

Some of the basic tasks that you will perform in the care of the camper are:

- Check blood glucose (BG) levels.
- Count the total carbohydrates consumed at meals and snacks and report to the clinician.
- Assist the clinician in verifying insulin doses.
- Assist camper in giving injection if approved by clinician.
- Recognize symptoms of low BG and provide treatment.
- Record all BG levels on "Field BG card" and report to clinician at each meal time.
- Have camper check urine ketones for 2 consecutive BGs over 300mg/dl (or 250 mg/dl for pump users) and notify clinician if ketones are positive (more information on the specifics of this will be provided at orientation).
- Know when to ask for medical assistance.

Checking Blood Glucose (BG) Levels

Knowing a camper's blood glucose is the single most important tool for healthy management of diabetes. A normal BG for a person without diabetes is 60 – 110. Ideally, a child's BG levels will be maintained in a near



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normal range of 80 – 160 when he/she is away from home. Keep in mind that a child with diabetes will undoubtedly experience blood glucose levels outside this range. This is not necessarily because the staff or child did anything wrong. The goal at Camp Kudzu is to avoid extreme low and high BG levels.

Goal: Ensure that BG is checked at designated times and as needed
Perform BG check safely and accurately
Document all BG information
Provide all BG documentation to the clinician

Typical times for checking the camper's BG are:

- Before each meal
- Before bedtime
- Any time symptoms are present (witnessed or when child tells you he/she is feeling something)
- During a low BG event, every 15 minutes until BG rises >80
- Before high adventure activities to ensure BG is >120 (ropes course, water sports, pool)
- Every night between 11:45 pm-12:00am - Clinicians will make midnight rounds every night

Procedure for checking Blood Glucose (BG) with a meter:

- Make sure your hands are clean.
- Wear gloves if there is a risk of touching blood or other bodily fluids
- Make sure the campers hands are clean OR wipe finger to be checked with alcohol and allow to dry
- Insert test strip into meter
- Hold the lancet device to the side of the finger and press button to pierce skin
- Gently "milk" finger to get drop of blood if necessary
- Apply blood to test strip
- Wait until results are displayed (5-45 seconds)

- Have camper hold tissue to finger until bleeding stops
- Remove test strip from meter. Do not touch blood soiled end of used strip or tissue if possible. Have camper discard medical waste
- Dispose of lancet in sharps container; test strip and tissue can go in the trash
- Record the results on "Field Blood Glucose" card

In order to obtain a blood sample, you or the camper will need to use a lancing device to pierce the skin. Each finger lancing device is for one time use and then discarded. You will be trained in the use of the blood glucose meter and lancing device at orientation and will review it again on the first day of camp.

Do not be alarmed when a child's BG is out of range on the high side. This could be an isolated occurrence and does not necessarily need immediate attention, unless ketones are present. However, **whenever blood glucose is on the low side of the range, immediate attention is needed** in the form of a fast-acting carbohydrate. Low blood glucose is an emergency situation because the blood glucose can continue to drop, resulting in unconsciousness and potentially a seizure.

Hypoglycemia (Low blood glucose (BG))

Goals: Identify signs and symptoms of low blood glucose
Have simple and complex carbohydrate foods on your person and in cabin at all times
Quickly and accurately treat low blood glucose
Return glucose to normal range for camp setting
 >80 during day
 >120 before high adventure activity
 >120 at midnight BG check
Allow camper to resume activity



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Hypoglycemia at Camp Kudzu is defined as a blood glucose **BELOW 80** or (**BELOW 120** for any high adventure activity or at midnight checks). A child's blood glucose can be lower than the normal range for many reasons.

Causes of low blood glucose include:

- Increased or unexpected exercise
- Missed snack
- Not eating expected meal
- Giving too much insulin
- Unknown reason

When blood glucose levels are low there is a risk to the child. The brain is not being nourished with glucose. Disorientation and more severe symptoms can develop quickly. Symptoms can be mild, moderate or severe.

Mild Symptoms- Camper feels low, asks for food, checks blood glucose, is able to eat food

- | | |
|-----------|------------------|
| Shakiness | Feeling anxious |
| Sweating | Rapid heart rate |
| Headache | Pallor/paleness |
| Hunger | |

Moderate Symptoms- Camper does not recognize that he is low, may need help checking blood sugar, may need help eating

- | | |
|--------------|-------------------|
| Irritability | Poor Coordination |
| Lethargy | Confusion |

Severe Hypoglycemia- Camper is lethargic, unresponsive or is having a seizure

- | | |
|---------------|-----------------------|
| Combativeness | Loss of consciousness |
| Seizure | |

Carrying food items to treat a low BG is essential. You should plan to bring a backpack to camp that will allow you to carry medical supplies and

hypoglycemia treatments that you will need during camp. A counselor must be with campers at all times, equipped with low blood glucose treatment supplies, to ensure the child's safety.

Treatment of typical daytime low blood glucose includes the following protocol:

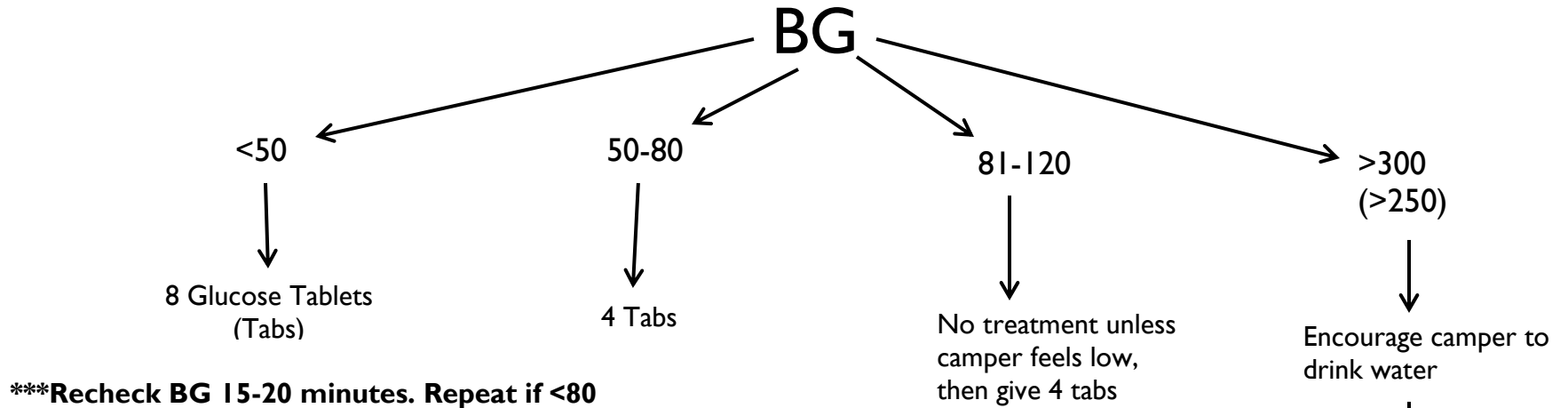
1. Remain calm
2. Check camper's blood glucose
3. Give camper 15 grams of a simple carbohydrate (4 glucose tablets or 1 tube glucose gel)
4. Recheck camper's blood glucose in 15 minutes
5. If blood glucose is not over 80, repeat treatment of 15 grams of simple carb
6. Recheck BG in 15 minutes and retreat if BG is still not over 80
7. **REFER TO "BG REFERENCE SHEET" FOR ALL INCLUSIVE GUIDE**

Over-treating a low BG is not a terrible thing, but under-treating can be dangerous. Be assertive in your plan to treat the low BG and check the child's blood glucose every 15 minutes until the result is over 80 mg/dl. It takes at least 15 minutes for a food source to begin to stabilize blood glucose. Remember to write down the BG readings and what the child ate for future reference. It is essential information your clinician will need to make future insulin calculations.

Never force food into the mouth of a child who cannot swallow. If the child is losing consciousness or is not able to swallow, immediately send another adult to notify a clinician or contact the med lodge. **DO NOT leave the child unattended.** In this emergency situation, the medical staff will administer an emergency treatment called "glucagon". All medical staff will have glucagon on their person at all times. Glucagon is an injection that is given to treat a severe low BG. It is not sugar. Rather, it is a hormone that triggers the release of stored glucose from the liver. Side effects of glucagon include nausea and/or vomiting. After a severe low BG is stabilized, the camper will temporarily go to the med lodge for observation.

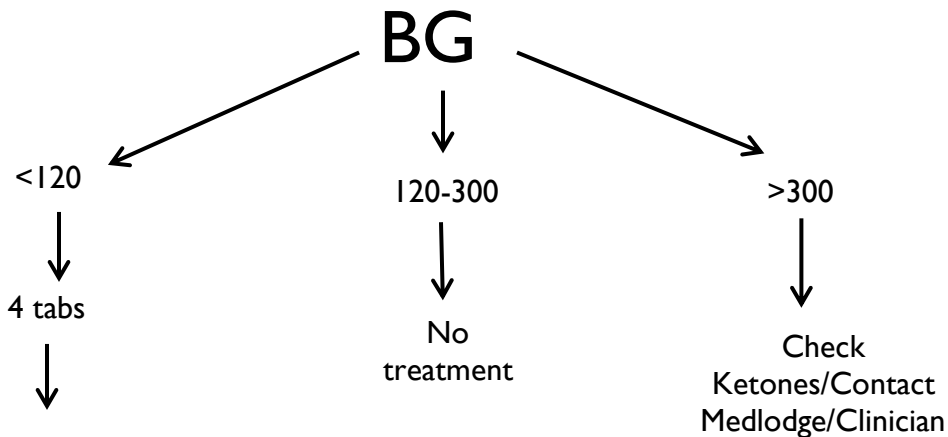
DAY TIME

Daytime/Premeal/Whenever Camper Feels Low/High



High Level Activity

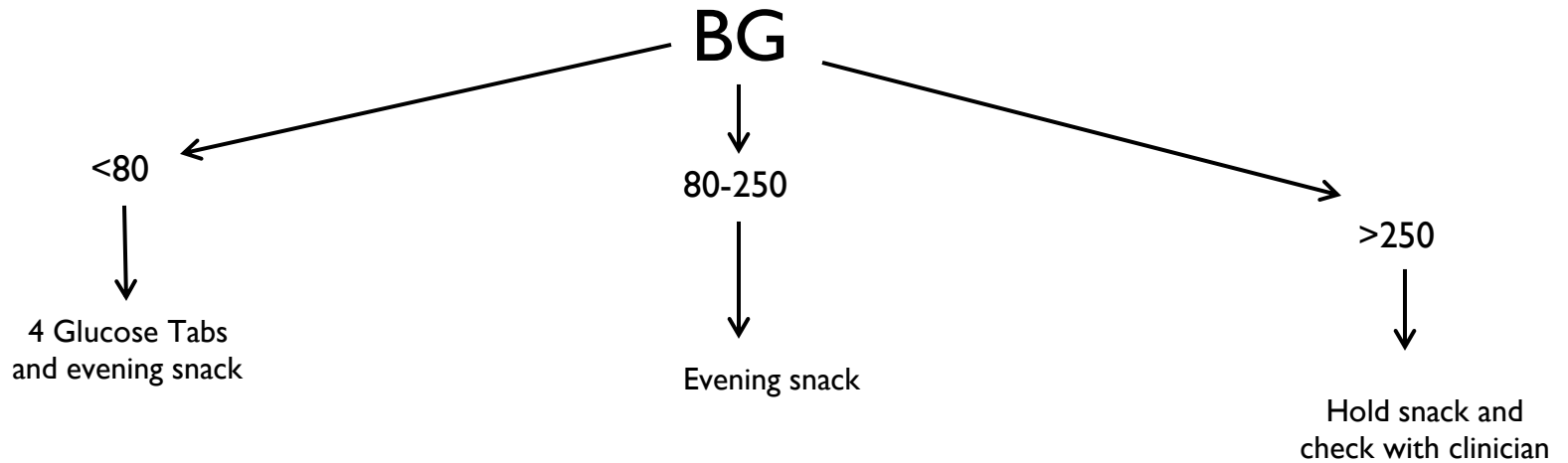
No BG needed if right after meal



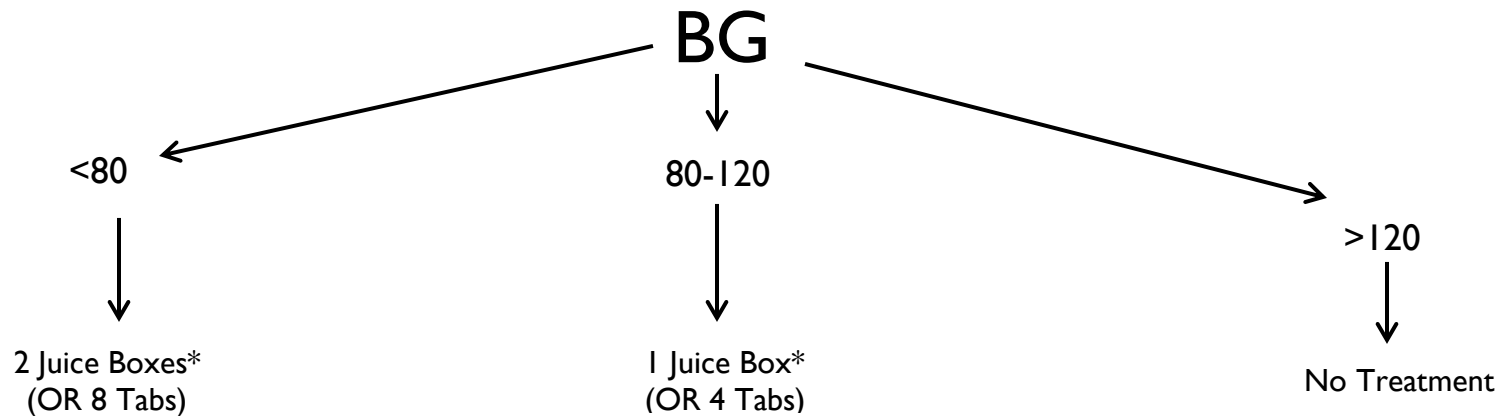
Recheck BG 15-20 minutes. Repeat if <120

NIGHT TIME

Before Bedtime Snack



Midnight



***Counselor to recheck/retreat Midnight BG until >120 OR Clinician in cabin. Contact MedLodge/Clinician if BG not to 120 after equivalent of 4 juice boxes within 45 minutes**



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- Goals:
- Identify signs and symptoms of high blood glucose
 - Treat/Correct high BG
 - Prevent or identify development of ketones/ketosis (high BG and ketones)
 - Prevent ketoacidosis (high BG, ketones and chemical imbalance)
 - Return glucose to normal range for camp setting
 - Allow camper to resume activity

A camper's BG can be higher than normal for many reasons. High blood glucose occurs when there is too little insulin for the amount of glucose in the body. Possible causes for high BG include:

- Eating more food than planned
- Not enough insulin or missed insulin
- Stress
- Decreased physical activity (rainy days are a common cause)
- Dehydration
- Illness or infection

Signs and symptoms of high BG include:

- | | |
|------------------|--------------------|
| Excessive thirst | Frequent urination |
| Extreme hunger | Fatigue |
| Irritability | Nausea/vomiting |
| NONE | |

Unlike low blood glucose, which has a risk of immediate consequences, high blood glucose can be addressed in many ways. More often than not, a "wait and see" approach can be taken, especially when blood glucose levels are between 160-250 (pump users) or 160-300 (injections). If blood glucose is over 250/300 on two consecutive tests, checking for urine ketones is important. You will be provided with urine ketone strips for campers. If a urine ketone check indicates ketones are present, a clinician or the med lodge should be notified. Your primary responsibility as it relates to high BG is to bring attention to the clinician or med lodge a camper that may exhibit signs and symptoms of high BG or has positive urine ketones. If you are unsure, always feel free to contact your clinician for discussion. The medical staff will

decide the next steps for treatment. They may encourage the camper to drink 8-16 ounces of fluids and/or give additional insulin.

Insulin Administration

- Goal:
- Ensure that camper receives the correct dose of insulin for their planned food and exercise
 - Insulin is administered correctly
 - Insulin injection site is in good condition

The camper with type I diabetes requires insulin injections in order to survive. They no longer produce insulin so they must receive an outside source of insulin. Insulin can only be taken by injection with a syringe or pen or through a continuous infusion (called an insulin pump). An increasing number of children are using insulin pumps. There are many different kinds of insulin. Children on injections take multiple kinds of insulin, ranging from fast-, to moderate-, to long-acting. Each of these insulins has a different peak which is intended to be matched to times when blood glucose levels are highest and activities are lowest. The clinician/MD will be responsible for making all insulin decisions.

Syringes for giving insulin injections come in different sizes. Insulin is measured in "units". Each major mark on most syringes is equal to 1 unit of insulin, except for 100 unit syringes where each mark equals 2 units. Depending on the types of insulin taken by the camper, one-to-two shots per administration may be needed because some types of insulin cannot be mixed together. Outside of the home setting, syringes should only be used once. Used syringes must be disposed of in a biohazard container ("sharps" container). After a person has injected the insulin, they should place the used syringe into the sharps container. Syringes or insulin pens should never be "passed" around. The sharps container should be passed to the person that is giving the injection so they can safely dispose of the contaminated needle. Also follow the 4 foot rule when injecting insulin= no one should be within 4 feet on anyone giving an injection to avoid accidental needle sticks.



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Drawing Up Insulin

Counselors may be trained to administer insulin if the child is unable or needs assistance to give his/her own injection. Campers are taught and encouraged to draw up and administer their insulin at camp. **All insulin doses (regardless of camper age and level of expertise) should be observed by an adult for accuracy of dosing and verification of delivery.** In order to give insulin, it is imperative for you to go through the insulin administration procedure with your clinician. You will only assist with the insulin administration process if you are comfortable, trained and instructed to do so by your clinician.

Procedure for drawing up a single dose (one type of insulin):

- Make sure your hands are clean.
- If you are drawing up a **cloudy** insulin, mix suspension of insulin by rolling bottle between hands about 20 times.
- Clean top of bottle with alcohol swab.
- Put insulin bottle on table.
- Hold syringe up (hold barrel of syringe in one hand and use second hand to pull plunger) and pull plunger down to the appropriate number of units needed. You will now have “X” units of air in the syringe.
- Take syringe and insert needle straight down into insulin bottle.
- Push plunger down. Inject the air into the air of the bottle.
- Do not remove needle/syringe from bottle.
- Turn insulin bottle/syringe upside down (Insulin bottle is on top and the syringe on the bottom).
- Pull syringe plunger down to the total unit(s) of insulin needed.
- Look for air bubbles in the syringe. If you see bubble, tap the side of the syringe and push out bubbles.
- Remove needle/syringe from insulin bottle.
- Do not allow the exposed needle to touch any surface before administering insulin.

Administration of insulin injection

- Insulin is injected into subcutaneous (i.e. fatty) tissue.
- Choose injection site (upper arms; upper thighs; abdomen; upper, outer area of buttocks). Do not choose a site that will be intensely used for exercise soon after the injection.
- Clean area with alcohol swab and allow to dry. (Some children do not use alcohol to clean the injection site. This step is optional, although the area should be clean and dry before injecting).
- Hold syringe like a pencil or dart and push needle straight (90 degree angle) into the skin until it stops.
 - Do not place thumb on the end of the plunger while inserting needle. This technique may cause you to accidentally push insulin out of the syringe prematurely.
- Push plunger down until it stops.
- Pull needle straight out.
- Dispose of syringe in approved biohazard container (“sharps” container).

If there is bleeding at the injection site, have the child dab the area with a clean, dry cotton ball or tissue. If you notice insulin leaking from the injection site, notify your clinician so they can document the amount of the leak (size of drop) and monitor BG more frequently.

Administration of injection by insulin pen- All campers using pens should have their names taped to the **body** of the pen for identification (not the pen removable cap).

- Clean skin.
- Screw pen needle to end of pen.
- Remove needle cap.
- Dial up 2 units on the insulin pen.
- Hold insulin pen up so the needle is at the top and give a “test dose” to prime the pen and ensure delivery. Watch for insulin to come out of the pen needle. If you do not see insulin, repeat “test dose”.



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- Dial up prescribed dose of insulin.
- Hold insulin pen like a pencil or dart and push needle straight (90 degree angle) into the skin until it stops.
- Push injection button of pen to administer dose.
- The needle should remain in the skin for a count of 5 seconds.
- Remove needle from skin.
- Have the **camper cover the pen needle** with the large outer cap and unscrew the needle. This will prevent an accidental stick from someone other than the camper.
- **Camper to dispose of pen needle** in approved biohazard container (“sharps” container).

Insulin Pumps

Insulin pumps were developed for better blood glucose control and flexibility of lifestyle. They can be very beneficial for children when they and their parents have the maturity to monitor their function routinely. Insulin pumps are programmed specifically for the child’s diabetes routine and combine a continuous basal rate(s) with bolus doses which are given at meals and/or correction doses to bring high blood glucose levels in range.

Insulin pumps deliver rapid acting insulin as a basal and bolus dose. The insulin is delivered through a small tube (catheter) placed under the skin. The catheter is taped to the surface of the skin and is called an infusion set. The infusion set is self-inserted with a needle, but the needle comes out and only the catheter stays under the skin. The infusion set connects to tubing, which leads to a reservoir of insulin. The reservoir of insulin is contained in the pump. The pump is about the size of a beeper. Children can wear their pump on a belt buckle or in a pocket.

A pump may be removed for swimming or contact sports for short periods. While some pumps state that they are waterproof, it is advisable to remove pumps during water activities. When pumps are removed from the campers for specific activities, one counselor should be in charge of storing all the pumps. The pumps should be placed in a safe, dry

container/backpack near the activity. Each campers will have his/her pump marked with their name at check-in.

Each camper will change his/her reservoir and infusion set (also called a “set” or “site” change) on a published schedule. The counselor will accompany the campers to the “Pump Palace” at the specified time for pump changes. Campers need to take their pump supplies with them to the “Pump Palace” for their pump change. If the camper requires a pump set change at another time, this will be supervised by the clinician or the med lodge.

Universal Precautions

For protection against infection by blood or bodily fluids, gloves will be provided and should be used whenever a person may come in contact with blood or bodily fluids such as urine or vomit. If you are away from your supplies and someone is bleeding, use any type of barrier such as a shirt, towel or tissue. Always assume that human bodily fluids are infectious. Wash your hand and skin immediately if soiled by someone else’s blood or bodily fluids. If you are accidentally stuck with a used lancet, syringe or other sharp object, you must report this to the Camp Director immediately.

Emotional Adjustment

A myriad of emotions are experienced when a child, youth or parent is told about the diagnosis of diabetes. Some families take the diagnosis in stride. But for others, diabetes seems as if it is the worst possible thing that could happen. This can be especially true for those who have had a previous family member suffer complications of diabetes. In all cases, emotions may shift from time-to-time.

Feelings of sadness, guilt and frustration are common for the child and family even though diabetes, and the difficulties in managing it, is no one’s fault. Sometimes children see diabetes as a punishment and, later on, may see high or low blood sugars as their fault. Children need to understand that they did nothing to cause diabetes. They also need to understand that blood glucose fluctuates even when a child is following his/her prescribed



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diabetes management routine. Diabetes is a condition that requires intensive intervention on a daily basis. The more educated, confident and organized a child and family are, the easier diabetes management can be. Teachers, coaches, camp counselors and the child's health care team can join to provide a supportive network around the child and family.

Helping children to understand the emotions they experience and helping them balance their response to those emotions is very important. Stressful situations, because of the body's "fight or flight" response, can involve an adrenaline release, causing blood sugars to rise. Balancing a child's emotional responses to many of life's stressors – a test in school, a big game, going into a new environment, fighting with friends – can be very helpful. Problem solving techniques, cognitive behavior therapy (breathing techniques and quick relaxation exercises) are also effective.

Peer support is one of the best ways to improve a child's self-esteem. Camps and other programs that bring children together in a supportive, healthy environment with caring mentors are an important part of healthy development. But the best medicine of all is to build a network of caring people around the child with diabetes – a network that understands diabetes and can help the child make healthy decisions on a daily basis.

Preparation

Being prepared is essential when you have a child with diabetes in your care. Carrying a diabetes supply kit to monitor and assist the child with diabetes is essential. Supplies can fit into a backpack and will include the following items:

- blood glucose meter and strips
- alcohol pads to clean finger/skin
- tissue
- gloves for your protection
- lancets to prick the finger for a blood sample
- Carbohydrates to treat a low BG (i.e. glucose tablets, glucose gel, etc.)
- sharps container for lancets and used syringes
- Field BG Log form and pen to document ANY BG you check

You will be provided with all the necessary supplies to care for a camper. If you run low on any item, contact your clinician or med lodge to replenish your supply. It is always best to have more than you think you need since children may experience low blood glucose multiple times during the day. Treating a BG out of range can take some time to correct and multiple treatments can be needed.

Being ready before an incident occurs gives you the most opportunity to minimize the outcome. A child's low blood glucose can be treated on the soccer field and he or she can be back out playing in 15 minutes.

Conclusion

At Camp Kudzu you will have the support of a very experienced group of clinicians and medical staff available to help you. Education and team support is the best method to overcome your worries and to stay on top of diabetes management. Please feel free to ask questions and rely on the resources available at camp! We are a team there to support our campers and our volunteers.