

GUIDELINES FOR CONDUCTING DIABETES CAMP ACTIVITIES IN A LESS-RESOURCED COUNTRY

A collaboration between
International Diabetes Federation Life for a Child Program (IDF LFAC)
and Diabetes Education and Camping Association (DECA)



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For information on the IDF Life for a Child Program see www.lifeforachild.org

For information on Diabetes Education & Camping Association see www.diabetescamps.org

Cover photo: Camp, Jamaica

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Why go to Camp.....

Camp gives children and young people a chance to:

- meet others their own age,
- feel less isolated,
- learn more about managing their diabetes, and
- have FUN in a safe environment!!

“Camp” is a term that includes not only overnight stays, but also activity days, support meetings, and get togethers for children, adolescents and young adults with diabetes and their families.

Camp is widely perceived to be very beneficial. It offers a unique opportunity for young people with diabetes to develop:

- confidence,
- emotional adjustment and
- self-management skills.

These skills will then help the child to gain a sense of control and overcome any sense of isolation, stigma or pessimism.



Teenagers at Camp, FIJI

Camp Objectives

The team planning the camp should determine:

- the scope of the program and
- the desired objectives of the camp.

The objectives should be understood by all involved.

Ongoing evaluation of the program by the staff helps to assess that objectives are being achieved.

Diabetes camps must be conducted in a healthy and safe environment.

Diabetes education will be both formal and opportunistic.

There should be much fun, but it must also be well organised.



Fundación Aprendiendo a Vivir (FUVIDA) Camp, Guayaquil, ECUADOR

Some Benefits of Camping:

- Meeting, socialising and making friends with others with diabetes.
- Comparing experiences, feeling less isolated and experiencing group support.
- Becoming more independent in diabetes care.
- Improving diabetes knowledge and skills e.g.
 - injection technique
 - blood glucose monitoring
 - healthy food choices
 - adjusting insulin to balance food and physical activity
- Increasing confidence in social and physical activities.
- Encouraging a positive outlook.
- Allowing a break for the family from the routine of diabetes.
- Providing a step towards other camps and holidays away from family.
- Supporting parents and carers (at parent-child camps).
- Providing an important opportunity for staff training in diabetes.
- Helping staff to understand the impact of diabetes camps on participants.



KLES Camp Belgaum, Karnataka, INDIA

Start small and keep costs down!

Starting with a two- or three-day overnight camp can be expensive – so expensive that it may not be realised. It is better to start small and plan something achievable and cost effective.

It should not be that only a few kids can come, or that it can only be afforded by wealthier families – it should be fair and equal for all.

Options include:

- Half day activity
- Day camp/activity
- 2 day city camp – campers go home overnight
- Residential camp over 3-5 days



Camp, SRI LANKA



Pre-camp

Camp Committee

- **Form a camp committee** to include diabetes health professionals and any other committed individuals with an interest in diabetes.
- **Discuss the feasibility** of conducting a camp.
- **Discuss the type of camp** to conduct, considering:
 - age of children/youth,
 - number of children/youth,
 - parental involvement,
 - duration of camp,
 - preferred venue or facility,
 - potential staffing, and
 - program.
- **Funding (see page 10 for more information):**
 - Decide on funding for the camp.
 - Approach potential sponsors – this may require submitting a business plan, letter writing, meetings, negotiation, planning and preparation.
 - Prepare a budget.
- **Think about safety (see page 11 for more information):**
 - Consider things that may go wrong – it is the camp organiser's responsibility to protect the children.
- **Date and venue (see page 12 for more information):**
 - Choose a date for the camp at least 3-6 months ahead – camps take time to organise.
 - Visit a selection of venues/facilities where possible. It's good to compare a couple of venues in order to secure the one that appropriately accommodates the participants.
 - Following selection of the venue, book and secure it with a deposit.
- **Travel and Transport**
 - Plan for possible transport requirements – e.g. hire of a bus.
 - Travel to and from camp think about bus, rail, airfares.
- **Appoint a Camp Director** experienced in paediatric diabetes. In developing countries this is usually a doctor.
- **Select staff for camp (see page 13 for more information):**
 - Once the program is agreed, secure speakers/attending staff.
- **Medical Care (see page 13 for more information):**
 - Organise a licensed health professional, medical supplies and sick bay area.
- **Diabetes Management at camp (see page 14 for more information):**
 - Think about temporary insulin reduction, and keeping medical records.
 - Plan diabetes supplies and catering.

- **Promotion**
 - Plan a camp flyer to send to potential participants, and distribute these to all people who could come.
- **Registration (see page 17 for more information):**
 - Develop a registration form to include details of campers and family attending camp.
 - Decide how to advertise the camp e.g. at clinic with posters/newsletters/newspapers, maybe radio.
 - Camp registration forms should have details of campers: name, date of birth, address, contacts and next of kin, allergies, what to bring list etc.
 - Once registrations received, carry out camp selection process.
 - Prepare attendance list and camper badges for ease of identification.
- **Program Development (see page 17 for more information):**
 - Plan a variety of activities and diabetes education.
- **Equipment**
 - Decide and source equipment required for camp.
- **Certificates**
 - Prepare certificates of attendance to give to children at the completion of camp.



Camp, Nairobi, KENYA

For funding, look at:

- Local sponsors – local shops and business houses
- Local hotels and resorts
- Parent contacts through the work they do
- Local Diabetes Association
- Rotary
- Lions
- Pharmacies and pharma companies – but be careful that they don't encourage use of expensive products – if help comes from pharma, it should come without any strings attached.
- Local bus/transport companies
- And remember that funding can be in donations of goods and services, not just money.



Camp, NEPAL

Think about safety:

- We say again – **think about safety!** – many things could go wrong, and it is the camp organiser's responsibility to protect the children.
- Some children will arrive at camp with good **blood glucose control**, others may have high levels.
- When kids are active they're more at risk of having **hypos** so you will need to look at doses and adjust them as necessary.
- Ensure kids are taking their insulin – if not, they're at **risk of diabetic ketoacidosis**.
- Think through **legal responsibilities** if something goes wrong.
- Think through **child protection issues** to prevent sexual assault.
- Think through activities and their **safety issues**.
- **Be careful around water** – many kids can't swim, children can drown in minutes in very shallow water so must be supervised.
- Remember **hats and shoes** as appropriate.
- Make sure you have the necessary **consent forms/disclaimers** signed for safety during activities and for the taking of photos.
- Remember and take **appropriate steps** re allergies.
- At least two health professionals (preferably all) must be currently **trained in CPR**.
- Ideally **Diabetes Educators/Nurses** should be allocated a group of children/young people for the duration of camp providing continuity for both.



Camp, RWANDA

Things to think about when choosing a venue:

- It is best when camp participants are the sole occupants of the facility to avoid “losing” campers.
- Choose a facility with **dormitory accommodation** so that children/youth can share in like age groups and sexes – this encourages them to mix appropriately, get to know each other more easily and to share age-appropriate experiences, and this also helps with child protection issues.
- If parents/friends are attending then the parent/child usually share a room/space.
- **Participants’ accommodation** should be in close proximity to the staff accommodation in case of emergency.
- **Staff sleeping quarters** should be within close proximity to camper’s dormitories or cabins.
- The **Camp Director and Camp Doctor** (if they are different people) should be contactable at all times preferably by mobile phone.
- The **Campsite Manager/Duty Manager** should be contactable at all times.



Camp, MALDIVES



Staffing:

- Camps conducted in developed countries are usually governed by staff ratios of health professionals per number of children, for safety reasons.

Suggested staff ratios:

Age Range	Staff Ratio
0-4 years	One adult per four campers
4-8 years	One adult per six campers
9-12 years	One adult per six to eight campers
13-25 years	At least one adult per ten to twelve campers

“Adult” is described as a person preferably over 25 years old, who is knowledgeable in diabetes management and the safety procedures of the camp.

Medical Care:

- The camp should have a **licensed health care professional** (RN or MD) present at all times who is knowledgeable in diabetes; who can help develop and monitor procedures; supervise others and administer care to participants during the program.
- The camp should be equipped with adequate and appropriate **medical supplies** ensuring that the health and safety of the campers and staff is addressed and maintained.
- It's best if there is a **separate sick bay area** (known to everyone) to handle any anticipated medical emergency (diabetes or non-diabetes related).

Sick Bay

This should include, for general medical care:

- a bed or resting place,
- nearby toilets and hand washing facilities,
- an area for isolating a child if necessary,
- a storage area for medical and diabetes supplies,
- a refrigerator or cool place to store insulin,
- a fully stocked first aid kit with adequate medical supplies for the treatment of simple non-diabetes related medical problems, and
- disposal measures for sharps and other biological hazards.



Diabetes Management at camp:

Temporary Insulin Reduction

Some children and young people may not be as active as others.

However, when they attend camp, even those least keen on moving will probably become more motivated to do so!

Thus a reduction in insulin may be necessary to avoid hypoglycaemia.

Procedures for determining temporary insulin reduction on entry to camp and increasing insulin dosage on departure. This can be discussed with the parent/carer if present at camp or when the child leaves camp.

Think about diabetes supplies required for camp:

Many children and young people will not have the supplies to bring to camp or they may forget to bring them.

It is therefore important for diabetes supplies to be available for campers.

- Insulin available with appropriate storage.
- Blood glucose testing meters and strips.
- Insulin syringes/needles.
- Urine ketone testing strips (blood ketone testing strips if available).
- Hypo kits for health professionals containing:
 - meter,
 - strips,
 - treatment for mild hypoglycaemia, and
 - diary/log book (if available) for recording results or central logging method for the duration of camp.

Keeping Medical Records at camp

- Medical records documenting:
 - insulin dosage,
 - blood glucose levels,
 - illness,
 - ketone testing results (if strips available),
 - accidents, and
 - treatment.

Procedures whilst at camp:

It's a good idea to decide on procedures for the regular review and management of diabetes of children and young people at camp.

*This gets the children into a routine so they know what to expect.
It also encourages the chance for opportunistic education.*

Some ideas for you to think about:

- **Daily review and possible adjustment** of diabetes management including adjusting insulin dosage, diet and activities.
- **Insulin administration under supervision** E.g. split the participants into groups of 10-12 and designate a health professional (this will depend on availability) to oversee their diabetes tasks.
- Define the **frequency of blood glucose testing**, depending on availability of testing strips, and during vigorous exercise.
- **Treatment of mild and severe hypoglycaemia**, defined authority for treatment, reporting and documentation.
- Appropriate **hypoglycaemia treatment readily available** throughout the camp and carried by health professionals at all times.
- **Treatment of hyperglycaemia** with or without ketosis.
- **Sick day management**, which includes appropriate supervision.
- **Overnight blood glucose testing**, hypoglycaemia treatment and provision of adequate carbohydrate for treatment.



Fundacion Diabetes Juvenil Ecuador (FDJE) Camp, Pinchincha, ECUADOR

Catering:

- The food provided at camp will depend on using local resources to best meet the needs of the campers.
- In some countries, parents attend camp and share the cooking with the dietitians and learn about portion control.

Where possible it's best if:

- a **dietitian** experienced in paediatric diabetes management is on site;
- there is **consistency of meal and snack times**;
- there is coordinated **menu planning** appropriate to the recreational program activities and diabetes management;
- there is a **cook** appointed by camp organisers with the proven ability to prepare meals for the numbers of campers at the times required;
- the dietitian or cook must know about any **individual dietary requirements** (e.g. coeliac disease) or allergies;
- the camp has consistent **designated times for main meals**, mid-morning, afternoon and supper snacks; and
- appropriate **carbohydrate foods are available** for the treatment of hypoglycaemia and pre-exercise requirements.



Camp Haitian Foundation for Diabetes and Cardiovascular Diseases FHADIMAC, HAITI



Registration:

- Welcome children, youth/families.
- Have food available if children have travelled long distances.
- Fun “show” bags may be given to the children/youth – caps, water bottles, “give-aways”, education resources.
- Be careful about pharma handouts; they may be unsuitable and therefore unhelpful.
- Be aware of the possibility of communicable diseases.

Program Development:

The program should provide a balance of fun and learning!

Some key ideas:

- Start with “**Icebreakers**” to encourage campers to mix and get to know one another.
- Intersperse “energetic” games and sport with more “quiet time” activities – ensure there are a **variety of activities** to maintain camper’s interest and enthusiasm.
- Ensure **everyone is involved** in the activities – no one should feel left out or that they can’t join in.
- Think about **ages and stages** – an activity for a 6 year old will be very different from one for a 13 year old...
- Think about **genders**; girls may not want to do what boys do and vice versa – or they might like the same things – **be flexible**.
- Include **popular local games** that the children know and recognise.
- Include fancy dress, dancing, singing, skits.
- **Ensure staff join in** – the children love to see staff out of their comfort zone!

Example Icebreaker Activity:

Find somebody who... (see Appendix A)

Example Activities

Activities may be diabetes-related or just purely for fun.

Many activities may be adapted to suit all age groups.

Fun activities for all ages include a game of:

- Volleyball
- Cricket
- Soccer

Tips for diabetes education at camp:

- **Everyone should have fun!**
- Education is tailored to the camper's age and stage of growth and development.
- There are trained health professionals to conduct diabetes education sessions.
- Information provided in education sessions should meet current standards of care and guidelines for diabetes management.
- Encourage group activities – some camps place the children in groups at the start of the camp, they pick their group name and play and work as a team throughout the camp – this encourages teamwork, support and friendship and also competition!

Some examples of Diabetes Education:

DECA has the online Diabetes Games Toolkit – an online resource with age-appropriate activities in keeping with standard principles of diabetes education.

www.diabetescamps.org/ugc/page-body/doc/learning_about%20diabetes_through_games_activities.pdf

Example Diabetes – related activities and games:

- | | |
|---------------------|--|
| ➤ Conversation maps | ➤ web games if a computer is available |
| ➤ DVDs | ➤ diabetes musical chairs: all ages |
| ➤ Body Link | ➤ diabetes word scramble: 5-9;10-16 years; adapt for older participants over 16 years of age |
| ➤ quiz activities | (See Appendices B and C) |
| ➤ crosswords | |
| ➤ pick a word | |



Camp, TAJIKISTAN – Watching 'Professor Bumblebee's Guide to Type 1 Diabetes' DVD

After Camp:

- Review and evaluation to see what worked and what didn't, and what could be done better next time.
- Prepare camp report (this may also be required for sponsors).
- Re-organise camping equipment and store somewhere safe.
- Start organising your next camp!




















Association des Diabetique du Congo Camp, Goma, DEMOCRATIC REPUBLIC OF CONGO

[illegible]

Appendix A: Example Icebreaker Activity



Find **somebody** who ...

-  Has brown hair _____
-  Has a cat _____
-  Plays a musical instrument _____
-  Likes going to the beach _____
-  Has a goldfish _____
-  Has a Brother with diabetes _____
-  Has a Sister with diabetes _____
-  Is 10 years old _____
-  Hates football _____
-  Loves football _____
-  Has a dog _____
-  Lives near Sydney _____
-  Plays a team sport _____
-  Likes pizza _____
-  Favourite colour is blue _____
-  Rides a bike _____
-  Likes movies _____



Appendix B: Example Diabetes Musical Chairs

Diabetes Musical Chairs

Description: Players move to music and try to find a seat when the music stops.

Objectives: To have fun

| To demonstrate that it requires many things to have proper diabetes control

| To facilitate discussion about diabetes management

Age Range: All ages – simple concepts for younger children

Note: 12+ players works best

Setting: Open area with chairs in a line

Materials

Needed: | Chairs

| Tape player

| Tape of music

| Index cards with diabetes-related items

Directions:

1. Pass out “diabetes cards” to each player.

2. Players stand in front of chairs (at least 1 less chair than number of players).

3. Begin music.

4. Players circle the chairs until the music stops and then race to sit in a chair.

Those players left without a chair are “out.”

5. Remove one or more chairs and begin music and movement again.

When 4–5 players are left, ask them to reveal their diabetes card. Discuss how these items relate to diabetes management or what is missing that is important to diabetes management.

6. Finish the game of musical chairs.

Diabetes Cards

General: NPH insulin, Regular insulin, syringes, BG meter, exercise, meal plan, ketone test strip, diabetes education, medical ID, etc. Discuss what things are missing that are important to diabetes control.

Food Groups: Milk, bread, fruit, etc. Discuss which food groups are missing for balanced meal planning. You will need to give more than one player the same item.

Food Items: Six saltine crackers, 1 oz of cheese, 8 oz of skim milk, etc. Give a meal plan that needs to be made. Discuss which of these items make up portions of meal plan and which items are missing.

Sick Day Items: Ketones, vomiting, doctor/nurse educator, fluids with sugar, Regular insulin, etc. Decide at the end if there are more things that make you well or make you sick and discuss.

Adaptations or Modifications: None suggested.



Appendix C: Example Diabetes Word Scramble

Diabetes Word Scramble

1. ADA stands for A_____ D_____ A_____.
Arcnmiae Daestbei Asoiinsctoa
2. The P_____ food group consists of meat, fish, and poultry; you should eat at least 2 servings a day.
Pnotrie
3. Some diabetics must take I_____ injections in order to control their blood sugar.
Inunsli
4. Low blood sugar is called H_____.
Hplcmayogeyi
5. A N_____ is a person who can help you develop a healthy diet.
Nurtoittiins
6. "N_____" hypoglycemia means a blood sugar level drop at night.
Nncotrula
7. Drinking plenty of water helps our body to maintain a stable
T_____.
Tpatreemuer
8. Insulin is a hormone that is produced from special cells in our P_____.
Psaercna
9. You should drink plenty of W_____ while you are exercising to replenish lost body fluids.
Wreta
10. Some diabetics can take P_____ instead of insulin injections in order to control their diabetes.
Plils
11. You can check your blood sugar levels with a blood G_____ monitor.
Gesocul
12. You should make it a habit to always read the L_____ on foods.
Llebas
13. Ice cream, pizza, and hamburgers are loaded with S_____ fats.
Sdettarua
14. Uncontrolled blood sugar can lead to a S_____ or other diabetes-related illnesses.
Stoker



Older Players (10-16 Year Olds)

1. ADA stands for _____.
2. The _____ food group consists of meat, fish, and poultry; you should eat at least 2 servings a day.
3. Some diabetics must take _____ injections in order to control their blood sugar.
4. Low blood sugar is called _____.
5. A _____ is a person who can help you develop a healthy diet.
6. "_____ " hypoglycemia means a blood sugar level drop at night.
7. Drinking plenty of water helps our body to maintain a stable _____.
8. Insulin is a hormone that is produced from special cells in our _____.
9. You should drink plenty of _____ while you are exercising to replenish lost body fluids.
10. Some diabetics can take _____ instead of insulin injections in order to control their diabetes.
11. You can check your blood sugar levels with a blood _____ monitor.
12. You should make it a habit to always read the _____ on foods.
13. Ice cream, pizza, and hamburgers are loaded with _____ fats.
14. Uncontrolled blood sugar can lead to a _____ or other diabetes related illnesses.

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Why-Because

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Thinking Games 2. Carthage, Ill: Fearon Teacher Aids; 1980.