Health Services Guide for **Bleeding Disorders Camps**

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PROLOGUE

In Other Words... Read This First!

Providing care to the bleeding disorders community is a passion that we all share. For many of us, we participate in a special opportunity to provide care in a camp setting. The challenge, however, is that providing camp health services for a few weeks each year brings its own challenges and requires additional attention in an effort to provide quality care in remote locations. Camps may occur in a variety of locations with extended distance to higher-level health services (i.e. ER, urgent care, children's hospital) reinforcing the need to be prepared to provide appropriate care at camp.

Most healthcare providers at bleeding disorders camps have a healthy proficiency in bleeding disorder care. Therefore, this guide will not focus on how to treat bleeding disorders, but rather share more global considerations when providing care in a natural environment. The guide will outline necessary and critical considerations when organizing a camp experience for youth. Many resources and templates will be provided as a starting point to help camps develop their own practices appropriate for their camp location, population, and activities.

The content in this text is meant to be a guide. Accordingly, consider your camp situation and use good judgment and knowledge. This guide is in no way meant to supersede your state regulations and guidance. Use this information to support your practices as it is intended to be an asset to your efforts. In the context of this publication, the word "nurse" refers to a registered nurse. "Provider/prescriber" is applied interchangeably to an individual who has credentials to provide medical diagnosis, orders, and prescriptions for treatment. The hope is that this practical guide will help identify key aspects of camp care. The five primary activities of camp health services are covered in detail (screening, delegation, documentation, medication management, and communicable disease management) with the intent to help bleeding disorder camps develop their own protocols, policies, and procedures. We hope you find this guidance to be helpful through your camp preparation and operation.

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Preparation & Education

I. Introduction to Camp Health Services

It is camp time, and you are excited about the opportunity to leave clinic and spend a week (or more) with youth in a non-clinical, natural setting loaded with new opportunities, friends and fun. In this setting you engage with campers (and likely staff) to promote healthy living, encourage good bleeding disorders care, and identify ways to support youth as they become productive citizens. Our desire is that youth living with a bleeding disorder are able to identify and utilize skills that create a positive path forward.

People often ask why camp is such an important experience. The response is consistent: *Camp is the only place where we have an extended period of time to create "aha" moments for those in our care.*

If you are planning to participate in camp, then it is important to take steps in preparation for the experience. There are some helpful starting points to consider.

1. **Duration/Type of Camp.** There are many types of camps including residential, day, and family camps. These camps can last from 1-2 days and up to several weeks. The camp may be located close to higher-level health services or could be a significant distance from other support. Knowing the distance to the nearest health care facility that can assist with bleeding disorder care will be essential as you create emergency policies and plans.
2. **Licensures.** Most states require that a camp be licensed to operate in that state. Be sure to check and see if the camp facility is licensed. If the camp is an accredited facility (American Camp Association Accreditation), there is more comfort in knowing the facility meets a baseline of minimal standards for the health and safety of all who attend there.
3. **Camp Staff.** Just as there are a variety of roles in an HTC, there are many roles at camp. Some of these roles may be filled by the facility staff while others are provided by the bleeding disorders group (rental group). Staff often include a camp director, counselors, program staff (e.g., lifeguards, climbing wall instructors, equestrian director), cooks, maintenance workers, healthcare staff, and others. Take a few minutes and identify who is filling those roles and understand the basic responsibilities of each individual in those roles.

4. **The Healthcare provider.** As the healthcare provider, you need to understand your role at camp. You will be providing bleeding disorder care within a new environment which can take adjustments. Consider the following questions:
    a. What is your job description as the camp nurse or other camp healthcare provider?
    b. Who does the camp nurse report to? What is the chain of command?
    c. Who are the people impacted by your work? Who are you responsible to provide care for during the camp session?
    d. Besides bleeding disorder care, for what types of conditions might campers/staff seek help from the camp nurse or healthcare provider? What kinds of illness and injuries might you see?
    e. What regulations and standards impact your care? Do you know the nurse practice act for your state and what is your scope of practice?
    f. What resources are there for you while at camp? For routine questions? For emergencies?
    g. What is the camp healthcare provider's role regarding sanitation and when a repair is needed?
    h. What training is required prior to attending camp and who will provide that training?
    i. Do you have current licensure in the state at which you will be working or is it a compact state?

There are many questions to ask as you launch into the world of camp health services. Be sure to prepare well and consider the broad scope of care while having fun at camp.

II. Foundational Activities

Before you land at camp on the first day, there are several proactive steps to take to confirm that all legal and regulatory components are in place.

1. **Facility Agreements.** Most bleeding disorder camps typically "rent" a facility unless they own a camp. Therefore, the bleeding disorders group is considered a "rental group" and should be following set guidance from the camp owners/operators. Review and understand the rental group requirements as you may need to provide different types of support. Rental groups may be asked to provide:
    a. Counselors
    b. Healthcare staff
    c. Lifeguards or other aquatic certified individuals
    d. Special Dietary Needs for participants
    e. Insurance for the Rental group participants
    f. Medical equipment and/or supplies
    g. Other support and services

Review the rental agreement with a keen eye and ask clarifying questions. Learning you were responsible to find a lifeguard on the opening day of camp is not a great start to the experience. This document will be helpful as you understand the clear lines of responsibility for the facility, for the rental group, and the shared accountability.

2. **State Camp Regulations.** States often have camp guidelines and/or regulations to which camps must adhere. If you are renting a camp, you can ask for a copy of the state camp requirements from the facility. If a group has their own facility, they are probably already well-versed in the state requirements. Some states have lengthy requirements while other states have limited protocols. States may have staffing ratio requirements, health provider requirements, accommodation needs, and CPR training policies that must be followed. (Example: https://www.health.ny.gov/publications/3603/). It is important to know those requirements and affirm that your policies and procedures align with the state regulation.
3. **Public Health Officials (PHO).** Camps are overseen in states by different entities. Camp oversight is at the state level and may include entities such as parks and recreation, childcare services, public health departments, or others. The entity responsible for oversight should be identified in your state camp regulatory documents. It is helpful to proactively connect with the public health officials that you may need to contact in the event if an outbreak occurs at camp. There are certain health conditions camps are required to report, just as schools and other youth programs (e.g.,. measles, COVID-19). Contact the PHO, tell them your camp dates, location, and population being served. In these situations the PHO can be helpful in operationalizing your communicable disease plan (we will address this later) to protect and serve all those at camp during the outbreak.

III. Nursing Practice

1. State Nurse Practice Act. In all US states, there is a nurse practice act that outlines the legal responsibility and actions that a nurse may take as part of their scope of practice. If it has been a while since you reviewed this document, now is a good time to do so. You can google: (State name) nurse practice act. This document provides broad guidance around activities that nurses, at each level of education, can perform. For the registered nurse, the practice act often outlines assessment skills, nursing care, delegation allowances, documentation, and other important acts. We will discuss each of these in more detail related to camp later in the guide. For now, read your nurse practice act and be aware of your legal responsibilities as a licensed healthcare provider.

2. Scope and Standards of Camp Nursing Practice. Once you understand the state nursing license regulations, it is important to understand how this is related to the Scope and Standards of camp nursing practice. These standards outline the definition of camp nursing, the competencies associated with camp nursing, and the activities related to the nursing process, teaching, and evaluation. The standards continue by providing information regarding communication, evidence-based practice, resource utilization, environmental health, and much more. Understanding the camp nursing scope lends additional support to the activities and services you will perform at camp (Association of Camp Nursing, 2017). (https://campnurse.org/product/scope-and-standards-of-camp-nursing-practice/)

3. Bleeding Disorders Care. The key to camp is that we provide bleeding disorders care at camp just as we would in a clinic or other setting. Being at camp does not mean we have to sacrifice quality care in order to have an outdoor experience with peers that supports developmental maturation. There are many resources for bleeding disorders care and your own HTC might provide the guidelines to use at camp. Consider identifying evidence-based resources to support your bleeding disorder care protocols. You can gain information from sources such as:

a. Center for Disease Control and Prevention (https://www.cdc.gov/ncbddd/hemophilia/treatment.html).
b. Medical and Science Advisory Council of NHF (https://www.hemophilia.org/healthcare-professionals/guidelines-on-care/masac-documents).
c. World Federation of Hemophilia https://www.haemophilia.org.au/HFA/media/Documents/Haemophilia/WFH-2nd-Edition.pdf).
d. Hemophilia of Georgia (2021) https://www.hog.org/publications/page/protocols-for-the-treatment-of-hemophilia-and-von-willebrand-disease-2.
e. Local Hemophilia Treatment Center

There are many other sources, and in most cases, healthcare providers who attend bleeding disorder camp are experts in this area and feel comfortable in treating individuals. Continue to explore updated and revised guidance documents as you strive to provide optimal care in the camp setting.

IV. Site and Facility

Knowing the camp facility, the layout, and the operations will be hugely helpful as you make plans for the camp. If you are renting a facility, there should be information in the document that outlines the camp facility and their services. It is also helpful to take a "tour" of camp to see in person the location of buildings, access points, activities, and the overall safety and maintenance of their structures. When talking with the camp, good questions to ask may include:

a. Health center treatment space – Is it lockable? Is it accessible? Is there space for privacy and confidentiality? Is there an area for isolation as needed?
b. Access to refrigeration – Storage for medications? Medications separate from food? Fluids for hydration?
c. Overall cleanliness of the facility including sleeping quarters, restrooms, and dining hall.
d. Emergency equipment – Where is fire extinguisher(s)? Where is AED(s)?
e. Internet access and how good is it? Phone service – does your cell phone work at camp?
f. Will you have access to copying services if needed?
g. Whom do you contact if you need something repaired?

Planning is key to a successful camp health operation. Addressing the logistics of operating the health center prior to arrival can minimize challenges while at camp. Keep asking questions and gaining insight – it is never too late to learn.

V. Emergency Procedures

Every camp should have outlined emergency procedures for a variety of situations. Different parts of the country are more prone to various severe weather events. Emergency situations may include:

a. Weather (Lightning/Storm/Flood/ Earthquake/Tornado)
b. Fire
c. Missing Camper
d. Drowning
e. Intruder
f. Emergency Evacuation
g. Region specific concerns

If you are renting a facility, they should have outlined procedures that you can share with your group's leadership, health staff, and counselors. If you own a facility, then you likely already have these processes in place. It is helpful to not only have a written procedure, but to practice the procedures with staff so they feel comfortable in their role. It is important that everyone responsible for the care of campers has a basic understanding of these procedures and knows where to go to find additional guidance and information. (*Appendix B – Example of Emergency Procedures*)

During an emergency or crisis is not the time to outline how you will handle these potential events. Our greatest asset and greatest liability are how we respond in the event of emergencies, injuries, and illness. Camps may find themselves in legal challenges when accidents happen and could be at higher risk if they do not respond in a coordinated, organized way that meets a standard of care. Do your best to be prepared.

VI. Inventory and Supplies

1. Medication & Equipment

In order to provide health services, camps need to have the necessary supplies. These supplies include medications, wound care supplies, infusion supplies, orthopedic support devices, and equipment. Each camp may need different supplies depending on their location, the number of individuals being served, the available health staff, and distance to emergency support. Camps may be able to get supplies from pharmacies, grants from manufacturers and other sources (e.g., Sam's Club, Costco). HTCs may have supplies "inhouse" that they bring to camp as well.

Table 1. Medical Supplies List – Example

Medications	Vol	Exp Date	**Wound Care**	Vol	Exp Date	**Infusion Supplies**	Vol	Exp Date
Albuterol			Gauze			Saline		
Acetaminophen			Kerlix			Heparin		
Ibuprofen			Transpore tape			Syringes/Needles		
Diphenhydramine			Bandaids			Butterfly Needles		
Ceterizine			Gloves			IV Start Kits		
TUMs			Ace wraps			IV Fluids		
Miralax			Coban			Central Line Drsg Kits		
Sudafed			Tweezer/ Hemostats			Huber needles		
Hydrogen Peroxide			**Ortho Supplies**			Sharps Container		
Neosporin/Bacitracin			Crutches			Tourniquets		
Hydrocortizone			Sling			Infusion Training supplies		
Visine			Wheelchair					
Epinephrine			Braces					
Silvadene			Splints					
Aloe Vera			**Misc Supplies**					
Zanfel			Scale	Cold Compresses		Stethoscope	Toiletries	
			Pill Splitter	Bug Spray		Otoscope		
			Flashlight	Hand Sanitizer		VS Equipment		
			CPR Mask	Sunscreen		AED		

These supplies may be used in the health center or placed in first aid kits (FAK) throughout the camp facility for ease of access. It is important to note that if you place medications in a FAK, that kit must be secured or locked so campers and random staff do not have access to the medications. Camps often place wound care supplies in the FAK and keep all medications in the health center for security reasons. Talk with the camp facility to see if they provide first aid kits and what is included in those kits for use.

2. Standing Orders

In order to provide medications (prescription and over the counter), a nurse must follow a prescriber's order. For prescription medications, all the medications should come in the original bottle or container (including factor). The label on the package provides the necessary information (name, drug, dose, route, time) for a licensed healthcare provider to administer the medication. Orders for over the counter (OTC) medications can be done in several ways. A prescriber may be onsite to give an order, a prescriber may be on call, or a camp may have standing orders signed by a prescriber available for the full camp season.

Standing orders often provide directions to administer medications for common conditions at camp. An example of a standing order may be:

Headache

Headache may be a symptom of dehydration, fatigue, altitude illness. For any camper or staff complaining of headache, hydrate. Assess whether there has been any trauma to the head or neck. If there has not been, and no other medical conditions or symptoms are present, and it appears to be a simple headache:

1. Hydrate
2. Allow the person to lie down and rest. If a staff member, relieve them of their duties temporarily so they can rest.
3. Ibuprofen or acetaminophen according to instructions on bottle to help relieve the discomfort.
4. If severe pain, neurologic symptoms or emesis are present, consult prescriber for further instructions.

Standing orders may also be called Medical Protocols or Health Center Protocols at different camps. Good standing orders not only provide information about medication doses, but also give guidance regarding assessment and interventions related to the presenting health alteration. This additional information is helpful, especially when healthcare staff attend camp just 1-3 weeks each year and value the added benefit of guidance regarding a variety of common health challenges at camp, that are not often encountered in the care of bleeding disorders at the HTC or clinic.

Examples of standing orders can be found at:
https://static1.squarespace.com/static/5bd9f65c4eddec8bfb85ffeb/t/5dbb439891e2ed77dbfba1b9/1572553626297/Standing+Orders+2019.pdf

http://camppicoblanco.org/pico/wp-content/uploads/2013/11/Standing_Medical_Orders_2013_sign.pdf

https://campnurse.org/product/standing-orders/

VII. Resources

While we strive to provide health services at camp, there can be situations that may require additional support outside of the camp environment. Our goal is to provide maintenance care and emergency services if needed. However, we cannot know if other services may be needed. For the camper who chips a tooth or bends their eyeglasses, you would need to seek offsite care. If a camper or staff is having significant anxiety or panic, you may need the support of behavioral health services. Therefore, it is helpful to outline who those additional support services might be.

a. **Behavioral Support.** Are there local mental health services? Do you have access to a psychologist/psychiatrist/social worker?
b. **Dental.** Is there a dentist that would be willing to serve your campers or staff in the event of a dental accident?
c. **Medical.** If someone becomes ill and requires more intervention than the camp can provide, do you have an arrangement with an urgent care center or local pediatrician? Are there telehealth options that you might use for questions and guidance for an illness or injury at camp?

Company	Contact Person	Contact Number	Assistance Provided	Notes
Urgent Care	Nurse Nellie	555-222-5252	COVID TESTING, Flu Test, Strep Test	
Psychology Care	Dr. Dan	222-525-5252	Mental Health support	Has emergency call #
Public Health Dept	Supervisor Sally	525-252-5252	Outbreak support; Consult	
Emergency Rm	John, ER Coord	555-333-4444	Emergency Care	Please call ahead

Make a list of potential resources, contact those resources, and confirm their willingness to support your camp participants. It is helpful to provide a brief summary of bleeding disorders and the need to potentially provide medications prior to procedures. Most external healthcare providers are willing to be a resource if they feel supported by the camp healthcare staff for care related to the bleeding disorder.

VIII. Transportation

Some bleeding disorder camps provide transportation for campers/staff to and from the facility. In doing so, the camp takes on additional liability that requires attention to detail for the health and safety of everyone being transported. It is helpful to gather health information updates after families have submitted their initial camp application as these documents may be completed several months prior to the camp experience. Prior to loading the bus or van, consider conducting a screening process that includes:

1. **Health status.** Take temperature, ask about recent illness symptoms, ask if others in the home have been recently ill.
2. **Injury status.** Ask camper/staff about recent injuries, chronic changes r/t bleeding disorder (limp, back pain, target joint), current use of support equipment (splint, sling, AFOs, cryo-cuff)

3. **Lice Screening.** Lice continues to be a potential infestation in congregate settings so if possible, do a quick lice screen so that you are not having to address infestation during the week(s) of camp.
4. **Behavior health.** Ask about any behavioral concerns (e.g., anxiety, ADHD) that need to be considered in the camp setting. Knowing how a family manages a behavioral health need at home can be helpful in transitioning to the camp setting.

If any information found during the screening process produces concern, contact the appropriate healthcare staff and/or camp director to discuss the findings. Outline if the findings can be managed at camp or if another decision is necessary to promote the health and wellness of the camp community. As healthcare providers, we may know the individuals attending camp. Having current health information before campers and/or staff arrive to camp on the bus (or automobile) can save time, energy and frustration – especially if a camper is currently not appropriate for a congregate setting.

IX. Orientation

The orientation process is a collaborative effort between the camp director or leadership and the camp health staff. Camp directors typically conduct orientation about the camp schedule/program, behavior management, and counselor support. Healthcare staff play a vital role in promoting wellness and safety for camp staff, facility staff, and campers. The orientation can and should begin before staff arrive onsite and continue until arrival day. Promoting early education and training prepares staff more effectively, promotes thoughtful consideration of content, and allows for questions before camp starts. There are several prominent areas of education.

1. **Basic Safety.** What are the basic safety requirements at camp? Closed toe shoes? Sunscreen/Bug spray? Hydration? No isolated moments? How to contact emergency services? Photography and social media considerations? Does your consent address all the sensitive components of camp care?
2. **Bleeding disorders education.** Brief education about the bleeding disorders that will be at camp.
3. **First Aid.** What is the staff role related to first aid? How are these services provided? Are there first aid kits (FAKs)? What is the required communication related to first aid provided at camp?
4. **Cultural Sensitivity.** What are the diverse backgrounds of campers and staff? How might an individual's culture influence their language, thinking, and relationships? Does the camp employ trauma-informed care? Could there a history of abuse or neglect impacting someone's worldview? How might healthcare services be viewed from different cultures?
5. **Communication/Abuse disclosures.** What communication channels are critical for health and safety? What is the collaborative process between the camp director and healthcare director?

What are the key times that staff need to communicate with camp leadership? What is the process if someone discloses abuse?

6. **Appropriate Touch.** What is normal physical touch? How is this different at each level of development? How do we safely provide therapeutic touch at camp? What is the camp policy related to touch?
7. **Confidentiality.** How is protected health information kept confidential? What other records and information require confidentiality? What are staff taught about confidential communications?
8. **Medical & Nursing policies.** Does the camp have a Health Manual that contains all the health policies and procedures? Who is responsible for updating these documents each year? What polices are shared during the orientation process?

***A camp can decide what health policies and/or procedures are essential for their operations. We will discuss these later as we address the operations of camp health services in the next section. There could be policies needed for activities included in this section (Section One) and the camp can decide what is central to their needs.*

X. ACA Accredited Camps

Bleeding disorder camps seek to provide a safe, healthy, and engaging camp experience. In order to evaluate how we are performing, we must have a standard against which to measure our progress. The American Camp Association (ACA) provides an accreditation program for camps. This accreditation program includes a list of standards around foundational activities, facilities, health and wellness, staff qualifications and supervision, and program design. Camps that are interested in accreditation can find more information at www.acacamps.org.

If not accredited, it is helpful to at least communicate with other camps, visit their summer operations, learn from their wins and losses, and identify how you might translate their work into your camp. If you never see another camp, or at least another bleeding disorder camp, you have no point of measurement and therefore would be challenged to know if what you are providing meets a minimum standard in the camping industry.

XI. Partnering with Parents

For camp to be successful, camps must partner with parents who are eager for their child to have a camp experience. *Parents can be the camp's best advocate or their worst challenge*. How you approach the relationship prior to camp will impact the success of the camp experience. Helping prepare the camper and the family for the experience has been shown to marginalize unexpected issues and challenges at camp. Here are a couple of helpful ideas.

1. **Healthy Camp Begins and Ends at Home** (Appendix B). This document was initiated by the Association of Camp Nursing and is a tool to encourage parents to begin conversations about camp with their child before leaving home. Parents can share information about supplies needed for camp, safety measures, and ways to marginalize homesickness. Adjustments can be made to the Healthy Camp form to outline key features of your camp. Youth do better when they know what to expect. In addition to this document, consider providing a map of the camp, pictures of the buildings, and activities that will be offered. It is difficult to provide "too much" information prior to camp.
2. **Parent and Camper FAQ.** Each camp has questions they often receive from families as they prepare for the camp experience. Questions such as:
   What will be served at meals?
   When will the bus pick up the children?
   Where will the children be sleeping?
   Who is providing the healthcare services?

Take a few moments and consider the most common questions you receive from parents and families. Answer those questions and post your FAQ document on the website or send as an email. Families often appreciate this type of proactive effort in responding to their questions and concerns.

Operations & Evaluation

I. Applications and Health Histories

Collecting appropriate and helpful information is key to providing safe and quality care. This information comes in different forms. Staff information is handled differently than camper information. In most cases, staff at bleeding disorder camps are volunteers but there could be camps that pay a stipend or a small salary for staff. Whether volunteer or paid staff, camps should adhere to state employment laws and requirements (https://www.dol.gov/agencies/whd/state). Therefore, it is important to collect a staff application as a separate document from the staff health history.

The application (staff and camper) provides the required demographic information while the health history gives insight regarding health concerns or considerations while at camp. This health history includes protected health information (PHI) and should only be seen by individuals who need to know this information. Therefore, it may (or may not) be appropriate to have individuals send their health histories to a bleeding disorder foundation or other organization where it may be viewed by many people. This is an important consideration as we are required to provide confidential care at camps as in all other healthcare settings.

A. **Staff Application:** This document often includes name, date of birth (DOB), gender, address, phone number, email address, work history, camp work history, references, certifications or licenses, and other helpful information. For example, if someone is applying to be a lifeguard, you will want a copy of their lifeguard certification. (See Appendix C: Staff Application Example). In addition, it is important to have a statement/consent that does a few things:
    1. Confirms that all the information provided is true and accurate to the best of their ability and that falsification can be grounds for dismissal.
    2. Consent to do a background check
    3. Consent to check references (if applicable)
    4. Consent to take photos (if applicable)
    5. Consent regarding social media use of picture and/or name.
    6. Willingness to treat everyone with respect, without prejudice or bias.
    7. If staff is a minor, you should consider a place for parental consent signature.

B. Staff Health History: The health history will become important for two essential reasons. First, in the event of an emergency, the camp health staff will have permission to treat the individual in need. If a staff member declines to submit a health history or give permission to treat, consider having them sign a declination form stating that the camp can only provide CPR in the event of an emergency and can provide no other health services.

Secondly, camp healthcare providers need to know what medications staff may be taking in the event they are taking a substance that can affect their cognitive function. These include medications such as narcotics, selective-serotonin reuptake inhibitors, seizure medication, and many others. Adult staff most commonly self-administer their medications, but it is important for the healthcare staff to know the medications have a safety net for everyone. The health history often includes:

1. Allergies
2. Diagnoses
3. Medications
4. Behavioral health needs
5. Nutritional needs
6. Immunizations
7. Activity restrictions
8. Insurance information
9. General health data (skin issues, headaches, glasses, menstruation)
10. Previous procedures/surgeries (pertinent to camp).
11. Consent to treat, consent for photos, and consent for social media use (if not part of the staff application).

C. Camper Application: The camper application contains demographics similar to staff, however they differ in that the parent typically completes this document for their child. The camper application (demographics, emergency contacts, etc) is sometimes combined with the camper health history as there are no employment law considerations for the youth being served. Therefore, it is often a more simplified approach to collect this information together. The one consideration is regarding PHI provided on the health history. If the application is being sent directly to the camp health staff, there is likely no concerns. However, if the application, that includes the health history, goes to a location where individuals outside of the "need to know" category can see this information, you should consider separating these processes into two steps. The camper application to the organizing entity, and the camper health history to the camp healthcare staff.

D. Camper Health History: The camper health history provides information that can help provide a safe camp experience. It is important to collect information we need, but not collect information that may just be "nice to know". Use a discerning process when creating your camper health history form that guides parents to provide information that is important for the healthcare staff to review and *take action* if needed. For example, it would be more important to know that a youth has enuresis, but not so important to know someone had their tonsils removed 5 years ago. In order to be most effective, give thoughtful consideration to how you ask questions on the form. There is a growing need to collect helpful mental, emotional, and social health (MESH) information. Take time to select a few questions that will help camp staff know how to best meet the needs of individuals in their care.

An important component of the camper health history is the consent from the parent/guardian for healthcare services, activities, and other requests (photography, trip and travel, high risk activities). Having a clear and organized consent will help guardians understand what they can expect as part of the camp experience. It is often helpful to have legal services review the consent form for appropriate terminology. (*Appendix D: Camper Health History Example*)

II. Health Screening

Health screening is one of the five activities consistently performed at camp. Screening can be done prior to camp arrival, on arrival day (usually called intake screening), and throughout the camp experience if needed. (Appendix E: ACN Health Screening at Day and Resident Camps)

What is the purpose of screening? To provide the camp leadership and healthcare staff information about the health status of individuals prior to arrival and upon arrival. Screening is not diagnostic, but it has proven to be an important effort to know that staff and youth are arriving to camp in a healthy state. Coronavirus (COVID-19) has taught us a great deal about the value of pre-screening in order to prevent illness from coming into the camp community.

A. Timing of Screening: Asking parents, youth, and young adults to self-assess prior to camp allows for quick intervention before camp, decreased frustration, and overall healthier communities. For example, if a camper is self-screening for 7-14 days prior to camp, the daily effort increases their awareness of their health status and allows them to seek intervention if they develop an illness symptom during that time (ex: fever, cough, congestion, GI distress). The illness symptom could be something as simple as a cough, but the secondary benefit is that the cough, if caused by a transmittable condition (which many are), would be prevented from entering camp and being shared with others.

When campers and staff arrive to camp, conducting a quick and efficient screening can also provide important information. In the arrival screening process, camps physically assess and "lay eyes" on participants. Some of this screening may be done before boarding the bus. Your camp can decide when it is best to perform initial screening to best minimize the risk of illness arriving to camp.

B. Components of Arrival Screening:

1. Screening for bruising, bug bites, and other dermatologic alterations

allowing for documentation and a baseline. Pictures can be helpful at this point.

2. Asking questions about recent illness (communicable disease) to include signs and symptoms of cough, congestion, cold, other respiratory symptoms, nausea/vomiting, diarrhea, and fatigue.
3. Screening for lice. It only takes one instance of lice infestation for camps to never forget to screen for lice.
4. Recent injuries and orthopedic alterations. This will be especially important for individuals living with bleeding disorders.

C. Abnormal Screening Results: The challenge is what do to if a camper (or staff) has an abnormal finding on screening. What if the camper presents with illness symptoms or the staff member with physical symptoms of abuse? What about screening for mental health? How do we support behavioral health needs at camp?

All of these questions lead to the simple fact that we must have a response plan for potential health alterations. Camps that have a strong proactive approach and prepare for health alterations are much better at managing situations once an individual is onsite at camp. Part of the proactive work is good communication with campers/families and staff. Telling everyone about the health expectations on arrival (and tell them again and again) will be very helpful in establishing clear expectations and promoting a partnership with parents/guardians. Consider sharing the camp's

response to fevers (send home or quarantine for a period of time with frequent rechecks); lice (treat and keep onsite); anxiety disorder (follow established plan for care and management); respiratory or GI symptoms (continue medications ordered by pediatrician once communicability has been resolved). These are examples and the hope is that your camp will work to create helpful guidance and education in the early planning of camp. Place this information on your website or recruitment brochure. Make health awareness and education a central component of your preparatory camp efforts.

III. Delegation

Delegation is the second of five consistent camp health activities. Delegation is something that almost every camp does in some capacity. We delegate care when we allow staff to provide first aid, when we train people to administer epinephrine, and when we have staff carry albuterol inhalers for campers. Some camps delegate more than others and that is dependent on many variables: number of healthcare staff, location of health center to the camp activities, type of camp activities, and access to higher level care.

The registered nurse (RN) is typically allowed, by state law, to delegate tasks as part of the nurse practice act. Please note that the delegation is around a "task" and not the assessment, intervention, or evaluation of patient care. For example, the camp RN may delegate the task of taking temperatures, but the interpretation of the numbers as "normal" or "abnormal" is the responsibility of the RN. The RN may delegate simple first aid, but the assessment and care are still the responsibility of the licensed healthcare provider.

A. **Practice Guideline:** Delegation in the camp setting should mimic the requirements of acute care settings. When planning to share camp health tasks with others, the camp RN should conduct an orientation with written documentation of that work. The orientation form should outline the tasks being shared and the expectations for communication and interaction with the RN who oversees task performance (Appendix F: Nursing Delegation at Day and Resident Camps).

B. **Policy Development/Operations:** It is helpful to have a well-constructed policy and/or procedure for delegation. The potential pitfall of delegation is not setting clear expectations for tasks assigned to nonhealthcare providers. The risk is that individuals may decide to perform additional health services which have not been delegated to them or authorized to perform. For example, if a camp staff has been trained and delegated the task of providing simple first aid (define "simple first aid" at your camp), it would not be appropriate for the individual to then try and address someone who sustains a fracture or deep laceration. Therefore, a written plan of action will be helpful to minimize the risk of "overstepping" and potentially putting campers at risk.

   Establish your written delegation protocols early and revisit with each camp season. Outline who, when, and what tasks individuals might be assisting with and provide an orientation with written guidance. The nurse providing the training and the orientee should both sign off on the delegation form to confirm understanding of the roles and responsibilities related to task performance at camp.

IV. Medication Management

Medication management is one of the most frequent and complex activities in the camp setting. It is more than just "passing a pill". It is a well-constructed process to help prevent medication errors and potential injury to individuals while promoting the health of the community. Medication management is a group of activities that facilitate medication services throughout the camp experience. The process starts with receipt of the medication, then storage, distribution, documentation, and following prescriber orders. Let's dive into each of these components to better understand the healthcare provider role in each step of the process. (Appendix G: Medication Management for Day and Resident Camps).

A. Receipt of medication.

Transfer of medication(s) from parent/guardian to the camp health staff is a critical step. We need to review the medications and ascertain that the medication being provided matches the camper application. Camp nurses need to know they have the correct medication, enough doses, the appropriate person identified, and how to administer. An inaccuracy in any one of these areas could lead to a medication error and potential harm to those in our care.

Some camps choose to connect with parents prior to arrival and review the medications. This allows for conversation before getting to camp and providing clarification about the fact that the prescribed medication needs to arrive in the prescription bottle. Do not accept pill dispensers or other unlabeled containers or give medications on the word of another person. Many nurses have found themselves in difficult situations because they were not able to confirm the five rights before giving a medication - right patient, right drug, right dose, right route, right time - since they received the medication in unlabeled containers or on the word of the parent. This is significant in the realm of practicing effective and safe medication management.

Consider reminding parents that we do not encourage "medication vacations" at camp. A child with ADD/ADHD needs medication and a routine to function well. When they arrive at camp, the child is experiencing new friends, new sleeping quarters, new food, and a new overall environment – we have taken away their typical home/school routine. Giving them their medication during this new time in life, is often the only tool to help them manage and be able to have a full camp experience.

Staff medications can be treated differently in many situations. Staff who are 18 and older can usually self-administer their medications. Staff who are still minors (<18 yrs) would usually require a parental consent regarding medications and camps may choose to treat minor staff medications the same as campers. It is important to communicate with parents/guardians about how your camp choses to manage minor staff medications and the self-awareness of the minor counselor if they are responsible for taking their own medications. Double-check state guidelines/policies on whether minor staff are permitted to self-administer their medications.

Although staff are often responsible for self-administration of medications, healthcare personnel should be aware of any medications staff are taking that could alter their ability to function safely in a camp counselor role. Some of these medications include narcotics, antipsychotics, antidepressants, medications that make a counselor sleepy or delay their reaction time, herbal remedies, homeopathies, experimental treatments, and others. Tell the staff you need to know about these medications in particular since they are functioning as "*in loco parentis*" when caring for youth at camp.

B. Storage

Medication, as a general rule, should be secured when not in the possession of the individual administering the medication. This could mean the medication is locked in a room, a cabinet, or some other location that prevents unwanted individuals from accessing these agents that could cause harm if taken by the wrong person. Epinephrine and albuterol, are the two general exceptions to this rule. Individuals who may need these rescue drugs often carry the medication on their person or in a backpack. Epinephrine and albuterol, when needed, should be administered at that moment. As an aside, please remember that epinephrine can experience degradation in extreme heat so don't put an epinephrine injector in a backpack and lay in direct sun. This could make the epinephrine work less effectively when needed (Parish, et. al., 2016).

Staff medications, if being self-administered, should also be secured in some way that prevents others from having access. Camps use a variety of methods such as locking in the health center, giving each staff a locker and key, or having a secure location in cabins. Campers and staff should never have access to others' medications as a prominent safety concern.

C. Administration

One of the most common errors in camp health services is medication errors. It is easy to get distracted, interrupted, and confused while trying to organize the medication processes. Medications should be administered to minors by the healthcare staff. Often this is done by the camp nurse, but medications may be dispersed by a trained individual who has been delegated the task from the nurse (See Appendix F).

For safety reasons, the healthcare staff should follow the **five rights** of medication administration (right patient, right drug, right dose, right route, and right time). These five rights should be checked **three times** before giving a medication (when taking out of prescription bottle or OTC bottle), when comparing to the medication administration record (MAR),

and when handing the medications to the receiving individual. The medication hand-off is a great time to provide education and encourage campers (and staff when appropriate) to review the medications and confirm that they are accurate before taking (right person, right drug, right dose, right route, right time).

D. Standing orders

In order to administer medications, a nurse must have an order, both for prescription and over the counter (OTC) medications. The nurse's scope of practice is to follow a prescriber order (physician, nurse practitioner, physician assistant) before providing the medication. This is true regardless of the location of care - whether a hospital, clinic, or community setting. This requirement is sometimes overlooked in the camp setting but is important to align with state nurse practice acts. It is critical that a camp nurse reads and understands the nursing scope of practice in the state where camp is provided, especially if the nurse's license is from another state. There can be variations between state nurse practice acts and camp nurses must follow the state law where the camp is located.

The order for a prescription medication is on the prescription bottle and each prescription label contains the 5 rights for medication administration. This is why it is imperative that prescription medications arrive in a prescription bottle. The challenge most often occurs with OTC medication usage. Standing orders are one mechanism to have a prescriber sign a document that outlines what OTC medications a licensed nurse can give in the camp setting. If a state does not allow standing orders, the camp can obtain orders by having each camper's physician sign for OTC medications or develop another mechanism to obtain orders when needed. For some bleeding disorder camps, a prescriber is onsite and can manage this aspect of care.

E. Documentation

Most routine medications are documented on a medication administration record (MAR). This standardized form is commonly used by nursing staff and is a mechanism to confirm that all medications were given according to schedule. The MAR may be in paper form or electronic format. There may be times that medications administered may need to be documented in other locations like incident reports and treatment logs and therefore helpful to review those forms on a regular basis to make sure they provide an opportunity to document medications and care provided.

The key to documentation is that if it is not documented, it is not done. This is especially important if handling sensitive medications such as narcotics, stimulants, antipsychotics, and other essential medications. It can be the practice at camp to count these medications when they arrive, document the number and then do the same when returned to the family. Documentation is a safeguard and legal protection for the healthcare staff, the leadership, and the camp itself.

F. Medication Errors

Medication errors can happen. Pills can be dropped in the grass, meds can be given to the wrong camper, and omissions in administration can occur. Medication errors are documented on the MAR and some type of incident report. This information should be shared with all stakeholders such as the camp director and parents/guardians. Documentation of these communications is critical to track accuracy of events if needed in the future.

If a medication error occurs, consider documentation of ongoing assessment of the individual following the error. For example, if a child did not receive their anxiety medication, consider re-assessing and documenting the camper's behaviors until the next anxiety medication is given.

For additional information see Appendix G: ACN Medication Management Practice Guideline.

For additional information see Appendix H: Medication Management FAQ's.

V. Communicable Disease Management

As we write this health guidance, we are living through the SARS CoV-2 (COVID-19) pandemic. Our eyes have been opened to the critical nature of communicable disease and transmission in congregate settings like camp. Both bacterial conditions and viral conditions can spread in communities thus requiring organizations who provide care and service to groups of individuals to have a solid communicable disease plan (CDP).

A CDP outlines prevention, intervention, and recovery activities when a condition can be passed between individuals – especially those living and operating in close quarters. In order for the CDP to be effective, there are a few important considerations:

1. Everyone at camp should understand the CDP and be onboard with the activities involved. Using prevention strategies is the work of everyone to keep our "neighbors" healthy.
2. Multiple interventions used in conjunction with one another generally improves outcomes. For example, if we use good hand hygiene, face masking when appropriate, and ventilation jointly, we can work to decrease transmission of illness to others. The goal is not to choose one intervention over another, but rather to choose and engage all interventions that could assist in risk mitigation.

A. Prevention Strategies

These strategies can help minimize spread of infectious illness to others and the activities involved may vary depending on the communicable condition currently creating risk in the community. Timing of these activities (pre-camp & during camp) are outlined below.

Table 3 – Prevention

Nonpharmaceutical Interventions		Pre-Camp	During Camp
1.	Handwashing: frequent; 20 seconds duration; soap & water or sanitizer with 60% + alcohol	X	X
2.	Sanitizing: cleaning high contact surfaces (tables, bathrooms, doorknobs/handles) with appropriate agent that kills infectious agent		X
3.	Cohorting: maintaining small groups (8-15 people); navigating camp as small groups; limiting mixing with other cohorts		X
4.	Ventilation: Moving activities and services outdoors; use of screens, fans, windows open; create circulating air as appropriate		X
5.	Face Masks: Worn when appropriate and if infectious agent is spread by sharing of respiratory secretions	X	X
6.	Screening: process to monitor individual health status; may be conducted prior to camp, during camp, and post-camp	X	X
7.	Physical Distancing: Process of encouraging spacing of 6 ft or greater between individuals if appropriate for the infectious agent	X	X
8.	Testing: Conduct testing prior to and during camp as a screening and/or diagnostic tool if testing options are available	X	X
9.	Vaccination: Up to date immunizations for all staff and campers when possible.	X	
10.	Communicable Disease Team: Educate a preselected team of individuals who would have a critical role in an outbreak should it occur (e.g., healthcare staff, camp director, food service, facilities staff, cleaning staff, media communications).	X	

When writing your CDP, include some type of table that will help outline all the prevention strategies the camp might use for communicable disease management and when, where, and how these strategies would be used.

B. Resources & Communication

In order to initiate prevention strategies, a camp needs to organize supplies and resources. These supplies include items such as sanitizing solutions, soap and hand sanitizer, personal protective equipment (gloves, masks, gowns, eye protection), and paper products (cleaning cloths, paper towels, sanitizing wipes). The camp may not need to have all these supplies onsite, but they should be available quickly in the event of a communicable disease concern.

C. Identification of external resources for care and support.

These resources might include behavioral health support, additional healthcare staff, cleaning support, public health officials, pharmacists, and a local emergency room or urgent care. Communicating with these external resources before camp starts is the best way to establish a relationship and raise awareness about the potential need for their support during camp. There can also be support services through the American Camp Association (ACA) and the Association of Camp Nursing (ACN) who can provide guidance and access to additional resources. Both ACA and ACN operate summer hotlines for camp support.

It is helpful to have tables outlining supply and communication resources making them accessible for use if needed.

Table 4 – Supplies List

Product	Supplier(s)	Phone	Website	Process/Notes/Expense
SaniSolution	McKesson	888-555-2222	Campclean.com	$45/gallon; order online

Table 5 – External Resources

Resource	Phone	Email	Notes
Mental Health Services	444-666-7777	MHSnow.org	Psychiatrists on call; crisis hotline

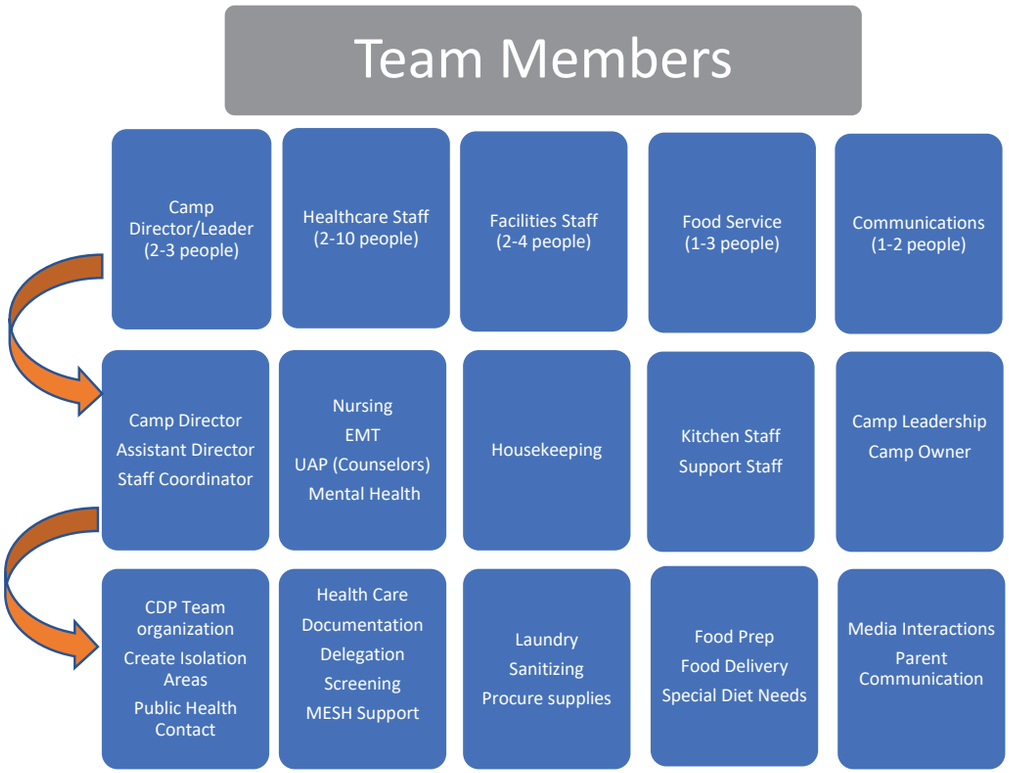
D. Outbreak Management

The crux of communicable disease planning is outbreak management. We need to have a plan of action in the event someone demonstrates illness symptoms and respond in a way that helps to prevent others from becoming ill.

At camp we live in close quarters, eat together, sing together, and spend long hours in each other's company. We are a community-based experience that requires us to give attention to individuals while caring for the larger population. Therefore, outbreak management involves the use of prevention strategies for those who remain well while intervening with those who are ill.

Let's use a case scenario to walk through the different components of a communicable disease plan. Our camper, James, presents to the health center not feeling well. He has a cough, temp of 101 degrees Fahrenheit, and significant fatigue. After a good assessment, the camp determines this individual might be infectious and places the camper in isolation. This initial step often launches the CDP activities. The next considerations include:

- Who was James in contact with while at camp? How many people? Are any of these individuals ill? Should we place this group in quarantine?
- A camp may decide to use isolation and quarantine or send the camper home. Those decisions have to be made based on the clinical presentation and potential for transmission to others, especially others who are immunocompromised. If using isolation for the camper, and quarantine for close contacts, the CDP Team should be notified regarding their roles.



Some helpful considerations when managing an outbreak is to know your tipping point. The tipping point is the moment that a condition goes from being "a couple of kids with colds" to "we have too many kids with colds". What is that number? For some camps that can be 2-3 campers while other camps may wait until 10-15 campers have the same condition before initiating outbreak procedures. Your camp should identify it's "tipping point" so you know when to make the call for additional support and services.

In addition to having people onsite who assist you with the situation, you should likely contact your offsite public health officials and behavioral health support. They can often provide instruction and guidance in ways you may not have considered. Do you need additional nurses or healthcare staff? Do you need someone to assist with documentation or communication activities? What sanitizing practices should facility staff institute?

Don't forget about the unaffected individuals who are still participating in camp. Consider how you might divide staff to keep some with well campers and others serving ill individuals. Avoid crossover between these groups. A camp director can be a great resource and support to the entire camp community when walking through a communicable illness event.

Once a communicable outbreak is completed, provide debriefing opportunities to everyone interested in talking about the event. An outbreak can be a traumatic event for some staff and campers, and they will need a window of opportunity to share their emotions and concerns. Each camp's CDP will be unique to their facility, their team, and operations. When developing your CDP, remember what you can accommodate in space, time, resources, and funding and do your best to plan accordingly.

For additional information see Appendix I: Communicable Disease Control in the Camp Setting.

VI. Documentation

Documentation is a key activity for many different aspects of camp health operations. Documentation serves as proof of work, evidence of recovery, validation of accuracy, and a source of research. Through documentation we are able to identify trends, improve healthcare services, and better address health needs of the bleeding disorders populations. There are a variety of forms that are commonly used and create a mechanism for tracking care and services.

A. Screening forms

Most camps conduct health screening. These screenings can be done prior to camp, on arrival to camp, and throughout the camp experience. The key to screening is that individuals arrive to camp in a healthy state. Camps may choose to include a variety of elements in their screening programs. These elements may include items such as vital signs, skin assessment, lice checks, and activity participation. See Appendix J for an example of a Health Screening Form.

B. Nursing care documentation

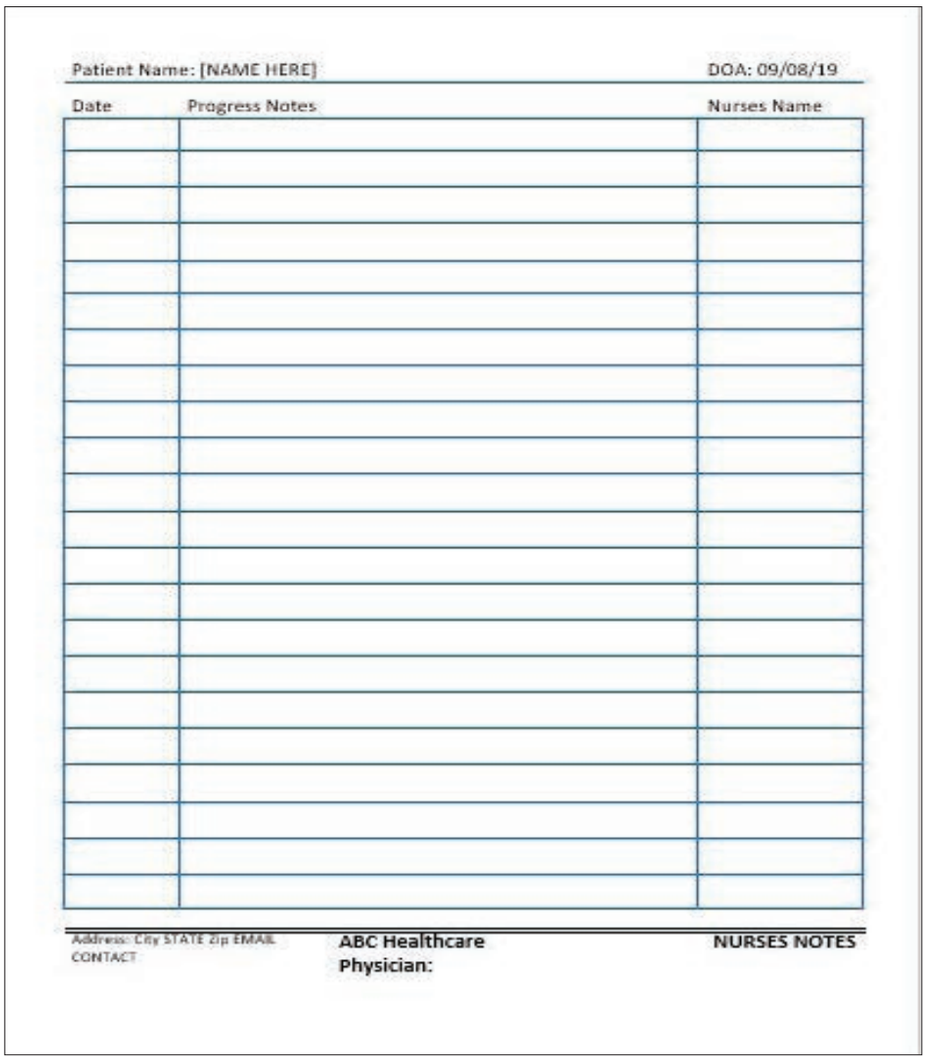
A documentation form allows healthcare providers to note their services. A documentation form should provide space to document assessment, intervention, and evaluation activities. Historically, this has been done through some sort of SOAP (subjective, objective, assessment, plan) note however newer documentation methods are documentation by exception. It is important to understand the

documentation methods. If a camp uses an electronic medical record (EMR), the camp will need to provide training regarding how to effectively document within their system. Documentation is the mechanism to "share the story" of camp care. Key considerations for documentation include:

- Chart in a timely way; be date and time sensitive
- Chart rationale as nursing notes should reflect nursing analysis
- Chart phone calls, emails, and text message to show evidence of communication
- Capture complete and legal signatures
- Write clearly and legibly
- Consider how to maintain confidentiality of health documentation
- Use only approved abbreviations
- Consider including pictures of at least each camper for security measures. This may prove helpful during concerns for safety.

One of the most common misconceptions about documentation is knowing the difference between a health log and a health record. A health log is a running record of visits to the health center that are kept together in one document. It typically contains the names of many different individuals who seek health services while at camp however it is not camper or staff specific. The individual health record is for each individual at camp and is the legal record of services rendered.

Table 6 – Nursing documentation notes



Patient Name: [NAME HERE] DOA: 09/08/19

Date	Progress Notes	Nurses Name

Address: City STATE Zip EMAIL CONTACT

ABC Healthcare
Physician:

NURSES NOTES

C. Incident Reports (IR)

Incident reports are a tool to document accidents and injuries at camp. The IR starts with the camp counselor who documents the event leading to the injury. This form is then given to the camp nurse who outlines the assessment and care provided and hands off the form to the camp director or leader who communicates with the family or guardian.

Incident/Accident Report

Date of incident:_____ Time:_____ am/pm
Day of week Month Day Year

Name of person involved _____ DOB: _____

☐ Camper ☐ Staff ☐ Visitor ☐ Volunteer Age:_____ ☐ Male ☐ Female

Name and Signature of Witnesses.
1._____
2._____
3._____

Type of incident: ☐ Behavioral ☐ Physical Injury ☐ Illness

Incident Description:

Staff or Camper Explanation of Event:

Medical care: ☐ None ☐ First Aid only ☐ Emergency Room
☐ Ambulance ☐ Hospitalized ☐ Refused Treatment
☐ Other(explain)_____

Medical Follow up:

Is the incident ☐ an aggravation of an old injury ☐ related to a medical condition
☐ new injury ☐ other? Explain_____

Completed by:_____ Date: _____
Witness signature _____ Date: _____
Person Involved signature _____ Date: _____
Camp Director signature:_____ Date:_____
Camp Director Comments:
_____
_____

D. Medication Administration

Documentation of medications is usually done via a medication administration record (MAR). This tool is the most frequently used documentation form at camps. The MAR is typically formatted to quickly document routine medications, as needed medications, and evaluation of the medication impact. Documentation of impact is one of the most commonly forgotten MAR documentation elements. For example, if giving acetaminophen for a headache or twisted ankle, the camp nurse should follow up with the individual to identify if the treatment was effective. This should be documented in the MAR or the EMR.

Table 7: MAR

CAMP MEDICATION RECORD

Name	Unit/Cabin	Allergies	Physician Phone#
Staff Responsible	Session/Dates	Parent(s) Phone #	

SCHEDULED MEDICATIONS

Medication (Name, Dose, Route, Frequency)	Date/ Hour													

	Initials	Full Signature		Initials	Full Signature
1			4		
2			5		
3			6		

E. Factor Administration

Bleeding disorder camps document factor and nonfactor product administration on several different forms. These forms may be an EMR, infusion notes, or prn MAR. Historically, education about factor administration included teaching about charting lot numbers, expiration dates and units of factor. There is not typically a good place to document these elements in a traditional MAR thus encouraging camps to identify more appropriate and efficient mechanisms for documentation of factor products.

Teaching factor administration, management, and documentation are key self-advocacy skills that we encourage youth to learn through the camp experience. Therefore, bleeding disorder camps have become quite adept at creating tools that promote this learning and growth opportunity.

Table 8: PRN Medication Administration Record

Name	Unit	Allergies	Unit Staff

PRN and ONE-TIME MEDICATIONS

MEDICATION (Dose, Route, Frequency)	Reason for Med	Date, Time, and Initials								Effects Noted

DOCUMENTATION of OMITTED DOSE of MEDICATION

MEDICATION (Dose, Route, Frequency)	Dose Omitted	Reason for Omission	Initials

F. Transition of Care

An important consideration for documentation at camp is having a mechanism to share camp health care services with the camper's routine healthcare providers. If a camper sustains a sprained ankle, a cut from a rusty nail, or other injury or illness, it is helpful to provide a report back to the pediatrician or primary care provider. This "transition" of care helps facilitate continuity, encourages follow up if needed, and promotes a comprehensive approach to care.

If documenting through an EMR there may be a mechanism to send information electronically to the home care provider. If using paper documentation, consider making forms in triplicate preventing the camp healthcare provider from having to re-write what is already documented. A MAR and/or documentation form that has triplicate pages allows for one page to stay with the camp, one page to go to the pediatrician, and one page to be given to the parent for their records.

For additional information, see Appendix K: Documentation in Day and Resident Camps

VII. Mental, Emotional, and Social Health (MESH)

An ever growing and evolving concern for camps is the ability to manage mental, emotional, and social health needs. Campers *and staff* are presenting to camp with more behavioral health challenges and requiring additional care measures in medication management, behavioral support, and access to mental health services. One of the key components of camp is creating processes and tools to prepare for and manage MESH situations.

A. Preparation: There are two real components of MESH preparation. Once component is the application process and secondly providing staff training about how to identify and address behavioral health needs. The application, both camper and staff, should ask some directed questions regarding MESH. These questions can help create opportunities to talk with parents/guardians prior to camper arrival and develop a plan of care for the individual. If you have staff who are underage, consider having them complete a camper application so you are gathering all the information you need for minors in your care. Appendix L outlines some questions that you may consider adding to your camper application. Only you know your camp structure and will be able to choose questions that will best prepare you to care for individuals at camp.

Once MESH information is gathered from camper and staff applications, camp leadership can better tailor training and education to meet the needs of the population. For example, if several individuals identify anxiety as a concern, then more training can be focused on how to recognize situations that may increase anxiety, identify steps to manage the anxiety, and initiate opportunities to create healthy camp interactions.

B. Common conditions: The most common MESH conditions identified at camp are ADD/ADHD, anxiety, depression, and emotional fatigue. ADD/ADHD are typically conditions that are diagnosed prior to camp and present with an established plan of care. Anxiety and depression can be currently diagnosed or may not be identified until at camp. Emotional fatigue most often occurs as a result of the pace of camp and the individual does not have the reserves to persevere through emotionally challenging situations.

All of these conditions are better managed at camp and can be healthy experiences if there is good preparation (e.g., gathering appropriate information, talking with parents/guardians or staff, providing staff training). The challenges arise when a camper arrives to camp with an unknown condition, there has been no communication with family, and staff have not been trained to the task you are needing them to perform.

C. Strategies for Support: There are many strategies that can support MESH needs at camp. Camp is a different pace than most youth and young adults experience in a typical day. Sometimes camps can be "overscheduled" and youth are expected to perform well from 7am to 9pm at night. We know that all individuals need some rest and time to rejuvenate. Therefore, consider incorporating strategies that address these two elements.

- Rest period or siesta
- Unstructured play (e.g., making bracelets, playing cards, "hanging out" in the cabin)
- Location for time alone (e.g., Lego room, music room, hammock haven, reading nook)
- Pet Therapy (Camp dog or cat)
- Choice of activities with quieter or more low energy options (e.g., tie-dye t-shirts, cooking program, nature walk)

D. Resources: Prior to the start of camp, it is helpful to connect with potential behavioral health support. These supports could be individuals (e.g., psychologist, psychiatrist, social worker, mental health workers), phone numbers (e.g., crisis hotline, suicide hotline), or other supports that might be available during the camp session. Some bleeding disorder camps may already have a resource person onsite.

The important step is to contact potential resources ahead of camp and explain the camp, the potential need for their assistance, and best method to contact them if willing to be available. Have contact information available during camp in the event a situation or crisis occurs that needs additional intervention from a professional. Remember to update this list each year as part of your preparatory activities.

E. Behavioral Health Plan: For individuals who have applied to camp and have a diagnosed MESH condition, create a behavioral health plan. This plan will be a joint effort between the camper, parent/guardian, established mental health professional (if applicable), and camp staff. This plan will outline medication usage, monitoring for potential situations that may precipitate behaviors, and management when behaviors occur. Through preparation, you will be able to outline each component of care and feel confident in your ability to care for the individual at camp.

VIII. Bleeding Disorders Considerations

While there are many considerations related to providing a camp experience to youth, there are additional components related to youth with bleeding disorders. In addition to the information already discussed, here are some considerations to provide for the health and safety of individuals with bleeding disorders.

1. **Perform a risk assessment of the facility:** Look at pathways (gravel, dirt, paved), walking distances, building access (steps can be challenging for some), and ADA accessibility. Review the safety equipment that will be provided for each activity to ensure you have adequate safety coverage.
2. **Camper applications & health histories:** Essential tools to gather data and have information to provide organized, quality care. For bleeding disorders it will be helpful to capture the bleeding disorder diagnosis, factor and nonfactor product usage and schedule, HTC used for care, specialty pharmacy that provides service (if applicable), self-infusion capability, special considerations (e.g., inhibitor status), target joints, menstrual cycle, assistive devices, and camper's readiness to learn. Especially helpful is a psychosocial history such as learning delays, changes to family structure (divorce, death), family history of mental and/or emotional conditions (anxiety, depression), and physical manifestations of poor coping (outbursts, sleep disturbance, flee the scene) as these can be influenced by a chronic disease such as a bleeding disorder.
3. **Partnering with Parent/Guardian:** Sending a child without a chronic condition to camp is challenging for parent(s). Therefore, the level of concern is elevated for parents who have a child with a bleeding disorder. Consider educating parents early in the year as a way to give them small amounts of information that is "digestible" over time. Share information with parents about the facility (pictures are nice), emergency procedures, medication management, what healthcare staff will be present, activities provided at camp, and mechanism(s) for contacting you at camp.
4. **Orientation and Education:** It is a special opportunity to have staff who were campers themselves. They bring an added level of commitment and engagement to the campers in their care. However, it is important to provide bleeding disorder education to the group. Remember, an individual with Factor VIII deficiency may not understand Von Willebrand disease. The same holds true for someone with a platelet disorder who will not likely understand factor deficiencies. Don't assume that staff understand and plan to provide education around the different conditions and how this potentially impacts the camp experience. While educating parents, consider educating staff as well so they are receiving manageable portions and can process this information over time. Staff will benefit from education about safety equipment that will be used at camp, basic first aid, staff responsibilities for health services, and potential transfer techniques if needed.
5. **Medication Management:**
   - Some bleeding disorder camps create separate MARs or infusion logs to document factor and nonfactor product administration. Consider having a tool to teach campers how to document the medication being administered.
   - For campers on prophylaxis (prophy), it can be helpful to have a tracking form to know which campers on which days and at what time they are receiving their prophy dose.
   - Narcotics are sometimes brought to camp and it is helpful to have a system for counting those medications, securing from others, and monitoring the use (especially if a staff member is using narcotics and also responsible for campers).
   - Teaching self-infusion to campers should include written approval from the parent/guardian and the HTC.

IX. Activity Timeline

Working within an organized timeline will help bleeding disorder camps prepare for a great summer experience and can help alleviate the stress of procrastination. The timeline below may support organized camp preparatory efforts.

Jan

- Review Facility - Standards and Staff Credentials
- Create/Update Applications for Campers & staff
- Review Camp Policy & Procedures
- Review Standing Orders and Obtain Signature (if applicable)

Feb

- Review and Update Health Manual
- Review and Update Emergency Procedures
- Recruit Healthcare Staff/Confirm Licenses
- Send Camper applications

Mar

- Recruit Counseling Staff - Send Staff Applications
- Begin Staff education/training (website, virtual training, webinars)
- Update/Prepare medical documentation forms

Apr

- Inventory Supplies and Order for Summer
- Initiate parent/guardian education (website, virtual, webinar)
- Review and Update Communicable Disease Plan (CDP)

May

- Review and decide regarding Screening & Intake Procedures - Educate families regarding these procedures
- Update MESH Resource list - Contact prior to camp
- Confirm all applications submitted - Review and Contact Families as needed for clarification and planning
- Staff orientation (continued monthly since March)
- Confirm all supplies, documents, safety protocols, and equipment are ready

Providing a fun, educational, immersive camp experience takes a great deal of work, communication, and support. We do know that camp is really the only place that youth with bleeding disorders are able to spend an extended period of time together. This time allows them to talk with one another, learn together, and reinforce their self-worth. The most successful camps spend months in preparation and engage in discussions outlining the goals and opportunities for campers (and staff) to become brave advocates for their health and wellness. Camp has been and will continue to be an integral part of this maturation process and every child with a bleeding disorder should have access to the valuable experience of camp.

APPENDICES

APPENDIX A

a. Severe Weather (earthquakes, storms, lightning, flood, wildfires, tornadoes)
b. Power Outage
c. Intruder/Active Shooter
d. Lost camper

It is important to outline the procedures for each of these events and practice these procedures with your camp staff. Staff can only be helpful in the event they understand the steps they are to take. Below are several different emergency procedures documents that can help you develop your own or refine procedures currently in place. Consider revisiting emergency procedures at least every 2-3 years or when there are significant changes to camp staff, structure, or facilities.

http://padutchbsa.org/wp-content/uploads/2012/04/emergency-procedures-in-camp.pdf

https://www.mycampgrimes.org/09_Emergency_Procedures.pdf

https://cms.campwoodward.com/sites/woodward/files/2018-04/woodward_copper_emergency_procedures_summer_camp.pdf

http://www.camphadar.org/wp-content/uploads/2017/05/Staff_Emergency_Protocol_Handbook_Hadar_2013.pdf

APPENDIX B

A Healthy Camp Begins and Ends at Home!

(Revised March 2021)

A healthy camp really does start at home. Here are some things you can do to help your child have a great camp experience.

1. If your child is showing signs of illness such as running a temperature, throwing up, has diarrhea, nasal drainage and/or coughing/sneezing, keep the child home and contact your camp director. This greatly reduces the spread of illness at camp but also supports your child's recovery. Know your camp's policy about illness and camp attendance.
2. Teach your child to sneeze/cough in his/her sleeve and to wash his/her hands often while at camp, especially before eating and after toileting. If you really want to achieve impact, teach your child to accompany hand washing with another behavior: keeping their hands away from their face, eyes and mouth.
3. If your child has mental, emotional, or social health challenges, talk with a camp representative before camp starts. Proactively discussing a camp's ability to accommodate a child can help minimize – if not eliminate – potential problems.
4. Should your child need a particular nutrition plan because of allergies, intolerances or a diagnosis (e.g., diabetes), note these on the Health History form but also contact the camp to make sure (a) they have noted that need and (b) the camp can address it. Discuss how your child will receive appropriate meals and snacks then explain that to your camper. Should your child be uncomfortable with the plan, arrange for a camp staff member to assist/monitor the process until the child is comfortable.
5. Make sure your child has and wears appropriate close-toed shoes for activities such as soccer and hiking, and that your child understands that camp is a more rugged environment than the sub/urban setting. Talk with your child about wearing appropriate shoes to avoid slips, trips and falls that, in turn, can result in injuries such as sprained ankle.
6. Send enough clothes so your child can dress in layers. Mornings can be chilly and afternoons get quite hot. Dressing in layers allows your child to remove clothing as s/he warms while still enjoying camp.
7. Fatigue plays a part in both injuries and illnesses – and camp is a very busy place! If your child is going to a day camp, be sure they get enough rest at night. If the child will be at a resident camp, explain that camp is not like a sleepover; they need to sleep, not stay up all night!
8. Remember to send sunscreen, if not provided by the camp, appropriate to the camp's geographic location and that your child has tried at home. Teach your child how to apply his/her sunscreen and how often to do so.
9. Send a reusable water bottle if not provided by the camp. Instruct your child to use it and refill it frequently during their camp stay. Staying hydrated is important to a healthy camp experience, something your child can assess by noting the color of their urine ("pee"); go for light yellow.
10. Talk with your child about telling their counselor, the nurse or camp director

about problems or things that are troublesome to them at camp. These camp professionals can be quite helpful as children learn to handle being lonesome for home or cope with things such as losing something special. These helpers can't be helpful if they don't know about the problem – so talk to them.

11. Share that it is OK to feel some homesickness. That is a sign that you have supportive loving relationships at home and it is normal to feel this way. However, encourage your child that you have arranged for them to have a great camp experience where they will meet new friends, have new experiences, and then be able to come home and share what they have accomplished at camp. If they feel sad, they can share that with their counselor who will help them.
12. Should something come up after camp experience – you see an unusual rash on your child or the child shares a disturbing story – contact the camp's representative and let them know. Camps want to partner effectively with parents; sharing information makes this possible.
13. With the impact of COVID-19, make sure to review the camp's procedures and share with your child how camp may look different from previous years. This will be especially helpful if your child is a repeat camper. It will be important to understand the camp's expectations for face masks, activities, food service, hand hygiene, sanitizing practices, and more. Check their website for guidance and information.

If you still have questions, contact your camp leadership at _____. Our hope is to prepare youth for a great camp experience and we know those efforts start at home with you.

Currently available online at
https://www.campnurse.org/education-and-resources/resources/
https://www.acacamps.org/resource-library/research/healthy-camp-toolbox

APPENDIX C

Staff Application (Example)

SEASONAL EMPLOYMENT APPLICATION
2021 CAMP SEASON

Please Print Or Type **T-Shirt Size:** _____

Name:_____
FIRST MIDDLE LAST

Present address:

_____
STREET CITY/STATE/ZIP

Permanent address:

_____
(IF DIFFERENT) STREET CITY/STATE/ZIP

Cell/Day Phone:_____Evening Phone: _____

Email #1 (**Please print clearly):** _____

Email #2 (Parent's email If under 18) _____

Your age on June 1st 2021 / Birth Date: _____

Emergency contact name / phone: _____

Desired Employment Position (Use Position List on back page)

1st Choice: _____

Qualifications: _____

2nd Choice: _____

Qualifications: _____

3rd Choice: _____

Qualifications: _____

NOTE: Enclose brief resume of your experience regarding each of your choices.

Previous Camp Staff Experience (year / camp) _____

_____

Past Staff Position _____

https://www.jotform.com/form-templates/camp-staff-application-form

https://www.campdanielboone.org/files/33212/2021-Camp-Staff-Application

APPENDIX D

Camper Health History (Example)

girl scouts of connecticut

In accordance with the provisions of 105 CMR 430.000 Minimum Sanitation and Safe Standards for Recreational Camps for Children, Massachusetts State Sanitary Code, Chapter IV.

GIRL SCOUTS

CAMP NAME: _____

SESSION DATES: _____

CAMPER/STAFF HEALTH RECORD - HEALTH HISTORY

- To be completed by parent/guardian or staff member, as applicable.
- This form should provide current information for summer camp.
- Please make a copy of this form for your records prior to sending it to GSOFCT. GSOFCT maintains forms as required by law, but requires new submission of form annually.

Mail completed health record to:
Outdoor Program Department
Girl Scouts of Connecticut
20 Washington Avenue
North Haven, CT 06473

Participant Information

Name (Last, First, Initial)	Parent/Guardian (Primary Contact)	Birth date	Age at Camp

Address	City	ST	Zip

Home Phone	Work Phone	Cell Phone

In Emergency Notify(Secondary Contact)	Relationship to Girl	Cell Phone	Home Phone	Work Phone

Insurance Information (List your primary policy. This information may be released, if necessary, for insurance purposes.)

Carrier	ID Number	Group Number

Member Services Phone Number	Address	*I accept full responsibility for the costs of any medical care/treatment I have hereby authorized.*

Health History (Check all that apply.)

Diseases	Allergies		Chronic or Recurring Illness	
☐Chicken Pox	☐Animals	☐Drugs	☐Ear Infections	☐Bed Wetting
☐Measles	☐Food	☐Plants	☐Heart Defect/Disease	☐Diabetes
☐German Measles	☐Hay Fever	☐Pollen	☐Seizures/Convulsions	☐Musculoskeletal Disorders
☐Mumps	☐Insect Stings	☐Other (Specify) ____	☐Bleeding Disorders	☐Arthritis
☐Rheumatic Fever	☐Medicine		☐Asthma	☐Sinusitis
☐Tuberculosis	☐Asthma		☐Mononucleosis	☐Frequent Headaches
☐Kidney	☐Penicillin		☐Fatigue	☐Other ____

My camper has permission to take or use the following over-the-counter medications at day camp if provided by me in their original container with a Medication Administration Form and/or at resident camp, only when administered by an R.N. on staff and according to the Camp Physician's Standing Orders.

☐Tylenol/Acetaminophen	☐Benadryl /antihistamine	☐Hydrocortisone Cream
☐Advil/ Ibuprofen	☐Antidiarrheal	☐Hydrogen Peroxide
☐Antibiotic Ointment/Bacitracin	☐Robitussin/expectorant	☐Wound Wash
☐Antacids/Tums	☐Swimmer's Ear/alcohol-vinegar solution	☐Calamine/Caladryl

Restrictions (The following restrictions apply to this individual.)

Does not eat: ☐Red meat ☐Pork ☐Dairy products ☐Poultry ☐Seafood ☐Eggs ☐Peanuts ☐Other (describe)

Explain any restrictions to activity (e.g., what cannot be done, what adaptations or limitations are necessary). Attach explanation, if needed.

General Questions (Please explain any "yes" answers, noting the number of the questions. Attach explanation, if needed.)

Has/does the participant:	Yes	No		Yes	No
1. Had any recent injury, illness, or infectious disease?	☐	☐	9. Have frequent nosebleeds?	☐	☐
2. Ever had a head injury?	☐	☐	10. Have a history of bedwetting?	☐	☐
3. Wear glasses, contacts, or protective eye wear?	☐	☐	11. Have any skin problems (e.g., itching, rash)?	☐	☐
4. Ever passed out during exercise?	☐	☐	12. Have problems with diarrhea/constipation?	☐	☐
5. Have problems with sleepwalking?	☐	☐	13. Have severe menstrual cramps?	☐	☐
6. Ever had emotional difficulties for which professional help was sought?	☐	☐	14. Have an orthodontic appliance being brought to activity?	☐	☐
7. Had an operation or serious injury?	☐	☐	15. Ever been hospitalized?	☐	☐
8. Had a chronic or recurring illness or medical condition?	☐	☐	**16. Have medications to take during/at camp?**	☐	☐

https://www.acacamps.org/sites/default/files/resource_library/forms/Camper-Health-History-Form.pdf

http://www.hmns.org/wp-content/uploads/2019/02/Camper-Health-Record-Form-2019.pdf

https://ymcavp.org/wp-content/uploads/2018-website-forms.pdf

http://campjyc.org/media/Camper%20Medical%20Form%20Fillable.pdf

APPENDIX E

Practice Guideline:

Health Screening at Day and Resident Camps

U. S. Version. Adopted 2014: Revised 2017

These statements assume that a registered nurse (RN) or physician (MD) licensed by the State in which the camp is located oversees and periodically reviews the camp's health screening process. In addition, the overseeing RN or MD must be familiar with pertinent State requirements, American Camp Association (ACA) Standards, and Association of Camp Nurses (ACN) Standards of Camp Nursing germane to health screening.

1. The health screening process is initiated before campers and staff arrive. Written health histories should be reviewed (pre-screened) to determine if the individual is, indeed, a good fit for the camp program. Pay attention to special needs, medications, allergies, immunization records, recent injuries and illness, dietary needs, and the individual's ability to perform the essential functions associated with their camp role. Parents/guardians of minors should be contacted if information found during pre-screening requires clarification, verification, or additional information.
    a. Pre-screenings should be performed by the same personnel listed in #4 of this document.
    b. Individuals performing the pre-camp screening should understand the camp program, the camp's ability to meet special needs, and the interaction between health challenges and the camp's program.
    c. A licensed health care provider should be consulted for any camper with a special need, acute or chronic medical issues, recent illness or injury, anaphylaxis allergy profile, or who will have medications at camp.
2. Face-to-face, individual health screening should be performed within 24 hours of the individual's arrival at camp.
3. This face-to-face screening follows the camp's written policy that describes the screening process, expected parameters, and what is done should an individual's screening fall outside those expected parameters.
4. The face-to-face screening process at camps not primarily serving campers with special medical needs may be performed by healthcare personnel or by an adult who is trained to the task. A licensed healthcare professional conducts screening at camps serving campers with special medical needs. *NOTE: Depending on State regulation, using licensed practical/vocational nurses for the screening process may require direct, at-camp supervision by an RN or MD.*
5. Health screening establishes each individual's health status upon arrival and, at minimum, includes the following:
    a. Observable evidence of communicable disease, injury, illness, and/or active health issues;
    b. Verification and updates to the individual's health history form;
    c. Confirmation of medication(s) to be given during camp session, including as-needed or rescue medications;
    d. Verification of food intolerances, aversions, and special diets as well as other allergies (e.g., to bees, molds, dust).
6. The health screening process is documented. That documentation includes date/time of screening, who did it, and the results of the screening process.
7. Results of health screening are shared with appropriate camp personnel on a need-to-know basis and in consultation with the camp's administration.

References

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Association of Camp Nurses (2005). The scope and standards of camp nursing practice.

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APPENDIX F

Practice Guideline:

Nursing Delegation at Day and Resident Camps

U.S. Version. Adopted 2 Dec 2013; updated 22 March 2017

Content in this Practice Guideline is based on the National Council of State Boards of Nursing "National Guidelines for Nursing Delegation" (April 2016) and, consequently, reflects that publication's multi-faceted delegation model. The model describes the responsibilities of (a) the employer/nurse leader, (b) the licensed nurse who delegates, and (c) the person to whom a task is delegated (the delegatee).

This Practice Guideline assumes that a registered nurse (RN), licensed by the State in which the camp is located, oversees the delegation of healthcare tasks to other camp staff whether those staff are licensed nurses or unlicensed assistive personnel (UAPs). The RN who delegates should be familiar with requirements and guidelines about nursing delegation especially those associated with the State's Nurse Practice Act, the Association of Camp Nurses (ACN) Scope & Standards of Camp Nursing Practice (2017), and this Practice Guideline.

1. The nurse who delegates healthcare tasks to others in the camp setting starts the delegation process by seeking direction from the employer (e.g., camp director, nurse manager). This direction typically includes: (a) what nursing responsibilities may be delegated, to whom, and under what circumstances; (b) a description of the camp's current delegation policies and procedures; and (c) an understanding of how the delegation process is evaluated. This direction facilitates communication of critical information and an understanding of the process between the camp nurse and the camp's representative (e.g., camp director, nurse manager).
    a. Just as in other practice settings, a camp nurse ". . . cannot delegate nursing judgment or any activity that will involve nursing judgment or critical decision making" (National Council of State Boards of Nursing, 2016, p. 6). Camp directors often need the nurse to explain this parameter as it applies to camp practices.
    b. It is the responsibility of the employer to determine that unlicensed camp staff (e.g., tripping staff, lifeguards) who may be assigned to provide healthcare to others can actually perform the skills associated with their held credential. The employer should inform the camp nurse as to which staff meet this performance standard so the nurse has clarity about tasks which are assignments and those that fall under the delegation umbrella.
    c. To minimize potential for misunderstanding, ACN strongly recommends that the content associated with #1 be written.
2. Delegation is at the discretion of the nurse. While a particular task may be delegated, the decision to do so remains with the camp nurse. Such a decision reflects the nurse's assessment of influencing factors such as the stability and predictability of the client's condition, the camp's (employer's) policies and procedures surrounding delegation, and the ability of the nurse to supervise the delegated responsibility. This is supported by the American Nurses Association (ANA) and National Council of State Boards of Nursing (NCSBN) Joint Statement on Delegation guidelines (2013): "The RN assigns or delegates tasks based on the needs and condition of the patient, potential for harm, stability of the patient's condition, complexity of the task, predictability of the outcomes, abilities of the staff to whom the task is delegated and the context of other patient needs" (p. 2).
3. Camp nurses may delegate to peers (e.g., RN to RN), to individuals who hold a lower level of credential (e.g., RN to LPN), and/or to camp staff who may – or may not – have various first aid credentials.

   a. Delegation to Licensed Practical Nurses or Licensed Vocational Nurses is dependent upon State-specific regulations. For example, a given State may require direct on-site supervision by an RN and/or MD of the LPN/LVN. Consult the State's Nurse Practice Act for current information.
   b. It is conceivable that a given camp's liability insurance carrier has a vested interest in the camp nurse's delegation. ACN recommends that camp nurses ask the camp director about this.
4. When a camp nurse delegates, s/he is responsible for determining: (a) the client need(s) that will be delegated and when that delegation occurs; (b) that the delegatee is, indeed, available to do the delegated task; (c) the education needed by the delegatee to effectively do the task; and (d) how evaluation will be utilized to monitor the delegation process.
5. Effective communication between the nurse and the delegatee is critical. A camp nurse reviews delegated responsibilities with the delegatee and requires a delegatee to demonstrate knowledge and competence associated with performing the delegated responsibility. The delegatee's responsibilities also include: (a) agreeing to do the task based on the individual's competence level; (b) agreeing to maintain personal competence for the delegated responsibility; (c) maintaining accountability for the delegated task; and (d) agreeing not to pass the task along to another person. Acknowledgement that these components have been addressed should be documented and co-signed by both the delegating nurse and the delegatee.
6. The camp nurse must be available to the delegatee for guidance and questions when the delegated responsibility is being carried out.
7. The camp nurse follows-up with both the delegatee and the client after the delegated responsibility is completed. This reflects the nurse's responsibility for the client and the delegatee's responsibility for the delegated task, skill or procedure.
8. Unlicensed assistive personnel (UAPs) are used to help provide healthcare at camp. Examples may include the designated healthcare provider on trips, the person who covers during the camp nurse's day off, staff who provide personal cares to clients with chronic conditions, and food service staff who assume responsibility for addressing food-based allergies. Consequently, the UAP is recognized as a paraprofessional whose role is to assist and/or support the camp nurse.
   a. Provide UAPs with a written statement about their scope of practice for delegated responsibilities and potential exceptions to these practices. Clear boundaries associated with activities the UAP may perform should be described. The camp nurse verifies that the UAP understands those conditions.
   b. While a UAP may collect health data (e.g., temperature; description of a wound's status), the camp nurse retains responsibility for interpreting that data and planning appropriate interventions based on it.
   c. It is conceivable that a given camp may direct non-nurses to perform nursing tasks and, by so doing, remove the camp nurse from delegation responsibilities. For their protection, it is strongly recommended that camp nurses get such decisions in writing from the camp's representative.
9. Principles of Delegation (adapted from ANA & NCSBN, 2013; National Council of State Boards of Nursing, 2016):
   a. The RN takes accountability and responsibility for all nursing care performed by the delegatee. Nurses are often fearful of delegating because they feel responsible for someone else's work. However, the delegatee also assumes some responsibility when the person agrees to perform the task delegated to them. The responsibility is actually shared (Weydt, 2010).
   b. The RN may delegate components of care but may NOT delegate the nursing process itself.

c. The RN delegates only those tasks for which s/he believes the delegatee has knowledge, skills, experience, and training to perform in a sensitive manner and according to established protocols.
d. The RN provides clear, concise, and accurate communication regarding delegated tasks.
e. The RN verifies the delegatee's comprehension of delegated task instructions.
f. The RN follows the Five Rights of Delegation:

Right	Considerations
The right task	Is the task within the scope of the delegating nurse? Does it fall within the delegatee's job description and/or is included as part of the camp's established written policies and procedures? Is the task performed according to an established protocol and similarly on all clients? Examples of possible delegated tasks include: measuring vital signs, mobility measures, bathing, collecting specimens, collecting data on client's condition, housekeeping, clerical duties, transportation, and dietary functions.
The right circumstances	Has the nurse assessed the client's needs prior to delegation? Is the client's health status stable? Does the delegatee understand that any change in the client's health status must be communicated to the nurse so s/he can appropriately reassess the situation and that this communication must be in a timely manner?
The right person	Has the nurse selected an appropriate delegatee based on the camp's written policies/procedures? If circumstances require variance from expected protocols, has the nurse discussed the variance with the camp's appropriate overseeing decision-maker? Does the delegatee have the appropriate knowledge, skills, and abilities to accept the delegated task? Does the ability of the delegatee match the care needs of the person being cared for?
The right directions and communication	Is the delegated task specific to the situation in which it applies and the person/people to whom it applies? Have protocols for performing the task been communicated to the delegatee? This includes data that should be collected, the method for collecting that data, the timeframe for reporting the results to the camp nurse, and other information pertinent to the situation. Has the delegatee demonstrated competence in performing the task? Has the delegatee agreed to provide the delegated responsibility as described by the nurse? Is there an established two-way communication process between the camp nurse and delegatee, something that reinforces his/her willingness and availability to support the delegatee? Does the nurse feel comfortable that the delegatee will not make any decisions or modifications to the delegated responsibility without first consulting the camp nurse?
The right supervision and evaluation	Has the delegating camp nurse defined a supervision plan so s/he is able to monitor that the delegatee is, indeed, performing the delegated task as directed? Does the camp nurse follow-up with both the delegatee and the client following completion of the activity? Does the delegating nurse ensure that appropriate documentation of the activity is completed? Was the delegation successful? If unsatisfactory outcomes are noted, are these communicated to the appropriate people and plans adapted to improve future outcomes?

APPENDIX G

Practice Guideline:

Medication Management for Day and Resident Camps

Adopted 2007; Revised 2013; Revised 2019

These statements assume that a registered nurse (RN) or physician (MD), licensed by the State in which the camp is located, oversees and periodically reviews the camp's medication processes. In addition, the overseeing RN or MD must be familiar with pertinent State requirements, American Camp Association (ACA) Standards, and Association of Camp Nursing (ACN) Standards of Camp Nursing germane to medication management.

1. That clients – especially parents and employees – are informed about the scope of medication services offered by the camp, confidentiality practices, the credential of the professional(s) who oversees medications on a day-to-day basis, other staff who may participate in the medication process (e.g., trip staff), and the potential for exceptions to these practices.
2. That information about each individual's medication profile is reviewed prior to camp by the overseeing RN or MD and a determination made as to the effectiveness of the individual's medication plan in relation to the camp's environment and program, and a plan developed to support the determination. This is particularly important for medications used to manage chronic conditions, including mental, emotional and social health diagnoses.
3. That the camp has documented (written) its medication policies and practices, especially:
    a. The camp's definition of "medication" (e.g. "any substances used to maintain and/or improve health").
    b. A description of how medications will be accepted and under what circumstances medication may be refused (inappropriate packaging, wrong name on label, incorrect dose on label, etc).
    c. The location and security of medications at camp, including refrigerated medications, those used for emergency purposes, and those in the personal possession of an individual (e,g., inhalers, epinephrine).
    d. A description of how daily, routine medications are given to clients and recorded.
    e. A description of how "as needed" medications are given and recorded.
    f. A medical protocol annually signed by a licensed prescriber (per state regulations) that describes the circumstances and doses under which the camp's stocked medications are given.
    g. The camp's process for reviewing a medication use that is unusual or falls outside the camp's protocols.
    h. A list of emergency or rescue medications that may be carried by individuals and the guidelines for using these medications. At minimum, the camp has epinephrine available as an emergency medication.
    i. Designation of what medications, if any, are stocked in what first aid kids (tripping program, kitchen's first aid kit, waterfront kit, etc).
    j. A protocol describing how medication errors are handled, to whom they are reported, and how the incident is documented.
4. That the camp identifies exceptions to its routine medication practices, exceptions such as insulin used to manage diabetes, and articulate an alternative method of oversight that complements the exceptions.
5. That all administered medication is appropriately charted (recorded) and that these records are

part of permanent health records. Note: charting should include documenting therapeutic effect. While it may not be feasible to document therapeutic effect each day, at minimum a notation should appear (a) on the day the camp assumed responsibility for giving the medication, (b) at appropriate intervals thereafter, and (c) upon return of the medication.

6. That parents and/or physicians be notified when there are questions about medication and that this contact – including attempts to contact – be appropriately documented.
7. That delegation of medication responsibilities is initiated only by the overseeing RN or MD who, at minimum, (a) selects an appropriate person for the task, (b) trains the person to that task, and (c) provides oversight to ascertain that the task was appropriately completed. A person to whom a medication task has been delegated may not, in turn, pass the task to someone else.
8. That the person who distributes routine (daily) medications to clients does, in fact, give the medication to the appropriate person in the correct dose at the appropriate time via the correct route. If the camp's medication distribution policies for staff (legal adults) are different than those for campers, the staff are appropriately informed.
9. That remedies labeled with non-English information have label information translated to English or the camp has identified an information resource for international remedies.
10. That deviations from the camp's medication protocols are brought to the overseeing healthcare professional for interpretation.

APPENDIX H

APPENDIX I

Practice Guideline:

Communicable Disease Control in the Camp Setting

Adopted 2013; Updated 2017

Background and Purpose Statement

As any camp professional who has coped with an outbreak at camp can attest, efforts to reduce – if not eliminate – the threat of communicable illness are worth the effort. Norwalk virus, flus such as H1N1, and even the common cold can quickly change the fun of camp to an unpleasant experience. Effective management of communicable disease in the camp setting is based on prevention strategies and response planning. This Guideline summarizes the strategies more fully explained in the Association of Camp Nursing (ACN) practice commentary, "Communicable Disease Management in the Camp Setting," available online at www.campnurse.org. The Guideline assumes that the camp nurse works closely with the camp director. Communicable disease management cannot be accomplished by any one person; it requires collaborative effort of the entire camp community.

Prevention Recommendations

The ACN recommends that these practices associated with prevention of communicable disease be in place at every camp:

1. The camp's administrative team, in conjunction with an appropriate healthcare professional(s), determines what immunizations associated with communicable disease control are needed by campers and staff in order to attend the camp. This determination is based on recommended practices and is sensitive to the health profile of the population that attends the camp.
2. Pre-arrival agreements with parents of campers and staff direct that individuals arrive with no communicable disease. Should such an illness present, the individual is told to contact a designated camp professional who, in concert with the ill person, sets up an appropriate control plan to minimize the potential for contagion. This may include a delayed camp arrival.
3. Pre-arrival agreement states that the camp reserves the right not to admit a person who poses a communicable disease risk to others.
4. Parents and staff are informed of the camp's control measures should an outbreak occur. This information describes the parents' responsibility for bringing their child home early should that need arise.
5. The camp pre-screens health history forms of campers and staff and identifies:
    a. Campers/staff at greater risk for communicable illness because of pre-existing conditions;
    b. Campers/staff who are inadequately immunized for reasonably foreseeable conditions, especially tetanus, are supported by a request that appropriate immunization is obtained prior to camp arrival.
6. Staff are oriented to illness reducing strategies and the staff performance management tool assesses their ability to enforce these in activities, the dining room, and during cabin time.
7. Arrival screening occurs and includes assessment for communicable illness supported by a plan that describes what is done with people who arrive posing a communicable disease risk to others.
8. At minimum, the camp has implemented these communicable disease control practices:
    a. Adequate hand-washing stations are available and, at minimum, hand-washing (sanitizing) occurs prior to eating any food.
    b. Coughs and sneezes are buried in the sleeve, not covered by hands.

   c. Personal supplies (e.g., hats, brushes, hair ties, contact solutions) and drinking containers are never shared with others.
   d. People sleep head-to-toe in cabins and tents, not nose-to-nose.
   e. Food service staff – including those making food on trips – not only utilize safe food handling procedures but also appropriate control measures when they show signs/symptoms of communicable illness.
   f. Health Center staff isolate individuals with questionable symptoms until communicable illness can be ruled out.
9. The camp has a system to keep appropriate personnel informed about communicable illness and appropriate control measures.
10. The camp utilizes a procedure to access community resources/supports during an outbreak.
11. The camp has a group of key people who develop and refine the camp's **Communicable Disease Response Plan**. At minimum, this plan includes:
   a. A defined "tipping point," the point at which communicable disease outbreak is suspected and staff know who to alert.
   b. A description of how Health Center services and personnel will be augmented to support the outbreak that includes isolation of suspected/actual cases.
   c. Identification of other camp services impacted by an outbreak (e.g., food service, maintenance, program) and a plan that addresses their anticipated needs (e.g., getting Port-a-Potties, providing "sick food," adding people to answer phones).
   d. Identification of the camp's spokesperson and description of process used to communicate key messages about the outbreak with internal/external audiences.
   e. Identification of camp's key personnel and a plan to replace them should they "go down" during the outbreak (e.g., kitchen personnel, Health Center staff, camp administrator).
   f. Description of how the planning group functions during the outbreak.

When a Communicable Disease Outbreak Occurs

In addition to providing appropriate care to ill campers and staff, the ACN recommends that the following be in place should a communicable illness occur:

1. The camp implements its Communicable Disease Response Plan.
2. The camp appropriately communicates with key stakeholders such as the supervising physician, parents of ill campers, insurance carrier and State Department of Health.
3. Camp programming continues for those unaffected by the illness.
4. Key messages are formulated and distributed to appropriate constituencies for the duration of the outbreak (including a "return to normal" message when appropriate).
5. The group of staff managing the outbreak meet routinely to address potential issues and implement strategies that sustain the camp's ability to cope with the outbreak.
6. Appropriate records are maintained.

Recovery & Mitigation

After the illness event, appropriate camp staff should process the event with appropriate stakeholders utilizing event records. Evaluate both what went well with the Response Plan and what needs improvement; follow through with identified improvements.

Expect key people to be fatigued once the fray of a response is over. Debrief individuals and each team (e.g., Health Center staff, counselors, kitchen staff, office personnel) as appropriate; allow "down time" for these folks. Consider using an external person to facilitate the debriefing process.

Evaluate and update the camp's Communicable Disease Response Plan.

APPENDIX J

HEALTH SCREENING FORM

Camper Photo

Camper Name: _____ Diagnosis: _____

Age: _____ Lodge: _____

Med Allergies: _____

Food/Env Allergies: _____

CHECK IN

☐ My camper does not have any electronic devices in their possession, including a cell phone.

Who will pick your child up from camp? _____ Relationship: _____

Backup: _____ Relationship: _____

MEDICAL ASSESSMENT

☐ **NO MEDS**

☐ **Reviewed camper application/ medication list with parent.**

Is there a physical limitation to:

Horseback riding? ☐ Yes ☐ No

Swimming? ☐ Yes ☐ No

Does your camper require bed rails? ☐ Yes ☐ No

Other Limitations/Information: _____

Medical Supplies ☐ Yes ☐ No

Comments: _____

Medical Procedures ☐ Yes ☐ No

Comments: _____

CLINICAL EVALUATION (as applicable)

Height: _____ Weight: _____ B/P: _____ Temp: _____ Pulse: _____ O2Sat: _____

In the past 7 days have you had:

1. Fever (100°F or greater)? ☐ Yes ☐ No
2. Sore throat? ☐ Yes ☐ No
3. Cough? ☐ Yes ☐ No

	Normal	Abnormal	Comments
HEENT			
Lungs and Chest			
Skin			
Heart			
Abdomen			
Musculoskeletal			
Other:_____			

	Negative	Positive	Describe Findings
Abuse Screening			
Pediculosis (Lice)			

Signature: _____

CHECK OUT

Signature of child transporter: _____ **(Attach copy of photo ID)** Rev 04/18

APPENDIX K

Practice Guideline:

Documentation in Day and Resident Camps

Adopted 2013; Updated 2017

These statements assume that the camp's nurse is licensed by the State in which the camp is located and that s/he retains responsibility for performing nursing actions such as documentation practices that are compliance with general nursing standards of practice. In addition, the camp nurse should be familiar with pertinent State requirements, American Camp Association (ACA) Standards, and Association of Camp Nurses (ACN) Standards of Camp Nursing germane to documentation. Camp nursing documentation often includes a variety of forms such as health records, medication records, incident reports, and/or facility logs. These forms of documentation are integrally linked to providing evidence of comprehensive assessment, care, and nursing services provided at camp.

The following statements guide documentation practices for camp nurses. Documentation:

1. Reflects the provider's scope of practice and is appropriate to that scope of practice.
2. Complies with pertinent legal and state requirements and guidelines.
3. Reflects the nursing process: assessment, diagnosis, planning, implementation and evaluation.
    a. It includes a camper or staff member's response to a nursing intervention (i.e. providing medication for leg cramps requires that the nurse documents if the pain improved over time).
    b. It includes nursing action at a secondary or tertiary level of care.
    c. It includes comment to whom a problem was reported when an individual had to leave camp prior to resolution of a health problem.
4. Is completed in a timely manner (as soon as possible after an event).
5. Is retained for the legally appropriate duration of time.
6. Uses the legal name of individual(s).
7. Includes the date and time that nursing care is provided.
8. Is written in an organized, logical pattern from the initial encounter with a healthcare provider through the final outcomes of an event or situation.
9. Is consistently factual; its information is a source for initial and ongoing nursing services.
10. Provides a comprehensive description of care provided by the nurse during the camp experience. It includes:
    a. Preventative care (i.e. medication administration);
    b. Illness assessment (i.e. vital signs on camper with influenza-like symptoms);
    c. Injury intervention (i.e. triage care for twisted ankle); and/or
    d. Education.
11. Includes information about communication as well as attempts to communicate with custodial adults regarding the minor (camper) as appropriate to nursing services and care. Ideally, communication should occur during and after the camp experience.
12. Is legible and uses appropriate grammar and spelling.
13. Is signed by the individual(s) completing the form(s).
14. Utilizes only accepted nursing and medical terminology, abbreviations and notations.
15. Is *SMART* (Specific, Measurable, Appropriate, Realistic, Timely)

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APPENDIX L

Association of Camp Nursing
Assessing Behaviors of Concern

Medication History:

Med: _____
Dose:_____
When Taken: _____

How long has the child been taking this med? _____

Why is the med used? What is its therapeutic effect? _____

_____

Any special concerns or med side-effects camp staff should know about?

❑ No

❑ Yes & these are: _____

Have you talked with the prescriber about dosing/timing changes so this medication is timed to complement the camp schedule?

❑ No Instruct them to do so.

❑ Yes Comments/Notes: _____

Assessing Readiness for a Camp Experience:

1. Does this child meet the camp's essential functions for campers?
(This requires that the camp knows what the essential functions are for their campers).

❑ Yes; keep going. ❑ No; bring this to parent's attention.

2. Does this child have his/her own room at home?

❑ Yes

❑ No; shares with this many siblings_____

3. Does the child use a ritual in order to fall asleep (e.g., reads, listens to music, self-stimulating behavior)?

❑ Yes (see below) ❑ No

If yes, evaluate impact of that ritual on others who will be trying to sleep. b. Notes: _____

_____

4. Does the child have sufficient energy to last through a typical camp day?

❑ Yes ❑ No

5.Does the child use his/her room to "decompress" following a day at school?

❑ Yes ❑ No

6.Has this child spent at least two overnights with people other than relatives?

❑ Yes ❑ No

7. When away from home, can the child do this without calling home or needing addition support?

❑ Yes ❑ No

8. Our campers meet their own personal needs: they shower themselves, get dressed, eat, select clothes as well as other things. Is this child capable of meeting his/her own personal needs?

❑ Yes

❑ No; support needed is: _____

_____

9. Our campers are around other people all the time; privacy is rare. How quickly might your child feel overwhelmed and what behaviors indicate that s/he's feeling that way? _____

_____

10. Are you (parent/guardian) ready for your child to be at camp knowing there'd be limited communication with you?

❑ Yes ❑ No

Identifying Behaviors that may need Support and/or Attention:

Describe the camper's behavior(s) of concern: _____

_____

What events influence the behavior of concern?

❑ Medication
❑ Conflict at home (in cabin)
❑ Physical Health
❑ Negative peer influence
❑ Feeling Unsuccessful
❑ Someone getting angry at him/her
❑ Feeling Successful
❑ Fear of Darkness
❑ Overtired
❑ Change in anticipated schedule
❑ Not knowing schedule for the day
❑ Not getting an anticipated item
❑ Feeling angry
❑ Being left alone
❑ Missing home
❑ Competitive Situations
❑ Threatening Weather

What typically happens prior to the child exhibiting the behavior of concern?

❑ Low levels of adult attention
❑ Prolonged directions/presentation
❑ Conditions vary; no known triggers
❑ Low levels of peer attention
❑ Conflict with adult
❑ Someone gets injured/harmed
❑ Attention focused on child
❑ Conflict with peers
❑ When their behavior is challenged
❑ Unavailability of desired object/activity
❑ Lots of noise & activity

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