



The World of Camp Nursing: Volume 2 Safety Guide

M A R K E L I N S U R A N C E C O M P A N Y



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The World of Camp Nursing: Volume 2

Introduction

This Safety Guide is published in two volumes.

- Volume 1 discusses nursing standards and the role of the nurse as clinician.
- Volume 2 (this guide) discusses the camp nurse's supporting skills, health promotion, and community health. It also contains a glossary of terms, references, and resources for further information.



The Camp Nurse's Supporting Skills

Sanitation

State regulations govern elements such as water quality, refuse disposal, food preparation and service areas, bathroom facilities, and other components of camp life in which health and safety is a factor. ACA standards also address this area.

It is the camp director's responsibility to comply with state regulation in matters of camp health and sanitation. Although the nurse is not directly responsible for camp sanitation, as a health professional, the camp nurse helps evaluate potential hazards, reports observations to the proper staff member, and may offer recommendations for correction.

Gathering such information is often done during the camp nurse's daily walk-around. This is typically a health and safety inspection with focus on environmental cleanliness, especially in living areas. Each camp has its daily inspection rituals; most include inspecting the cabins/tents, kitchen, bathrooms, and activity areas after clean up is complete. The nurse's observations help identify potential hazards before they become a problem—as long as the problem is reported to the person who can do something about it. For example, a clogged cabin toilet may be reported to maintenance staff, lack of soap in bathrooms to housekeeping personnel, fish hooks left dangling off fishing poles to the waterfront staff, and campers who aren't effectively washing their hands to supervising counselors. Consider documenting this process as a risk reduction strategy.



Documentation: The Paper Trail

Documentation (record keeping) is critical to camp nursing practice. The camp nurse is responsible for maintaining health records for all campers and staff. These include health history forms, individual health records, record of health screenings, medication administration records, and the camp health log. Some camps use standardized forms purchased from ACA or ACN. Others may be designed by the camp or nurse for use in that particular camp setting. This is particularly true for screening notes and medication administration records. Other forms, such as insurance claim forms, come directly from that entity. These include incident report forms and First Report of Injury (Workers' Compensation) forms.

The records kept by a camp's Health Center staff become part of the camp's legal records and are often used as a risk reduction tool. As with all charting (record keeping) systems, this means the record will be kept for the statutory limit; should be amended in a way compatible with preserving record integrity; should sequentially record date, time and action; and should be signed by the appropriate person. In addition, records that capture nursing care must reflect the nursing process: assessment, planning, intervention, and evaluation.

The most common charting will be documentation of care given to individuals for emergent health needs such as headache, sore throat, upset stomach, itchy mosquito bites, and various cuts and scrapes. To have a defensible nursing record for complaints like these, the nurse should document the assessment, the implemented intervention, and an evaluation of the intervention's impact. Also use this record to track parent consults, including attempts to contact parents.

The camp nurse also charts daily actions such as routine medication distribution. Some nurses create a form, such as a Daily Medication Record, to streamline this documentation process. Such forms follow standard charting practices and should be supported by a written policy that describes the practice.

The camp nurse's role in preparing OSHA's documentation varies from camp to camp and should be clarified during an initial meeting with the camp director. Other documentation that may fall under the camp nurse's responsibility includes completing health insurance forms and maintaining the Health Center Log.

The Health Center Log is often a bound book with consecutively numbered pages into which is recorded a list of who was seen at the Health Center, at what time, and for what reason. The log is a surveillance tool, something that allows camp leaders to quickly assess the camp's health status. It can also help a busy camp nurse remember what still needs to be charted.



Some camps also use a communications book to assist Health Center staff with tracking information among the staff itself. Things documented in the communications book might include lists of campers who carry rescue inhalers, reminders to follow up on safety issues, and topics brought forward at staff meetings.

The Psychosocial Domain: Opportunity and Challenge

Psychological challenges are a growing concern in the camp setting. The camp nurse copes with a variety of mental, emotional, and behavioral challenges. Depending on the camp setting, emotional health issues of campers and staff can consume a great deal of the nurse's time and challenge the nurse's supporting skills.

These mental, emotional and social diagnoses have the potential to impact cabin life and activities more than they do Health Center activity, where the biggest impact is often associated with simply getting medications to people. However, when someone is struggling to manage an existing concern or if a potential problem is suspected, it's also important to know what resources are available. Some camps have prearranged mental health services, others do not. Access to these services may be limited, especially during the summer. The camp director, often familiar with camper families, becomes key to managing these issues so be sure to communicate concerns of this ilk when suspected.



Remember that not all mental and emotional health challenges are crises. Separation anxiety (homesickness) is often experienced as youth learn to cope with life's changes, like being away from home for extended time. Here's where a camp nurse's communication skills, especially therapeutic listening, are invaluable.

Even though camp is a unique and supportive setting, it still reflects society. People will have conditions such as attention deficit hyperactivity disorder (AD/HD), oppositional defiance disorder (ODD), Tourette Syndrome, depression or homesickness (separation anxiety). Sometimes the use of prescription medication makes it possible for these folks to be at camp without experiencing the negative aspect of their diagnosis. At other times, the reality of the camp environment—its excitement, unfamiliar people and surroundings, lack of privacy, freedom from parents, no technology—can tax any person's coping reserves. Those with mental and behavioral health challenges are particularly vulnerable to the stressors of camp (Erceg, 2000). The nurse's ability to therapeutically help the client articulate the difference, identify camp appropriate coping strategies, and effectively implement them can be invaluable.

Know about the more common medications used to manage foreseeable psychiatric diagnoses. Consider if the client has been using the medication long enough to attain

its therapeutic effect and what impact the camp itself may have upon that effect. Some medications, for example, are water-soluble and are affected by an individual's hydration status. Others may be sensitive to altitude. Sometimes a camper gets medication much more regularly at camp than at home, resulting in questions about perceived over-medication. Sometimes those meds are scheduled to complement the person's school schedule, and no one remembers to adapt scheduling to what's needed for camp.

Also monitor behaviors. Because camp is one of the few environments where youth are consistently interacting with the same adults during activities of daily life—eating, recreating, talking, sleeping—camp nurses sometimes identify problem behaviors before they're noted in the home setting.

Be watchful of campers or staff members who harm, or threaten to harm, themselves or others. Take any such behavior seriously and immediately notify the camp director. For those who arrive with a mental-emotional health diagnosis, be watchful for symptoms that indicate the person is decompensating from increased fatigue or becoming overwhelmed with the demands of camp, resulting in diminished coping skills such as increased sensitivity and angry outbursts.

Eating disorders, from the very mild to profoundly involved, are also seen at camp. Sometimes a camper or staff member has been diagnosed and is following a recovery plan while at camp. At other times the disorder may be identified while the person is at camp simply because meals are at predictable times and supervised by adults who attend to youthful behaviors. This does not mean that camp caused the problem; rather, camp was merely the place where the behavior was observed. Note behaviors that indicate a problem, such as restrictive food intake, purging, and over-focusing on body image. Tactfully explore what these behaviors mean by bringing them to the attention of appropriate people, including the camper's parents.

Because campers may somatize emotional stress, explore this domain when working with a person who has general, non-specific complaints, especially those of "my stomach hurts." Campers learn to cope with being away from their source of security—home—through experiences such as camp. The anxiety felt when usual comforts (securities) are not readily available is very real. Common, somatized expressions of this include uncontrolled crying, hyperventilation, headaches, nausea, vomiting, and general aches and pains. In the psychosocial realm the camper may admit to having the problem, or mask the real reason by either acting out or withdrawing from the cabin group and activities. This camper needs to experience increased affiliation with camp friends and counselors. Allowing a nap in the Health Center may be just the support required to recapture the strength necessary to make friends and enjoy camp.

Working with Unlicensed Assistive Personnel (UAPs)

Many camps employ non-nurses to help deliver health care. For example, a designated staff member provides care during trips. Camp emergencies elicit support from a team of people. Cabin staff oversee hygiene and provide a first line of observation. The camp nurse often interfaces with these people but may not have supervisory responsibility for them. Know and recognize this distinction.

When working with unlicensed staff at camp, the licensed professional may be legally responsible for directing the actions these staffers take to provide health-care. This may differ from the staff member's job description, which was created and monitored by camp administration. Professional delegation skills for nurses include assessing a person's ability to carry out instructions, providing clear directions (oral and written), and providing performance feedback and evaluation. When providing nursing care to campers and staff, the camp nurse retains—and cannot delegate—the responsibility to assess and make decisions based on that assessment. Personnel who assist the camp nurse should act on direction of that registered nurse (Erceg and Pravda, 2002).

Some staff help deliver health care but are not supervised by the camp nurse. These staff have their own job descriptions, and often, a credential that supports their role. If the camp nurse has concerns about these individuals' abilities, talk with the individual's supervisor.

Medications at Camp

The principles of medication administration found in other practice settings apply at camp, too. From a nursing perspective, this means that medications must be ordered by a physician and given to the right person at the right time in the right dose via the right route and appropriately charted. Medications are documented, including comment about therapeutic effect. Authorization to give medications to a particular camper comes from both the camper's physician via prescriptive label and the child's parents, most commonly via the health form's authorization statement. Use of over-the-counter meds (OTCs) stocked by the camp are governed by medical protocols signed by the camp's supervising physician. Decision to use an OTC assumes appropriate nursing assessment per protocol.

ACA Standard HW-20 (2006) directs that all medications are stored “under lock ... except when in the controlled possession of the person responsible for administering them.” The “under lock” component includes refrigerated medications, something often accomplished by placing lockable cash boxes in the Health Center's refrigerator. It goes without saying that

the person responsible for administering medications should have an appropriate knowledge base to make medication decisions. Sometimes a camper or underage staff member can be quite demanding with regard to what medication they believe they should have. Be prepared to handle this situation using therapeutic listening skills, and consult with the individual's parents as well as the camp director.

Routine, daily medications, such as allergy and asthma meds, are usually given by the camp nurse at specified times in the Health Center or brought to an activity that everybody attends, like meals. Some camps have specific routines set up for medication passing, and some make use of services that provide pre-packaged camper medications. Ask the camp director to explain the medication routines used at your camp.

Non-routine medications—the OTCs stocked by the camp and those brought by individuals for personal use—are typically available at the Health Center and given as needed. This as-needed component is broader than a person merely requesting his medication. It includes assessing the need for that medication as well as an awareness by the nurse of factors that impact the desired medication's use (interaction with other medications, potentiating and untoward effects).

Campers and staff who take medications may participate in out-of-camp trips. These can be as simple as an afternoon hike or as extended as a multi-day canoe trip. Ask the camp director how the camp nurse is told about these trips, who is participating, and what staff person is the designated caregiver. Use the participant list to package appropriate medications, including routine, daily meds. Provide the necessary written and verbal instruction to the trip's designated care provider, and determine a monitoring strategy for the medication process during the trip. Note that some camps have specific medical protocols for trip staff, protocols that differ from those used by Health Center staff and that are appropriate to the certification of trip staff. Sometimes these protocols include OTCs that are “packed out” at the Health Center.



Communication

Effective communication skills are essential to the camp nurse role. The nurse regularly interfaces with many people in many ways. Often communication is about the same topic but from a different perspective, the one essential to that other person. Therapeutic communication techniques are critical, especially those that validate perceived messages, both those coming from as well as being received by the camp nurse.

The nurse's initial and ongoing communications with the camp's leadership staff forms a base to the nurse's role. Have an initial meeting after hiring to clarify job expectations (Erceg, 2006). Then have another as soon as both the director and camp nurse arrive at camp. Start practicing the routine communications patterns that will be followed throughout the camp season. Topics to cover include health orientation for camp staff (time and content), staff health screening, cabin and sanitation checks, the nurse's role in non-medical emergencies, clarifying assisting staff for the Health Center, defining issues



about which the camp director must be informed, communication with parents, and particulars relating to staff health (occupational health program).

Because the camp director has many counselors with many needs, and often only one or two health care providers, it's easy to defer needed communication to when there's more time. Soon camp is in full swing and the director and nurse have never had their intended conversation. Be assertive, not bossy, and work to make conversations happen. The effort to maintain open lines of communication with the director and other leadership staff is worth that effort.

Use the camp's policies about camper health to guide communication with parents. Do the same with staff. Although some things may be clarified by phone before arrival, things are also handled during the screening process. Note, however, that screening time is short, so be succinct; look for indicators, and go back to gather details the next day. Sometimes a simple, "Let's talk more about this tomorrow when we have more time," is sufficient to let clients know that quality care is a priority but so is time.

Nurse-initiated communications are welcomed by most parents as these indicate concern for the camper's individual health needs. These messages are also a public relations message from the camp, an important point to remember when Johnny goes home tomorrow covered in poison ivy and looking very different from when he arrived! The bottom line: keep people informed.

While gathering information from the camp community, the nurse also communicates things about his or her values regarding the camp nurse role. Campers and staff quickly learn how invested the nurse is. Things that make a difference to campers include learning their names so they aren't merely "the Ritalin at 2 p.m.," eating meals at a table with campers and staff rather than hiding in the kitchen, and attending and contributing to staff meetings. Foster a culture of respect by being a part of the camp's ebb and flow of energy. Sometimes the nurse needs to say a lot; at other times the nurse needs to listen. At all times, campers and staff need their nurse to be present, to be in the camp moment with them.



Health Promotion

Today's camp nurse is an educator. Building and maintaining a healthy camp community means that the nurse is constantly grabbing teachable moments and involving others in the process. Working with staff begins by orienting them to the camp's health services. This often happens before campers arrive (pre-camp) and is predicated on the nurse recognizing the unique role of counselors in promoting camper health and safety. Use humor, role play, interactive learning, and other creative techniques to engage staff. Involve them in the learning process so they come to "own" the message. Focus on the staff as role models. Emphasize their self-care and the role of the Health Center in partnering with them when health issues arise. Remind staff that, as employees, they are needed to provide supervision and instructions so campers can participate in all camp has to offer. Should a staff member get ill or injured, campers will be affected. Emphasize the ounce of prevention messages, especially those associated with getting adequate sleep, managing stress, staying hydrated, being aware of and addressing hazards, and using personal protection such as insect repellants and sunscreen.

Staff should be informed of Health Center routines, including office hours, communication modes, medication policies, and how to contact the nurse in an emergency. Experienced camp nurses recommend talking about what constitutes an emergency. That's very different if one is eight years old, a brand new counselor, or someone with both camp and first aid experience. Explain how staff report their own illness or injuries, and in collaboration with the camp director, explain Workers' Compensation and confidentiality policies. Also discuss the staff role in camper health care. All staff are expected to observe campers and note when behaviors fall outside anticipated normal parameters. But staff must also be instructed to act on those observations. It's easy to see something but sometimes more difficult to take action based on that observation, especially if it has to do with hygiene, self-care (including dressing appropriately for the weather), and incident prevention.

Some staff groups, particularly food service, trip, and maintenance staff, may have a special session with the camp nurse. It's easy to tell these groups what not to do; the more strategic message is to focus on health promotion—what they should do. Be realistic in this discussion, recognizing that these people must often work to make camp happen. For example, food service can't shut down on hot summer days, but they may be able to amend the menu so kitchen staff aren't constantly exposed to hot ovens. Maintenance must still attend to outdoor work, but perhaps they can schedule this during the cool of the day rather than during high heat times. Also

emphasize Work Smart skills such as taking adequate water breaks, creatively staying cool, and hanging "Man Working in Cabin" signs so unsuspecting campers aren't surprised.

Campers particularly enjoy health promotion messages, especially when those messages are delivered in a positive, upbeat, and fun manner. Consider the age of the camper group and take advantage of all opportunities to build a health and safety message. Some camps have campers meet with the nurse on opening day, a time when an overview of health services is provided and when the kids form an opinion about this year's camp nurse. Use this first-time meeting to your advantage by planning the time effectively, minimizing a lecture approach, and capitalizing on attention getters. For example, one camp nurse described using a gallon jug of water and a huge sponge to illustrate the importance of hydration when one's cells are in a fluid-leaching environment (aka: camp).

Have returning campers who are familiar with camp routine give part of the health talk. Emphasize frequent and proper hand washing as the number one way to prevent illness. Consider using a fluorescing agent such as Glow Germ© to drive this point home. Nothing says poison ivy prevention as well as the camper who had it last year and who does not want to repeat the experience!



A growing number of camps are adding health promotion activities to the schedule. First aid and CPR classes are being taught to campers as well as activities such as babysitting curriculum. Some camps have campers do the daily walk-around with the nurse. Others hire a wellness counselor, whose job is to monitor, champion, and improve the camp's health profile, including the activity level of campers and staff. The message of health is—and should be—alive and well in each camp community.

Community Health and Camp Nursing

Although much of the camp nurse's day-to-day work focuses on meeting the emergent health needs of individual campers and staff, there's also an important community health component to camp nursing. In essence, the camp nurse notes the impact of the camp environment on the population's health status, and in collaboration with other camp leaders, intervenes from both a health promotion as well as a health restoration perspective. A nurse brings professional skills and knowledge well suited to this task.

Community health impact begins with understanding the broad health needs of campers and staff as an aggregate group. Consider the age of campers, their socio-economic backgrounds, their health status as presented on various health forms, the developmental age of staff, their training for camp work, and other factors to answer the question, "What health needs can be expected from the people at this camp?" Examine the camp—its physical layout, geographic location, daily schedule, policies and rules that guide camper and staff behaviors, meal plan, risk profile of activities—to answer the question, "What risks does the camp pose to the health status of campers and staff?" The answers to these two questions guide the nurse's community health process.

A nurse brings professional skills and knowledge well suited to this task. The nursing process can be applied to a community (Allender & Spradley, 2004; Bartholomew, Parcel, Kok & Gottlieb, 2006; George, 2002; Green & Palfrey, 2002). The principles of epidemiology, represented by the classic epidemiologic triangle of host, environment and agent (Merril & Timmrick, 2006), provide the tools needed to analyze data from sources such as the camp's Health Center log.

The nurse's professional skills, coupled with information about camp and the camp's population, are the necessary elements with which the nurse frames community health practice in the camp setting.

Taking a Broad Perspective

As a starting point, identify the common ground elements of camper and staff health profiles. For example, how many have a chronic illness, and specifically, what diagnosis? Asthma and environmental allergies are common. Another group has allergies to food or medications. There may be some people with psychiatric diagnoses at camp and others whose personal histories include elements that may impact their camp experience (death of a loved one, divorce, recent move, poor school performance). Talk with the camp director and determine how staff are prepared to work effectively with these folks. The "how" often means that the camp nurse teaches staff—individuals or the entire group—the tips they need to minimize the potential of aggravating health risks as well as identifying strategies that can be restorative.

This brings confidentiality front and center to this discussion. Campers, often minors, are camp clients. The way a camp cares for clients is different from the way it cares for staff, who are camp employees. Camps often tell parents that information about their child's health will be shared on a need-to-know basis with staff. Consequently, a cabin counselor may know that a particular child has a bed wetting problem, but not other staff. The cabin counselor has a need to know. On the other hand, an adult staff member with the same problem, enuresis, has a right to determine who knows about that problem. In cases where the need to know is driven by the person's minor or adult status, ask the director to explain the camp's confidentiality policy and then shape nursing actions to complement this.

Privacy is another community health challenge related to confidentiality. Camp folks get so comfortable with one another that it's easy for personal health information to inadvertently make its way into common knowledge. Take, for example, the task of getting routine, daily medications to people. Many camp nurses do this at mealtime, a scheduled activity that brings the camp community together at predictable times, perfect for med passing—as long as people are told ahead of time. Passing medications in a way so others do not know what medication a person takes is a given. However, some people are sensitive to others even knowing that they take a medication. They see the camp dining room as a public setting, one too public for their comfort. These people may need a different time or place to get their medications. Meeting privacy needs in a way that complements the individual's perception of privacy can be tricky at camp. Consequently, many camps describe their usual way of doing things and ask people to let them know if other arrangements are needed. The camp nurse needs to know about this. It makes a difference.

Privacy must also be considered in the Health Center, especially when campers and staff come in seeking care. Is there adequate protection of privacy as they describe their

symptoms? Is charting done in a way that protects privacy? Orienting both campers and staff to behaviors that protect privacy—and enforcing these practices from the very start of camp—puts a baseline in place that is well worth the effort.

Sometimes the camp nurse wonders who needs what information. Assessing the impact of health information on camp activities or camp groups can be tricky, especially when the nurse knows the health information but doesn't always understand camp activities. What the ropes course counselors need to know may vary from what the waterfront staff or food service personnel need to know. When in doubt, talk with camp leaders like the director, head counselor, or unit head.

Communicable Disease Control

Camp life places people in very close proximity to one another. Dining rooms are crowded, over-night trips include sleeping side-by-side with camp friends, bunk beds adorn the cabin world, and sinks for hand washing are minimal. Couple this with the personal habits of children—not covering coughs and sneezes, putting hands into and onto everything, making minimal use of water and soap, sharing personal items (even toothbrushes)—and it's easy to understand how a disease, once introduced, can spread with abandon. Now factor in the notion that symptoms such as minor stomach aches, sniffles, and low-grade fevers are everyday complaints for the camp nurse. Given this, outbreaks may be well-established before someone even recognizes them.

Luckily, camps are getting better at communicable disease control strategies. These include:

- Screening each person within 24 hours of arrival for indicators of health problems that may pose a risk.
- Having people sleep head-to-toe in bunk beds, using the adage, “Sneeze on the toes, not on the nose.”
- Making hand washing—especially on the way to a meal—its own camp activity. This is augmented by putting hand sanitizers on tables, in cabins, and at activities.
- Coaching campers and staff to cough and sneeze into their shoulder rather than into their hands (“Give it the cold shoulder”).
- Aggressively monitoring suspicious symptoms and isolating the individual from others until communicable disease is ruled out.
- Questioning people about communicable disease exposure upon arrival, especially for strep throat, chicken pox, flu, and the common cold.
- Making information about immunization status a part of each person's health history form.

- Providing resources in the Health Center about communicable disease identification and control, both print material (Heymann, 2004) and online access to reputable sources such as the Centers for Disease Control and Prevention.

These control measures are supported by additional sanitation practices. Many states, for example, require that the camp's food service includes at least one person who's trained in food safety practices. This is a good example of how other camp staff are part of the camp's communicable disease control practice. Everyone can make a difference, even the most inexperienced counselor.

The most common threats to camp health include head lice, impetigo, infectious conjunctivitis, gastro-intestinal upsets, and upper respiratory infections (URIs). Experienced camp nurses would place emphasis on URIs in particular. Coping with URI symptoms such as sore throats, stuffy noses and coughs make campers and staff downright miserable, and can quickly drain the coping reserves of even the most caring camp nurse. Illnesses like these are insidiously spread from person to person. They take advantage not only of poor hygiene but also fatigued individuals, as well as those whose immune systems are compromised in other ways.



This introduces another component of camp community health: individual resilience. Camp life is busy. Days are active and energy reserves get drained, especially for those more accustomed to an at-home, couch potato existence. The refrigerator and readily available home faucet gives way to occasional drinking fountains at camp, and assuming one remembers, the need to carry a water bottle. Nutrition patterns change. The fast food life is replaced by three square meals at predictable times eaten in the company of people who notice what one is—and isn't—eating. These changes, even those that are healthy, place stress on the human system, which impacts resistance. People at camp wear out. They need recuperation time prior to getting so worn down that illness results.

What About an Outbreak?

It's possible that a major outbreak of a significant illness may occur at camp, but it's not usual. That's important to remember. Camps work hard to maintain a healthy environment, keep people resilient, and safeguard against disease-causing organisms. Be an active part of that work.

Based on anecdotal comment from experienced camp nurses, the most common infectious disease outbreaks are associated with upper respiratory infections, namely the common cold, infectious conjunctivitis, and strep throat. The next tier of concern lies with illnesses such as Norwalk virus, mumps, pertussis, and chicken pox (yes, a person who's been immunized can still get this illness), and those that are food or water borne. The final tier—the one most unlikely to happen—includes diseases like tuberculosis.

When things do go bad, the first step is to recognize it. That's easily overlooked because many communicable disease symptoms—upset stomachs, a bit of diarrhea, headache, achy feelings, a rash—are part of the camp nurse's day-to-day list of routinely seen problems. These

commonly occurring symptoms, in most cases, are minor health problems. As a result, a busy camp nurse may overlook the fact that the number of people seeking care is really more than typically handled or that the itchy eyes of allergy season are actually infectious conjunctivitis.

Surveillance is important. When a group of people with similar symptoms appear within a given timeframe, at least consider the potential for outbreak.

Anticipate the potential of an outbreak by planning. Maintain an appropriate baseline amount of supplies like gloves, pain relievers, sanitation wipes, and quick hydrating fluids. Know what space will morph into the isolation ward when beds in the Health Center get full. Have a list of local people who have agreed to be on call when additional caring hands are needed or the camp nurse needs a break. Contact the camp's supervising physician for both consultation and any needed medical orders. Talk with the lead cook about nutrition options. Talk with the camp director about extra bathrooms (Port-a-Potties), communication with parents, and, perhaps the state Health Department. Have a resource that explains how the suspected disease is passed from person to person so appropriate containment measures can be put in place. Know what containment strategies will be implemented in the interim, when uncertain of a diagnosis.

The camp nurse's role often changes when an outbreak occurs. The nurse must focus on client care. As a result, consider the nurse's other tasks—the walk-around, daily medication passing, attending staff meetings—and determine who can help. Train these people and allow them to practice during the regular season so they're ready when needed.

Such planning makes a significant difference to both the experience and outcome of any outbreak. It's extremely difficult to establish a plan when in the midst of caring for sick people, although it can certainly be done. Invest time in planning.



Glossary

Terms are defined in reference to the camp community.

American Camp Association (ACA): Association of camp professionals seeking greater public understanding and support of the camp experience, improving camp accessibility for everyone, and working to assure that the camp experience is a quality experience.

American Nurses Association (ANA): A professional organization that represents the nation's registered nurses.

Anaphylaxis: A severe allergic reaction resulting from exposure to a substance to which the individual has become sensitized. Symptoms usually occur suddenly but may happen over time, and may include increased irritability, redness and itching of the skin, skin eruptions (hives), nausea, cough, dyspnea, cyanosis, convulsions, unconsciousness, and death. Untreated anaphylaxis causes death.

Association of Camp Nurses (ACN): Professional nursing organization working for healthier camp communities through the practice of camp nursing.

Camp Physical Form: To be completed by a physician, this form gathers data about a person's physical health as directed by the questions on the form.

Health Care Plan: An overarching, administrative document of the camp that describes the scope of health care provided by the camp and defines the responsibilities of staff that provide that care.

Health Care Professional: Term used to describe those individuals credentialed to practice by a credentialing entity. This broad term includes people with medical, nursing, and emergency services credentials.

Health Center: The place where health care staff are based and from which they provide health services to the camp population.

Health Center Policies & Procedures: Designed for use by the camp's Health Center staff, this describes the policies and procedures that are followed by this staff when delivering health services.

Health Form: A generic term used in reference to any form that contains information about a person's health profile.

Health History Form: Designed to be completed by parents/guardians of campers or staff members, this form gathers personal health information that describes the way this person's health profile will interface with the camp experience. Elements commonly included are immunization records, allergies and other chronic health concerns, nutrition assessment, medication information, general physical health history, as well as a mental, emotional, and social health history.

Medical Care: Care provided by a physician that is intended to treat an illness or injury.

Medical Recommendation Form: To be completed by a physician, this asks the examining physician to make a recommendation about the client's ability to participate in the camp program based on the physician's assessment of the client's health status.

Medical Protocols: Medically derived, written instructions about the care for illnesses and injuries that occur at camp. Annually signed by the camp's supervising physician and designed to apply to both campers and staff, medical directives must include what medications are given under what situations if the camp's registered nurse is expected to give medications. Some camps have two sets of protocols, one for RNs and the other for non-licensed staff. Protocols often include guidelines as to when a client should be referred for physician assessment.

Nursing Care: Care provided by a nurse to improve a person's or community's response to illness, injury, and life events.

Standards: Statements that describe expected behaviors or practices. The Association of Camp Nurses provides the Standards of Camp Nursing Practice. The American Camp Association provides accreditation standards for camps.

Standing Order: Term used in reference to a physician's order for a specific person.

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Resources

Camp Nursing

Association of Camp Nurses: www.acn.org

Standards for Day & Resident Camps

American Camp Association (ACA): www.ACAcamps.org

CPR, First Aid, and AED Training

American Heart Association: www.americanheart.org

American Red Cross: www.redcross.org/hss

National Safety Council: www.nsc.org

AAOS Emergency Care and Safety Institute: www.ecsinstitute.org

Physical Assessment

Mosby's Expert 10-Minute Physical Examinations. St. Louis: 2005

Bates, Barbara. *A Guide to Physical Examination and History Taking*. Philadelphia, J.B. Lippincott Company, 2005

Food Allergies

The Food Allergy and Anaphylaxis Network: www.foodallergy.org

Asthma and Allergies

Asthma and Allergy Foundation of America: www.aafa.org

Diabetes

American Diabetes Association: www.diabetes.org

Drug References

Mosby's Drug Guide for Nurses, St. Louis, 2005

Rx List: www.rxlist.com

PDR Health: www.pdrhealth.com

Communicable Diseases Information

Centers for Disease Control and Prevention: www.cdc.gov

American Public Health Association (APHA): www.apha.org

OSHA Regulations (Occupational Safety & Health Association)

U.S Department of Labor, Occupational Safety and Health Administration: www.OSHA.gov



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