

Health Center Standards for Camps Serving Persons with Bleeding Disorders

Developed by:

The Nursing Working Group of the National Hemophilia Foundation (NHF)
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NATIONAL HEMOPHILIA FOUNDATION

for all bleeding and clotting disorders

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OVERVIEW

While bleeding disorder summer camps vary in their health needs based on size, availability of trained medical persons on staff, and distance from professional medical facilities; they do not vary in their need for well-thought-out health center standards to provide for the needs of campers, volunteers, and staff.

This document contains the minimum health center standards, as recommended by professionals in the medical and camping fields who convened at the 2005 NACCHO Conference in Tempe, Arizona. The 1993 *Hemophilia Camp Program Standards* developed by the camp subcommittee of the National Hemophilia Foundation's Nursing Executive Committee and current Association of Camp Nurses (ACN) and American Camping Association (ACA) standards have been enhanced and incorporated into this document. The research and final draft was compiled by the Pre-Conference Committee members listed below:

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STANDARDS

This document contains standards for health and safety at bleeding disorder summer camp. Standards are the minimum requirements each bleeding disorder summer camp should adopt and incorporate. Below is a list of 4 general topics (site/facility; policies and documentation; program and education; staffing) to consider when reviewing health and safety concerns for your camp. Each general topic acts as a header for the following, more specific, standards. Items labeled as *Program Enhancements* are meant to augment the minimum standard, and are suggestions for elevating your program beyond the minimum standard.

1. Health & Safety (Site/Facility)

Overall Site:

- 1a. The camp should have a written agreement with the facility's owners or management of those areas regarding sharing of responsibilities, including all factors relating to facility and its conditions, including but not limited to, emergency procedures, reporting requirements, cleanliness and sanitation. Does Not Apply (DNA) if you are owner of the campsite.
- 1b. The camp should set in writing the process by which communications and/or concerns are to be made to the facility owners.

- 1c. The campsite should be safe (for identified population), in terms of physical layout, equipment, buildings, water, and fire safety. See attached example of Risk Management Form

Health Center:

- 1d. The health center should be clearly identified and all staff, volunteers, and campers should know its location.
- 1e. The health center must have an area available that provides the following:
- Appropriate space for treatment with considerations that adhere to treatment principles (asepsis, blood & body fluid precaution, proper ‘sharps’ disposal...). As well it should provide a place for private/confidential treatment, isolation, and educational space:
 - Protection from the elements;
 - Has lockable storage area for medication;
 - Ability to adequately store medication and/or blood products that require refrigeration;
 - Has available clean drinking water and accessible toilet;
 - Has 1 overnight bed per every 30 persons at camp;
 - Has the ability to access outside phone lines.
- 1f. The health center will have a list of emergency numbers near the telephone along with a list of state or provincial reportable or communicable diseases, injuries...

Program Enhancements:

- Written letters to local officials and emergency care centers should be sent out detailing the camp’s health center philosophies, contact information, and dates of operation. Example of letter included in appendix.
- There should be a waste & disposal policy available (medical and traditional).
- Access to computer with online capabilities.

2. Health & Safety (Policies and Documentation)

- 2a. Health Manual: There should be a written health care manual that is reviewed and approved annually by the medical director, camp health officer, and camp director. The manual should include the following areas:
- Philosophy - including special approach to the bleeding disorders community.
 - Standing orders
 1. Routine medical care
 2. Emergency procedures
 3. First aid
 4. Treatment for bleeding episodes
 5. Pain control
 6. Environmental hazards: bee stings, snakes bites, scorpion encounters, etc.

- Documentation of care
- List/inventory of supplies
- * Emergency/disaster plans and information
- Health center staffing patterns
- Health center check in/out procedures
- Infection control guidelines (per state/provincial guidelines)
- * Emergency transportation guidelines
- Health center job descriptions and qualifications
- Health education policy
- Storing and Dispensing medications
- * Parent notification e.g. serious illness/accident, serious bleeding episode, hospitalization, new/altered prescription, significant behavioral issues, etc.
- * Reporting policies
- Health center staff orientation policy
- * Crisis management/de-briefing
- * Daily operation plan

* Indicates shared decision making with camp administrative staff.

2b. Camper/Staff/Volunteer Applications:

All participants attending camp including staff, volunteers, and campers should complete a comprehensive application that includes, but not limited to, the following:

Contact Information

1. Name
2. Address
3. Birth date
4. Age
5. Gender
6. Name, address, and phone numbers of custodial adult
7. Name, address, and phone numbers of emergency contact
8. Name, address, and phone numbers (daytime and emergency) of Hemophilia Treatment Center (HTC) provider
9. Name address, and phone numbers of Primary Care Provider (MD, DO, PA, ARNP)
10. Name, address, and phone numbers of dentist
11. Insurance/health card # info (medical & dental)

Program Enhancements

1. Phone numbers to be included for each parent/guardian and emergency contact: cell, daytime, evening and/or work numbers
2. Contact number during camp for parent if different than above (vacation)
3. Name of siblings at camp
4. Religious preference
5. Social security number
6. Camper's primary language

Health History

1. Bleeding disorder diagnoses e.g. type/severity, etc.
2. Other medical diagnoses e.g. Asthma, diabetes, etc.
3. Special considerations e.g. Inhibitor, etc.
4. Current medical regimen: pretreatment, bleeding disorder treatment, prophylaxis, immune tolerance, to include dosage and schedule
5. Infusion or other medical devices
6. Mental health diagnoses
7. Allergies: medication, food, other
8. Current medications: dosage and schedule (Prophylaxis)
9. Past medical treatment, recent illness, operation or injuries
10. Immunization records
11. Physical limitations and accommodation required
12. Target joints
13. Dietary restrictions
14. Camper's readiness or barriers for learning
15. Self infusion history

The health history must be signed by camper's or minor staff member's parent/legal guardian or self (18 years of age or older).

Program Enhancements

1. Menstrual history
2. Use of assistive devices (glasses, braces, ear plugs, etc.)
3. Psychosocial history: medications, therapy, change in family structure (death, divorce, separation), sleep disturbances
4. Last HTC visit
5. Home routines (naps, bedtime, snacks, etc.)

Health Exam

A health exam form should be completed, dated and signed within the last twelve months for campers and affected staff, in the last twenty-four months for unaffected staff by licensed medical professional. The camper health history and exam form will be reviewed by the camp supervising nurse or medical health officer no more than two months prior to camp.

The type of form is to be determined by the individual camp but the following information should be included on the form:

1. Diagnoses
2. Medications and treatments with dosage and schedule
3. Allergies to food, medications, or other
4. Any physical conditions requiring restriction on participation in camp activities, description of restriction, and accommodation required.
5. Any psychosocial conditions that may affect participation in camp activities, description of restriction, and accommodation required.
6. Camper's readiness or barriers for learning

7. Self infusion/ teaching recommendations

Program Enhancements

1. Documentation of negative tuberculosis skin test or normal chest x-ray in last twelve months
2. Recommendation by HTC for participation in camp

2c. Permissions required: A parent/legal guardian must sign a permission form for campers and staff under the age of eighteen years of age. The following items need to be included:

1. Permission to provide routine care
2. Permission to administer prescribed and routine medications
3. Permission to seek emergency medical treatment
4. Permission to transport camper
5. Permission to photograph and/or utilize participant's image for publicity
6. Permission to teach self infusion
7. Permission to participate in camp activities i.e. off-site trips, high ropes, swimming etc.

Program Enhancements

1. Permission to provide specific health information
2. Permission to provide sex education
3. Permission to provide carrier/genetic education

2d. Parent notification: Prior to camp, parent/guardian will be notified in writing the following information:

1. Camp philosophy
2. Health practice management (i.e. when parent/guardian will be notified of illness/ injury)
3. Factor management
4. Behavior management

Program Enhancements

1. Camp specific treatment/infusion policies e.g. port access, medication schedule
2. Education practices
3. Expectation of parents reinforcing self infusion after camp

2e. Screening: The camp nurse or medical director should administer a review or screening process within the first 6-12 hours (campers), 24-36 hours (staff/volunteers) including, but not limited to:

- Review & verify necessary paperwork (application, permissions, health history, etc.)
- Review of medications, recent bleed, and/or medical procedures
- Check for observable illness or communicable disease e.g. head lice, chicken pox

Program Enhancements

1. Current weight
 2. Vital signs
- 2f. Health information for trip leader away from main camp: The following information should be available in writing to personnel responsible for emergency care of all campers and staff:
1. Name and address of all campers and staff
 2. Emergency contact information (name/phone numbers)
 3. Allergies or health conditions requiring treatment, restriction, or other accommodation while off site
 4. Current treatment of allergies or health condition
 5. A copy of the signed permission to seek emergency treatment
- 2g. Medication Management:
- All medications (prescription and non-prescription) of campers, volunteers, and staff (living with campers) will be stored in the health center. Staff and volunteers not living with campers are encouraged to store medications (prescription and non-prescription) under lock. Consult state/provincial regulations for specifics.
 - All medications will have the original label on the container.
 - Non-prescription medications will have clear directives for administration from parent/guardian.
 - Narcotics should be stored under lock and managed by designated licensed medical professional.
 - Medication storage area will be locked when a medical designee is not present.
 - First Aid kits will be maintained by health center staff and readily accessible.
 - Medication administration and distribution will be documented (either on medication flow sheet and/or camper chart) and overseen by a licensed medical professional.
 - Campers will be identified by name for safe administration of medications.
 - Campers/counselors/volunteers may keep with them any emergency medication required for specific needs (ex. EPIPEN, asthma puffers) as per camp policy.
 - Standing orders shall be present in the health center and taught to all medical professionals to assure approved medical care. Please refer to example standing orders in appendix.
 - Follow state/provincial legislation regarding prescriptive authority.
- 2h. Record keeping:
- Health records will be stored separate from camp application forms.
 - Scheduled medications and prophylaxis treatments should be documented on a flow sheet that assures proper dispensation.

- A daily medical log (kept in a bound book) with the following headings:
 1. Date
 2. Time
 3. Name of person
 4. Description of bleed, injury, or illness
 5. Description of treatment
 6. Initials of person evaluating and treating
- An individual medical file folder should be kept for each camper, staff, and volunteer including the following information:
 1. Health history
 2. Health exam form
 3. Applicable medical log form including:
 - Date
 - Time
 - Name of person
 - Description of bleed, injury, or illness
 - Description of treatment
 - Initials of person evaluating and treating
 4. Infusion form if different from medical form
- Copies of the individual camper's health notes/infusion logs should be provided for the camper/family, the campers HTC and camp.
- Documents must be stored in a secure place.
- Documents are available to only appropriate designated staff and adherent to confidentiality and privacy policy.
- Accident/incident reports will be completed for events that require the individual to have a medical assessment, or events that may have future repercussion.
- Accident/incident reports will be reviewed by health center staff and camp director as a means of evaluation and quality assurance/improvement.
- Health records will be maintained for the length of time recommended by State or Provincial legislation.

- 2i. Record documentation:
 Medical staff will follow camp and local state/provincial regulations e.g. reportable incidents

3. Health & Safety (Program and Education)

Programs:

- 3a. Medical staff will collaborate with camp program staff to assure safe, age and medically appropriate programming.
- 3b. Daily activities should consider individual needs.

- 3c. Activities should be appropriate, safe, and well planned with goals and objectives.
- 3d. First aid equipment should be located in close proximity to any and all program activities.
- 3e. Program equipment should be in good working condition and meet all necessary state/provincial codes.
- 3f. If the camp participates in off-site programming (i.e. any program that takes children off the camp's main property for programming) the camp should have the following:
 - Details of the planned trip including locations of nearest medical facilities; itemized list of equipment; chain of command; communication plan, devices, and policies; and itinerary.
 - Emergency contact information, emergency health information, and permission to treat for *all* participants (refer to 2e for specifics).
 - Appropriate medical staffing (refer 4a for specifics)
 - Listing of staff members with appropriate certifications.

Health Education:

- 3g. Education, both formal and informal, should consist of a minimum of 30 minutes/week.
- 3h. Education should be initiated and/or supervised by appropriate medical personnel (not exclusive to nursing): Social Workers, Child Life Specialist, Dental Professionals, Adult members of the bleeding disorder community, Physical Therapy, Physicians, Career Counselors, EMTs.
- 3i. Education should be presented in creative and innovative activities that are age/development/ disease appropriate and include, but are not limited to camper diagnosis; prevention; and recognition, treatment, and documentation of bleeding episodes.
- 3j. Educational goals should include the advancement of knowledge relating to health and wellness/life skills.
- 3k. Self-Infusion Education should be offered to all eligible campers who have received permission from a parent/guardian and HTC, using an infusion checklist with documentation of camper's progress.
- 3l. If sex education is provided at camp, parental permission is required.
- 3m. Awards and recognition should be developed as a means to emphasize health education achievements.

Program Enhancements:

- Health center awards should be created for each individual age group making the awards age appropriate for the participant.
 - Health center awards should be clearly defined and specific to the participant's increased knowledge, skills and independence related to their bleeding disorder.
 - Health center awards should recognize the learning achievements of unaffected campers.
 - Health center awards should be language sensitive and rely on symbols and pictures to communicate the magic in participants' minds.
 - Health center awards should be culturally sensitive. The use of symbols and names should be carefully considered to protect the participants' unique cultural backgrounds.
- 3n. Staff education should include, but not limited to:
- Baseline knowledge of bleeding disorders: Recognition, prevention and triaging of bleeding episodes
 - Safety Issues (universal precautions, appropriate activities, and proper safety equipment for activities: helmets, life jackets, etc.)
 - Basic first aid, emergency complications, and staff responsibilities (both on site and away from main camp)
 - Orientation to medical equipment and supplies
 - Appropriate touch
 - Transfer skills (assistive devices, mobility issues, proper technique)
 - Child abuse issues
 - Reporting of psychosocial concerns
 - Medical policies and procedures for campers and staff
 - To ensure proper care, staff and volunteers should be informed of specific needs of campers under their supervision
 - Camper confidentiality remains of utmost importance and HIPAA guidelines are followed
 - Documentation of education completion should be included in each staff member's folder
- 3o. Family camp participants should be educated on the following:
- Emergency procedures
 - Reporting requirements
 - Identified persons responsible for first aid/emergency care and locations of supplies/equipment
 - Transportation
 - Supervision guidelines – child, minors, and adults
 - Rules and regulations of site

Program Enhancements

- It is recommended that new nurses working with persons with bleeding disorders attend and participate in summer camp to increase their knowledge base while strengthening relationships with patients and colleagues.
- Infusion education documentation should be provided to the camper's HTC and primary caregivers.
- Post-Camp Survey is advised as a way to collect feedback to improve the education provided at camp.
- Staff should be aware of any mid-week changes in medical personnel. It is recommended that incoming staff and staff leaving mid-week be recognized at the mealtime.

4. Health & Safety (Staffing)

4a. Health center:

- **On-Site** – Staffing ratio of health staff to camper must be safe & appropriate. Minimum staff *for the first 30 campers* will include:
 - HTC Hematologist preferred on site or available by phone 24/7
 - 1 HTC Nurse Practitioner, Physician Assistant, Fellow or Resident
 - 2 HTC RN on-site 24/7
 - 1 CPR certified staff (by state/provincial approved agency)
 - 1 staff member skilled re: IV access issues (both peripheral IVs and central lines)

For every additional 20 campers

- 1 HTC nurse preferred or hemophilia trained RN
- 1 Other medical professional (Licensed Practical Nurse, Wilderness First Responder, Emergency Medical Technician, or any of the above-mentioned)
- 1 Additional CPR certified staff

Program Enhancements:

- On-site Social Worker and Physical Therapist per 30 campers
- Dentist on-call
- Additional Resource Staff:
 - Dental hygiene, medical, nursing, dental, pharmacy, social work students
 - Child life specialist, genetic counselor, dietitian, career counselor, pharmacist

- **Off-Site (Day Trip)** – Staffing ratios for off-site activities should be safe and appropriate. Minimum staff for 15 campers should include:
 - HTC Hematologist available by phone 24/7
 - 1 licensed medical professional designated by Camp Health Officer
 - 1 CPR certified staff (by state/provincial approved agency)
 - 1 staff member skilled re: IV access issues (both peripheral IVs and central lines)

For every 10 additional campers

- 1 licensed medical professional designated by Camp Health Officer
 - 1 CPR certified staff (by state/provincial approved agency)
- **Off-Site (Overnight Trip – 1 or more nights)** – Staffing ratios for off-site activities should be safe and appropriate. Minimum staff for 15 campers should include:
 - HTC Hematologist available by phone 24/7
 - 1 HTC Nurse or HTC Physician with minimum 2 years of experience
 - 1 CPR certified staff (by state/provincial approved agency)
 - 1 staff member skilled re: IV access issues (both peripheral IVs and central lines)

For every 10 additional campers

- 1 licensed medical professional designated by Camp Health Officer
- 1 CPR certified staff (by state/provincial approved agency)

- 4b. Clear and direct medical chain of command that attaches to the overall camp chain of command. The chain of command should include job descriptions of staff and volunteers and also include a direct reporting structure in case a staff or volunteer cannot be on-site for a particular period of time.

Program Enhancements:

- Campers, staff, and volunteers need to know when it is appropriate to seek assessment or treatment.
- Campers should not go alone to health center & camp staff/volunteers should not send someone to health center unaccompanied; a buddy, junior counselor, staff, or volunteer should accompany camper.
- Campers and non-medical staff should never be left unattended in the Health Center.

Appendix

For sample camp medical policies and procedures, visit NACCHO's website (www.naccho.com) or NHF's website (www.hemophilia.org). At the NHF website, the standards may be found under "Nursing Working Group," located in the Researchers and Healthcare Providers section.