

# **Health Center Guidelines for Camps Serving Persons with Bleeding Disorders**

*Developed by:*

The Nursing Working Group of the National Hemophilia Foundation (NHF)  
with assistance from a special nursing task force of the  
North American Camping Conference of Hemophilia Organizations  
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*Endorsed by:*

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**NATIONAL HEMOPHILIA FOUNDATION**  
*for all bleeding 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 guidelines to provide for the needs of campers, family members (at family camps), volunteers, and staff.

This document provides guidance regarding policies, facilities, program content, training and staffing for camp health centers at camps serving the bleeding disorders community. First developed by the camp subcommittee of the National Hemophilia Foundation's Nursing Executive Committee in 1993 as the *Hemophilia Camp Program Standards*, the document was revised in 2006 to incorporate standards set forth by the American Camping Association (ACA) and Association of Camp Nurses (ACN). In recognition of the significant expansion in the number and types of camp programs offered to the bleeding disorders community, and advancements in bleeding disorders care, a committee of professionals in the medical and camping fields convened in advance of the 2015 NACCHO conference to revise and update this document. The members of 2015 Camp Guidelines Update pre-conference committee are listed below:

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We would like to recognize the committee that created the 2005 "Camp Standards" document, which provided to foundation for this update. These individuals included:

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### **GUIDELINES**

This document contains policy and procedure recommendations for the health and safety of participants and staff at camps serving the bleeding disorders community. The guidelines have been divided into four general areas of consideration when reviewing health and safety policies for your camp program: site/facility, policies & documentation, program & education, and staffing. Each general topic acts as a header for the following, more specific, guidelines. Items labeled as *Program Enhancements* are meant to augment the minimum recommendations, and are suggestions for elevating your camp program.

## 1. Site/Facility

### Overall Camp Facility:

- 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 and appropriate to meet the needs of the identified population, in terms of physical layout, equipment, buildings, water, and fire safety. See attached example of Risk Management Form
- 1d. Written policies regarding emergency procedures, reporting requirements, and cleanliness of the campsite/facility should be in place.

### Health Center:

- 1d. The health center should be clearly identified and accessible to all staff, volunteers, and campers.
- 1e. The health center must have an area available that provides the following:
  - Appropriate space for treatment with considerations that adhere to treatment principles (eg: 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 the ability to accommodate stays for campers requiring overnight supervision;
  - Has the ability to access outside phone lines.
- 1f. The health center will have a list of emergency numbers posted prominently, along with a list of state or provincial reportable or communicable diseases, injuries, and events.

### *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.

- 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 & 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 (for minors)
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, & phone numbers of Primary Care Provider (MD/DO, PA, NP)
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

*Application Screening Process:*

1. Written policy stating applications are screened to determine the appropriateness of a camper or staff member's attendance at the specific camp program.
2. Provides support for decision about camp/program acceptance, especially in the setting of complex medical, psychosocial or behavioral needs.\*

\* Reflects joint review and decision making between camp health center director and administrative staff/camp director.

*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, environmental, other
8. Current medications: dosage and schedule (including prophylaxis)
9. Past medical treatment, recent illness, surgery or injuries
10. Immunization records
11. Physical limitations and accommodations required
12. Target joints
13. Use of assistive devices (glasses, braces, ear plugs, etc.)
14. Dietary restrictions
15. Camper's readiness or barriers for learning
16. 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. Psychosocial history: medications, therapy, change in family structure (death, divorce, separation), sleep disturbances
3. Last HTC visit
4. 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 by a 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 three months prior to camp.

The type and format 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 and permission
8. Attestation of camper's ability to participate safely in camp program

*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 of the following information:
1. Camp philosophy
  2. Health center notification policy (when, for what events will parents be notified of camper treatment at health center)
  3. Factor management, storage, and utilization
  4. Approach to 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 bleeding events, illnesses, 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.
- 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 containing the following information:
  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 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. Medication Administration Record (MAR)
  5. Infusion log if different from medical form & MAR
- 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 plan 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 campers 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 2f for specifics).
  - Appropriate medical staffing (refer to 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, innovative and fun 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 Staffing Guidelines:

For the purposes of the staffing recommendations below, and in recognition of the fact that many camps serve campers with and without a bleeding disorder diagnosis, we offer the following definition:

***Camper:*** *a person less than 18 years of age, excluding emancipated minors, who has a diagnosed bleeding disorder*

Please remember that campers with or without a bleeding disorder may have additional medical needs that may impact your staffing levels.

**Residential Camp Programs:****Health Center Staffing Recommendations for the *first 30 Campers*:**

- 1 HTC hematologist on site (preferred) or available by phone 24/7
- 3 healthcare professionals (MD/DO, NP, PA, RN, LPN, paramedic, EMT) ON SITE who as a group fulfill the following:
  - prescriptive authority\*
  - hemophilia/bleeding disorders expertise
  - pediatric experience
  - 2 individuals with IV infusion proficiency (peripheral and CVAD)
  - 2+ individuals with current CPR certification

\* May be fulfilled by HTC hematologist on-call

**Staffing Recommendations for *every additional 20 campers beyond initial 30: For Campers less than 13 years of age*:**

- 2 additional healthcare providers:
    - 1 must be a MD/DO, NP, PA, RN, paramedic
    - 1 may be a 2<sup>nd</sup> member of above group or a LPN, EMT, WFR\*
    - both must hold current CPR certification
    - Preferred: both have peripheral IV/butterfly infusion skills
- \*WFR = wilderness first responder

**For Campers 13 to 17 years of age:**

- 1 additional healthcare provider
  - Must be MD/DO, NP, PA, RN or paramedic
  - Must hold current CPR certification
  - Preferred: have peripheral IV/butterfly infusion skills

Note: if a camp group includes a combination of ages, defer to staffing guidelines for campers less than 13 years of age.

**Program Enhancements:**

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

**Off-Site Camp Programs: Day Trips or Overnight Programs**

*Staffing ratios for off-site activities should be safe and appropriate “for the activities planned and the medical needs of the campers involved.”*

- ***Healthcare staffing recommendations for the initial 15 campers:***
  - HTC hematologist available by phone 24/7
  - 1 licensed medical professional designated by camp health officer (EMT, paramedic, LPN, RN, NP, PA, MD or DO).
  - 1 individual with current CPR certification\*
  - 1 professional with IV infusion proficiency (peripheral & CVAD)\*  
\*May be met by the same individual
- ***Staffing recommendations for each additional 10 campers:***
  - 1 individual with current CPR certification\*
  - 1 staff member who is first aid trained\*  
\*May be met by the same individual

“First Aid Trained” may include the following: certified lifeguard, water safety instructor (WSI), wilderness first aid (WFA), wilderness advanced first aid (WFAA), wilderness first responder (WFR), EMT

- 4b. A 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 the 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](http://www.naccho.com)) or NHF’s website ([www.hemophilia.org](http://www.hemophilia.org)). At the NHF website, the standards may be found under “Nursing Working Group,” located in the Researchers and Healthcare Providers section.