The purpose of these materials is to provide professionals with recognized safety procedures and precautions. These materials should be treated as general guidelines that could be adopted or modified to meet the specific demands of each facility.

The authors do not warrant, guarantee, or ensure that compliance with these guidelines will mitigate or prevent any or all injury or loss that may be caused by or associated with any person’s use of facilities, equipment, or other items or activities that are the subject of these guidelines; nor do the authors assume any responsibility or liability for any such injury or loss. Further, the authors hereby expressly disclaim any responsibility, liability, or duty to those facilities, directors, and staff receiving these materials, and any facility clients or their families, for any such liability arising out of injury or loss to any person by the failure of such facility, directors, or staff to adhere to these guidelines.
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The World of Camp Nursing:
Volume 1

Introduction

This Safety Guide is published in two volumes.

- Volume 1 (this guide) discusses nursing standards and the role of the nurse as clinician.
- Volume 2 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.

Camp Nursing:
Standards, Structures, and Strategies

Standards

Camp nursing practice is defined by the Association of Camp Nurses (ACN) in its *Scope & Standards of Camp Nursing Practice (2006)*. It defines standards of nursing practice at camp, a definition that encompasses care of individuals and groups and includes professional accountability. Professional nursing education includes specific content and processes of nursing practice. For the camp nurse these skills are performed in a setting representing elements of both primary or community care and secondary or inpatient care.

Other standards have been developed that specifically apply to camp nursing practice. The American Camp Association’s (ACA) published standards, in particular the Health & Wellness standards, impact the camp nurse. Additional ACA standards for safety of program areas, training staff, disaster preparedness, and adequacy of personnel also impact the camp nurse. The ACN developed camp nursing’s scope and standards of practice to be congruent with the more general standards for nursing established by the American Nurses Association (ANA). These are reviewed by the membership and updated regularly.

ACN is actively seeking recognition from ANA for camp nursing to be a recognized specialty practice. Regulations governing the nurse’s activities include the Nurse Practice Act of the state in which the camp is located and state-specific laws regulating camps and institutions that serve children. Camp nurses, like nurses in other settings, abide by general standards of nursing practice for documentation, medication administration, and delegation.
In optimally run settings, whether day or resident, rural or urban, special needs or “healthy” kids camps, the nurse is a leader and active participant in planning and meeting the camp’s health needs. Camp nurses are encouraged to meet with the camp leadership during pre-camp planning, attend board meetings or other policy-influencing forums, and communicate to camp directors and others those needs identified in annual reviews of the Health Center program and its implementation. Other ways to participate in the camp leadership team are through correspondence with key officers and directors, especially when issues arise that impact the health of camp, campers, or staff.

**Structures**
These factors are significantly impacted by the structure, resources and support given the camp nurse. For example, adequate personnel for check-in is a must if accurate information is to be obtained and communicated properly to those camp staff who need to follow specific protocols or be aware of specific health needs. Administrative backup for systems of medication administration may be needed to assure that proper medications are given safely and effectively. When conflict occurs, the nurse is obliged to engage other camp administrators to review current expectations and lines of authority. The camp nurse is an essential member of leadership at camp. By exercising that leadership supported by the authority it carries, camp health can reach optimal levels.

A registered nurse typically leads the camp’s health care staff. And yes, any kind of nurse can be a camp nurse. Some nurses work full time at camp while others choose to do a week or a month of camp nursing. Still others find camp nursing a great way to contribute as a volunteer, especially to provide camping opportunities for children with burns, cancer, or other illnesses.

**Strategies**
The camp nurse must hold an active license from the state in which the camp is located. Some states have temporary licensure for nurses crossing state borders to practice for short periods. All usual expectations of a nurse practicing in a community setting are required, although specific job descriptions will vary from camp to camp. Nurses are encouraged to review the camp’s job description prior to accepting employment and to continually appraise it for comprehensiveness and usefulness. If deficiencies in the job description are found, nurses are encouraged to contribute their suggested revisions. The camp nurse has an invaluable opportunity to influence the health of campers and staff through expert observation, critical appraisal of the camp’s needs, and collaboration with others to champion the health of the camp community.

**Insurance**
An important point to clarify is the camp nurse’s liability (malpractice) insurance. Some camps’ insurance includes malpractice coverage for the nurse. In this case, the owner of the policy is the camp, not the nurse. Should something unforeseen occur, the insurance company will administer the policy in the best interests of the policy owner—the camp. This may or may not be in the nurse’s best interests. Consequently, have a frank discussion of this point with the camp director so all parties enter into agreement with appropriate understandings. No matter what the outcome of this discussion, nurses can always carry their own malpractice insurance.

**Camp Nurse as Clinician**
The camp setting provides opportunity to work autonomously and expand the nurse’s repertoire of clinical skills. Remote and rural locations, often limited access to physicians, and a host of other variables means a camp nurse must have appropriate clinical and emergency care skills. Camp nurses partner with a physician for medical care, especially that related to medication use, and rely on their repertoire of nursing skills to address client health needs. Maintaining the Health Center, including needed equipment and medications, is also part of the camp nurse’s job. Fostering relationships with local health care professionals—pharmacists, dentists, clinic staff and so forth—builds the resources available to handle whatever may come the nurse’s way in the course of any day at camp.

**The Clients: Campers and Staff**
Whenever a person comes to the Health Center with a health need, the camp nurse uses classic clinical assessment skills. A thorough history and evaluation of the physical symptoms (headache, upset stomach, etc.) includes objective observations such as checking temperature and assessing each presenting symptom coupled with appropriate questions related to history. The resulting nursing diagnosis is supported by implementing a care plan that includes evaluation. This evaluation, or monitoring process, needs careful attention, especially at resident camps where well-meaning counselors don’t always remember to implement the care plan. The camp nurse continues to monitor the client based on the care plan until the presenting problem is resolved.
The Camp’s Supervising Physician
Whether based at camp, down the street, or miles away, the camp’s supervising physician directs and oversees the medical components of the camp’s health services. Arranging for physician services is typically a responsibility of camp administration, a task usually completed before camp starts. There is, however, an expectation that the camp nurse fosters this relationship, especially with regard to following the medical protocols. The supervising physician is one of the camp nurse’s primary resources for advice and a person who can help identify additional resources as well as bridge camp access to those resources (pharmacies, mental health practitioners, dentist, urgent care facilities).

If possible, visit the physician’s clinic. Learn how to access this professional’s office nurse, especially if the office nurse is the primary conduit of information to the doctor. Go through the medical protocols with the physician; clarify questions, and augment the protocols where needed. A good working relationship often facilitates access to service, a more rapid emergency response, and helps the provider feel valued. Invite the physician to visit camp so the doctor becomes more familiar with camp needs.

Medical Protocols
A physician-signed, readily available copy of the camp’s medical protocols is an integral part of the camp nurse’s practice. The protocols must specify medication orders appropriate to the injuries and illnesses the physician approves for treatment at camp. These specific medication directives are the physician’s way of transferring prescriptive authority to a registered nurse. The protocols should also state the point at which the nurse must seek advice or refer a client to a physician. Protocols should be sensitive to the credentials and experience of the camp nurse, and are often written by the nurse.

Some camps have very extensive and detailed protocols that allow treatments that may, in other situations, be done under the direct supervision of a physician. This is common at camps serving the special needs population. Having well-designed protocols can minimize out-of-camp trips for common problems. Because accepted practices and medications change, the supervising physician must annually review and sign protocols.

The Health Center
The Health Center is an integral part of maintaining camper and staff wellness and is the place out of which the camp’s health services function. Often centrally located, the Health Center should be accessible, have toilets and sinks, enough space to provide care, an area for medications, and admit areas that allow clients to rest comfortably as well as provide isolation of potentially infectious clients. ACA Standard HW-16 (2006) directs one bed per 50 people at camp. Some state health departments have additional requirements of the Health Center.

Health Centers usually host hours or sick call at designated times of the day. These hours may be determined by the camp schedule but should be reasonable for campers, staff and the nurse. In addition to a phone in the Health Center, camps often provide their nurses with a hand-held radio or other emergency communication device for use when the Health Center is closed. Another good practice is to put a locator wheel on the Health Center’s door so people know where to find the nurse during non-clinical times.

Camp nurses who stay at camp often have a bedroom right in the Health Center. Make this home away from home inviting and comfortable with amenities such as your favorite reading light, family photos, and a coffee pot.
Medication Challenges
Campers and staff often bring personal medications with them, medications that may be unfamiliar to the camp nurse. Consequently, a current nursing drug book or online access is needed. A growing number of people also bring complementary remedies such as herbal, homeopathic, and dietary supplements. Have a guide to these products that includes information about interactions with FDA-approved products.

Ask the camp director if the camp hosts international campers or staff. If so, the nurse may encounter unfamiliar medications and labels written in other languages. Suggest these products be translated into English prior to the person’s arrival. Labels may also be faxed or e-mailed. In a pinch, international adult staff may choose to self-medicate, and therefore, minimize the camp nurse’s interaction. This practice, however, may also limit the nurse’s ability to use U.S. medications.

Medications Stocked in the Health Center
The following list reflects the kind of medications usually stocked in the Health Center. This is merely a starting point for some camps, especially those with a physician in residence or for programs that serve special populations. Consider why campers and staff typically seek health care, then stock meds to support those needs and that are also referenced in the medical protocols.

- Acetaminophen: liquid, chewable, and tablets
- Antibiotic ointment
- Antidiarrheal medication
- Anti-emetic, including ginger and chamomile tea
- Allergy medication (chlorhistamine maleate)
- Burn gel or cream
- Calamine lotion
- Constipation treatment
- Cough drops & suppressants
- Diphenhydramine (Benadryl)
- Epinephrine
- Eye flushing solution
- Hydrocortisone cream
- Ibuprofen: liquid, chewable, and tablets
- Lice (pediculosis) treatment
- Lubricant
- Nasal decongestant (Pseudofed)
- Oral electrolyte replacement fluid
- Poison oak/ivy/sumac treatment
- Sore throat lozenges
- Water-based lubricant (KY Jelly)
Bandaging Supplies and Other Health Center Equipment

Equipment and supplies are often determined by the population served, the scope of health care provided by the camp, the credential of the health care provider, and the risk profile of the camp program. Some items, like band-aids, are common to all camps. Other items, like AEDs and pulse oximeters, are less common. The feasibility and use of equipment is also influenced by cost, including maintenance of equipment, and the response time of local emergency services. Having equipment assumes a written plan to support its use, plans that may vary based on the credential and experience of the care giver.

- Ace (elastic) bandages
- Adhesive tape
- Band-aids, assorted shapes and sizes
- Blood pressure cuff: pediatric, adult, and large adult sizes
- CPR masks
- Cotton balls and cotton tipped applicators
- Gloves, disposable, non-latex
- Protective equipment: disposable gowns, eye goggles, and face masks
- Eyewash
- Flashlight & batteries
- Infectious waste container with appropriate “red bag” liners
- Gauze sponges, pads, rollers in assorted sizes
- Ice packs (disposable and reusable)
- Locked storage for medications and health records
- Refrigerator
- Tweezers or forceps
- Paper cups and towels
- Pill splitter
- Tongue depressors
- Thermometers & sheaths
- Triangular bandages or slings
- Scissors
- Sharps containers
- Splints (splinting material)
- Stethoscope
- Peak flow meter with disposable mouthpieces
- Nebulizer and tubing
- Oxygen
Common Injuries and Illnesses
The camp nurse encounters a variety of injuries and illnesses in caring for campers and staff. Some of these are more common because of what people do at camp. Slivers/splinters or poison ivy are good examples. The following list of injuries and illnesses is drawn from the general camp experience, represents reasonably anticipated events, and indicates the breadth of clinical skills needed. Know how to assess, treat, and triage common complaints. Consider access to a wilderness first aid text when questions arise, but always refer to the camp’s medical protocols too.

- Abdominal pain and injury
- Anaphylaxis management
- Abrasions
- Bee stings, insect bites and stings
- Blisters
- Burns
- Conjunctivitis, allergic vs. infectious
- Common cold (URI)
- Communicable diseases
- Constipation
- Contusions (bruises)
- Cough
- Cuts and lacerations
- Dental trauma including orthodontics
- Dysmenorrhea
- Earaches, external & medial otitis
- Eye injuries
- Fever
- Fainting/syncope
- Fractures and dislocations
- Headache, including migraine management
- Head, neck, and back injuries
- Heat exhaustion, heat stroke, heat cramps
- Menstrual discomfort
- Muscle aches
- Nasal congestion
- Nosebleeds
- Poisonings
- Poison ivy/oak/sumac
- Rashes
- Seizures
- Bleeding control
- Scrotal trauma
- Sore throat
- Sprains and strains
- Tick-borne illnesses
- Urinary tract infections

Dental care is a neglected component of nursing education yet dental problems certainly occur at camp. Some of these injuries, like a detached tooth, require immediate treatment. Consult a dentist or reputable resource to learn about common problems, including those associated with orthodontics. Knowing about braces—how to assess broken wires, brackets and appliances; what to do with errant wires that are poking soft mouth tissues—can be invaluable at camp, especially since access to these specialists may be extremely limited.

Sports injuries are another area that nurses often find challenging, yet care of these injuries is an everyday experience for most camp nurses. Know how to assess, triage, and appropriately refer sports injuries. These include sprains, strains, dislocations, head injuries, and fractures that range from minor to potentially catastrophic events. If this is an area about which you have limited knowledge, consider spending a day with a sports trainer at a local university. Ask about their assessment practices and treatment hints. Also talk with the camp’s physician about the speed with which x-rays are needed, especially for questionable ankle injuries.

The camp’s geographic location will help determine the plants and animals that pose health threats. Most plant reactions, like poison ivy, are well known, but risks associated with poisonous animals are a different matter. Ask your state’s epidemiologist about these. The risk of mosquito and tick-borne illnesses can be minimized by appropriately applied repellents that contain DEET. The camp nurse, however, must still know of and monitor for the symptoms associated with these diseases, followed by appropriate referrals. Another threat is rabies, in particular the threat associated with the presence of bats in sleeping cabins. There may also be regional hot spots, such as the eruption of the Hanta virus in southwestern U.S.

Be prepared for what can be reasonably predicted based on geography. However, do not let the camp’s location define this concern. Today’s campers and staff travel; they come from around the world to attend camp and travel the world when not at camp. As a result, the potential for someone to contract an illness during travel only to have that illness manifest itself at camp is a possibility. This potential underscores the need for reliable references in the Health Center. APHA’s Control of Communicable Diseases Manual (Heymann, 2004) and the Centers for Disease Control and Prevention (CDC) website are particularly helpful. In addition, the local Department of Natural Resources may have information as well as training options particularly well suited to the camp world.
Health Screening
A growing number of camps receive camper and staff health history forms before camp begins. This pre-screening allows the camp nurse to read forms and prepare for arrivals. If there are questions or if more information is needed, consider calling the person before opening day. Look at the medications the person will bring. Note the meds that must be given at particular times or those with a therapeutic effect that may be impacted by camp (altitude impact on seizure control meds; water soluble medications during hot, humid weather). Anticipate what staff may need additional information about a camper, such as kitchen staff knowing how many and what type of vegetarians are coming or who needs a gluten-free diet.

Looking through health forms before opening day allows the nurse to educate staff about special needs. Campers with Tourette’s or Asperger Syndrome, for example, may do fine at camp when the staff working with these kids understand how to effectively interface with them (and what not to do). Because camps try to be as inclusive as possible, ask the camp director about the camp’s inclusion policy. Based on that and the information gleaned via pre-screening health forms, be prepared to train staff to meet anticipated camper needs.

The screening on opening day, or within 24 hours of arrival, is an ACA Standard (2006). The screening has specific goals: to update health history forms (which may have been completed many months prior to the person’s arrival), to gather and organize medications, to assess communicable disease threats, and to establish the person’s health status upon arrival. ACA Standards direct that this be documented, an important point for the camp nurse to note. Some camps capture this documentation directly on the person’s health form in a preprinted section designed for this purpose. Others do it in other ways. The point is to do it.

In addition to documenting the screening process, remember that screening simply provides an indicator. It is not diagnostic, and the nurse does not have unlimited time to talk with people on busy opening days. Experienced camp nurses often talk about focusing on must-know things and chasing other details later on. Carefully think through the screening process for efficiency as well as information gathering.

Emergencies
Given the emphasis on risk management, emergency situations are not common at camp, but they do occur. The camp nurse should be current and proficient in CPR, first aid skills, and the language of the emergency services world. Several organizations provide training; use their services. Know what emergency equipment is stocked at camp—an AED, oxygen, pulse oximeter, nebulizer—and how to use this equipment.

Ask the camp director about the camp’s emergency plan. This plan often draws on the skills of many staff members, including the camp nurse. Know who decides when to call emergency personnel and how these external providers are directed to the incident location. Understand the nurse’s role in the more typical camp emergencies such as severe weather, a missing or lost camper, drowning or near-drowning incidents, security threats, and significant injury events. Support the camp’s smooth and efficient response by knowing, and doing, the nurse’s part.

There are some emergencies that are medically based. In these situations, the camp nurse is expected to take a lead role. Be especially adept with anaphylaxis management, responding to asthma flares, and handling low blood sugar situations.
Anaphylaxis, a severe allergic reaction, may occur suddenly and without any prior history. It is often associated with bee stings or food allergies. Rapid response in recognizing and treating anaphylaxis is essential. Some camps require people with a known anaphylactic reaction to carry an injectable epinephrine device while at camp. At minimum, epinephrine must be available to the camp nurse. Experienced camp nurses simply carry epinephrine with them all the time. Know how to use the injectable devices and to train other staff members as needed.

According to the Asthma and Allergy Foundation of America, more than 20 million Americans have asthma. This prevalence, coupled with asthma’s potential to be life threatening, means the camp nurse must be familiar with recognition and management of asthma emergencies. Campers and staff with this diagnosis often carry a rescue inhaler and use it “as needed” to prevent an asthma flare. Unlike other medications, this rescue inhaler should be with the person, not locked in the Health Center. Periodically ask those carrying inhalers how they are doing and if their use of that inhaler has been effective. Back up use of rescue inhalers with knowledge about monitoring lung capacity with a peak flow meter, and recognize the signs for when a nebulizer treatment is needed.

The American Diabetes Association estimates that there are 20.8 million people in the U.S. with diabetes. Minimize the potential of a diabetes crisis by planning a management program with the client, one tailored to complement the camp schedule and meal plan. Low blood sugar levels can be life threatening, so know the symptoms of this threat and preplan a rapid response supported by a quick glucose supply, equipment to measure blood glucose levels, and medications such as glucagon. Educate staff who care for these campers about each child's plan and the idiosyncratic signs that indicate low blood sugar. Encourage staff with diabetes to share similar information with people in their work area.

Additional Clinical Notes
Appropriate management of chronic health concerns is essential to a successful camp experience. The chronic health diagnoses most common in the camp population are asthma, allergies, and diabetes. Baseline information should be documented on the person’s health history form; some camps have devised specific forms based on diagnosis. Brief staff who need to know about the concern. Tell them about the person’s management plan and identify strategies to minimize potential risks. Consider talking with the parents of these campers before opening day to finalize the management plan and gather information about the person’s current history. It is the parents’ job to assure that necessary medications, treatments, or other interventions are brought to camp, and the camp nurse’s responsibility to brief counselors and other caregivers about necessary interventions.

The camp nurse partners with parents, physicians, and camp food service to make sure everyone has adequate nutrition, including those on a special diet. Ask the camp director to explain how the camp traditionally meets these needs, including those for vegetarians. Also consider that milk, eggs, peanuts, tree nuts, fish, shellfish, soy, and wheat account for 90 percent of food related allergic reactions (Food Allergy Network, 2000). Talk with appropriate people about risk reduction strategies, including those for the camp store, and review the camp’s anaphylaxis response procedure.

Although campers can be a wealth of information about how they are feeling and about their past health history, sometimes it’s necessary to talk with parents. In addition to the health history form, parents often hold the key to understanding a child’s typical behavior when ill, common complaints of the child, and symptoms associated with chronic illness. Sometimes the camp nurse’s consultative call uncovers information not revealed on the camper’s health form simply because the nurse asks the right question. Sometimes a child’s atypical behavior is normal for that family; they forget to tell camp because, for them, it’s part of their everyday experience.
It is a parent’s right to know and be involved with health care administered to their child. Never hesitate to contact a parent. ACA Standard HW-19 directs camps to give parents a written copy of the camp’s notification policy. Know what your camp has told parents and adhere to that agreement. In general, camps certainly contact parents in an emergency, but that’s usually not the case for emergent health needs. Ask the camp director to explain what has been promised and follow that practice.

Some parents may provide specific directions about contacting them in certain circumstances. Do as they request. Always notify the parents when a camper’s recovery deviates from the expected course of recovery.

Sometimes people need to see a physician for non-urgent problems. Maybe a middle ear infection is suspected or you’d like to rule out strep throat. In this case, call the parents beforehand to collaboratively discuss the situation. Then update them with a follow-up call after the appointment. The parent often has to pay the bills for care received by their camper, an additional incentive for involving parents in their camper’s care process early on (Erceg, 2003).

**Camp staff** get ill or injured too. For this reason, occupational health is also a component of the camp nurse’s role. In addition to caring for the specific illness or injury, the nurse must determine if the staff member is fit for duty and able to perform essential job functions. This includes assessing the potential to infect others. Any recommended job modifications must be considered with the employee’s supervisor and the camp director. If modification is not possible, the employee is removed from that job assignment. A potentially infectious person should be quarantined from others until no longer contagious. This is particularly critical for food service personnel.

If an employee is too ill or injured to work, the nurse must tell that staff member’s supervisor who, in turn, assures that others cover the job duties. This may include briefing replacement staff about health needs of the campers now under their care.

When staff members get ill or injured as a result of doing their job, the potential for accessing the benefits of Workers’ Compensation arises. Often managed by the camp director, this program needs support from the nurse. Specifically, notify the camp director when a staff member’s illness or injury is work related. Sometimes the line between work and non-work can blur. Bring these situations to the camp director’s attention and complete requested paperwork in a timely manner.