

Children's Oncology Camping Association International Guidelines for Self Assessment

These guidelines are designed to address safety and operational concerns specific to camps providing experiences for children with cancer above the currently established camping operating standards. The intent of these guidelines are to be used in combination with recognized camping industry standards and local laws. To use these guidelines alone would not provide a comprehensive camp program that is responsible to the needs and safety of the campers.

1. General

1.1 Is the camp accredited by a recognized camping association? If not, does the camp meet the criteria set out for accreditation by a recognized camping association? Met: Not Met:

Intent: In the United States the American Camping Association has a published set of standards and an accreditation process. In Canada, each province has a set of standards and their own accreditation processes. The following guidelines are based on the assumption that the camp already meets recognized industry standards. If the camp is a user group of an accredited camp facility, the intent is the user group camp also be accredited by a recognized camping association.

RESOURCES:

Contact information for the two national camping associations each provides a wealth of valuable resources through:

Canadian Camping Association
National Office,
1810 Avenue Road, Suite 303
Toronto, ON M5M 3Z2
416-781-4717; 416-781-7875 fx

American Camping Association
National Office,
5000 SR 67N
Martinsville, Indiana, USA 46151
317-342-8456
www.acacamps.org

1.2 Does the camp operate in cooperation with the camper's oncology clinic? Met: Not Met:

Intent: Possible types of cooperation between camps and clinics:

- *Medical - completion of medical forms*
 - *staff at the clinic are available for consultation while the children are at camp*
 - *clinic may provide psycho-social profiles of each camper to assist in planning for that campers special needs and integration into camp*
- *Staffing - oncology clinic staff assist with camp*
- *Program Design and Management - clinic is part of the evaluation process of camp*
 - *staff at the camp are involved in your board of directors*
- *Promotion and Recruitment - clinic promotes your camp program to their clients*
 - *information on your program is distributed in the package given to newly diagnosed children*

2. Administration

2.1 Does your organization have a well defined written mission statement that guides your program development? Met: Not Met:

Intent: A well defined written mission statement can be the guiding philosophy upon which your program is focused. It can help direct your efforts to the target objectives and thus be most effective.

2.2 Are parents and referring agencies (ie. Hospitals) provided with sufficient information to judge whether the experience is the appropriate one for their children? Met: Not Met:

Intent: As more camps are developed with differing philosophies, it is becoming more important to inform parents of what to expect from your program. This way parents can make informed choices on the type of program they may want to send their child to. Information that it is important to pass onto the parents includes an explanation of medical staffing and facilities, description of staff structure, qualifications and ratios to campers and outlines of activities campers will participate in. Tools that can be used to convey this information include:

- camp brochure
- letter to parents
- video available at clinics
- open house days at camp
- parent's information nights at the hospital
- referrals to parents whose children have attended camp previously
- referrals to the campers themselves

2.3 Is there an understood organizational structure within your camping organization to ensure accountability? Met: Not Met:

Intent: A written organizational chart is distributed to all camp staff and job descriptions clarify and define roles and responsibilities.

2.4 Does your camp have an advisory committee that has input from staff, campers, parents, health care personnel and the sponsoring organization? Met: Not Met:

Intent: To ensure that the program is receiving direction from those who understand what the needs of the campers are.

2.5 Does your camp require documentation from your medical staff of proof of malpractice insurance coverage? Met: Not Met:

Intent: Liability is becoming more and more of an issue in the area of camping. Camps must try to limit their exposure as much as possible. The medical centres at oncology camps are responsible for the health care of the children attending and are open to be liable if that care is not up to standard. It is important that the camp know what it's exposure is. If the camp does not have coverage for medical malpractice then they must ensure that their health care staff does.

2.6 a) Does your camp have a written policy regarding confidentiality and information sharing that is understood and practiced by all staff?

Met: Not Met:

b) Is there an established process for follow up to meet child protection laws?

Met: Not Met:

c) Does your camp have a policy that requires prior permission before publishing or distributing staff or camper address lists?

Met: Not Met:

Intent: Camper confidentiality and information sharing policies should cover both information given to the camp by health care professionals and parents and information that campers share with staff. Each camp needs to determine who will have access to camper information files. Staff need to understand what is a breach of confidentiality and what information needs to be passed on to supervisors.

2.7 Does your camp have a comprehensive camper application form that includes the following:

- **health history** Met: Not Met:
- **psycho-social history** Met: Not Met:
- **appropriate releases** Met: Not Met:
i.e. publicity, emergency treatment release, camper release form, physician's recommendations
- **picture for identification** Met: Not Met:

Intent: To ensure that the camp has adequate information to ensure the safety of the camper and deal quickly with incidents as they arise while they are in the camps care. Psycho-social histories often ask for information such as camper fears, behavior patterns, recent losses - death and divorce, questions they may have been asking lately, sibling rivalry, emotional status, and involvement in psycho-therapy or other support programs. Understanding where the child is in processing the disease can be used to match them with the most appropriate of volunteers. A key area to inquire about is behavior. If specific behavior patterns can be anticipated and planned for - the staff person working with that child will be in a much better position to make an impact. Pictures on camper files serve several different purposes including allows medical staff to identify and learn camper names quicker, security and in the event of a camper going missing a picture is readily available. If a camp uses pictures of the children in promotions or fundraising then it is important to obtain consent from parents. When a parent does not consent to the use of photographs of their child a process must be put in place to ensure that all photos containing that child are removed from circulation. This requires carefully screening all photographs and videos. Staff responsible for photography should be made aware of which children are not to be photographed in advance of camp so that they can be careful not to include them in key pictures - how often have we got back excellent pictures only to find out once we have screened the photos to find the main child we do not have permission for.

3 Staffing

DEFINITIONS:

Camp Staff: Paid and/or unpaid human resources that are hired, trained and directly supervised by the camp; may be seasonal or year-round, full or part time.

3.1 Does camp staff training include the following components:

- Medical issues and needs of campers and staff responsibilities relating to camper medical care Met: Not Met:
Met:
- Psycho-social issues faced by campers Met: Not Met:
- Confidentiality relating to personal and medical camper information Met: Not Met:
- Sensitivity to personal care and privacy (ie. ostomy, central lines, prosthesis, toileting, stage of illness, etc.) Met: Not Met:
- Proper lifting technique as it relates to provincial or state regulations Met: Not Met:
- Issues related to coping with illness and death Met: Not Met:
- Discussion about appropriate post camp communication/relationships with campers Met: Not Met:

Intent: The above list of topics is in addition to those required by national camping association standards. They reflect the specialized training that is unique to working with children with special needs and in particular children with cancer and their siblings.

3.2 Is pre-camp training mandatory for all staff? Met: Not Met:

Intent: Providing training each year even for returning staff is crucial however they may not always see it that way. They may feel that they are giving enough of their time without having to give more and besides they know it all already. A suggestion is to look at a modular approach where some components are compulsory every year and others are mandatory once and then optional in the future. That way the number of hours required for training is reduced the more times the individual volunteers. Providing a couple of different times for the training may help some to fit it into their busy schedule.

3.3 Is there an orientation and training provided for part time staff and guests? Met: Not Met:

Intent: All individuals who are part of camp need to have some training in areas such as expectations of their conduct while on site, their responsibilities in the area of supervision of children and emergency procedures..

3.4 Are medical staff provided with an orientation and or included in training? Met: Not Met:

Intent: The camp environment can be very different for the hospital/clinic environment. Orientation and training to the camp philosophies and healthcare procedures and roles are important to the integration of the health care staff with the camp community.

3.5 When the camp is using rental camp facilities, is there a training/orientation plan being implemented to educate the facility's staff to the special needs and considerations of the camp's population? Met: Not Met:

Intent: Most camps if they are ACA accredited will have strong training programs to begin with. As a Camp Director it is your responsibility to find out what training they have had and ensure that any additional training specific to your group of campers is provided. When a camp utilizes another camps site the relationship between the two staff teams must be carefully nurtured to ensure each side is aware of their responsibilities. The camp staff in residence will not necessarily be aware of the special needs that your group bring.

3.6 Does the camp have a written health care policies, that have been approved by a licensed pediatric oncology health professional, that include:

- ratio of health care staff to campers AND
- appropriate composition or access to the various medical specialists required to meet the health care need of the campers.

Met: Not Met:

3.7 Are staff required to complete a medical history that includes the following:

- chicken pox immunity/occurrence Met: Not Met:
- allergies Met: Not Met:
- previous back injuries/lifting restrictions Met: Not Met:
- oncology treatment Met: Not Met:

3.8 Does the camp require staff to have proof of MMR and tetanus immunization? Met: Not Met:

4. Health Care

- 4.1a) Has the camp established eligibility requirements that meet the camps ability to provide safe and adequate care for campers?** Met: Not Met:
- b) Are camper applications reviewed by medical person before the child attends camp?** Met: Not Met:
- c) Does your camp utilize a late change form received and reviewed by a health care professional at the time of camper arrival to ensure most up to date information?** Met: Not Met:

Intent: This guideline is meant to ensure that both personnel and facilities are in place to handle the needs of the campers attending camp. Examples of eligibility restrictions include blood count, surgeries, time off transplant and degree of palliation. The review process ensures that campers attending camp fit within the eligibility requirements. It also allows both the health care staff and the program staff to make adjustments to accommodations and activities that will ensure that campers have an enjoyable experience at camp. If the medical staff has questions or requires further clarification after reviewing the form they can be handled before the camper arrives. Even sibling applications should be reviewed, as they tend to have special needs of their own that camp must be prepared for.

4.2 Does your camp have written protocols available on the camp site for the following:

- **communicable disease** Met: Not Met:
- **chicken pox** Met: Not Met:
- **central line care** Met: Not Met:
- **blood borne pathogens** Met: Not Met:
- **administration of IV and oral chemotherapy** Met: Not Met:
- **contagion's** Met: Not Met:
- **head lice** Met: Not Met:
- **anaphylactic reactions** Met: Not Met:
- **transfusion (if applicable)** Met: Not Met:

Intent: This guideline is meant to ensure that camps have procedures in place for dealing with common incidents occurring in camp. The procedures should cover screening, methods for minimizing the spread and guidelines for the handling of the situation. Many camps would base their protocols on those used by the clinic they are associated with.

4.3 Does the camp have a medical emergency plan that takes into account the specifics of the population served and the distance to services including:

- **transportation plan that ensures transport to a tertiary treatment center in a minimum response time of 1 hour** Met: Not Met:
- **written or verbal agreement with the tertiary treatment center to treat the campers in the event of an emergency** Met: Not Met:
- **medical emergency during transportation** Met: Not Met:

Intent: Medical emergencies are a reality in oncology camps and need to be planned for in advance. Camps are usually located away from the main cities and therefore at a distance from a treatment facility. Camps need to ensure that they are able to respond to medical emergencies in an acceptable amount of time by either providing full medical support on site or ensuring that the camp is situated within an hour of a treatment center with appropriate transportation available. If relying on a tertiary treatment center, it is important to establish a relationship with their medical staff and an agreement that your campers can be treated there.

4.4 If your camp accepts children on palliative care, do you have a policy on DNR (Do Not Resuscitate) orders?

Does Not Apply Met: Not Met:

Intent: This policy includes acceptance of campers on palliative care, staff directives on response to life threatening situations that arise and communication with healthcare providers and caregivers.

4.5 Does the program have a procedure for handling the disease related or accidental death of a camper or staff person while at camp? Met: Not Met:

Intent: this procedure is meant to prepare the organization by having a set plan that includes how to handle the immediate situation, communication with parents, clinics, staff and campers, dealing with the media, appropriate reports and follow up psycho-social support for campers and staff.

4.6 a) Does the camp have an environmental protection plan encouraging:

- **hydration (i.e. during activities)** Met: Not Met:
- **application of sunscreen lotion** Met: Not Met:
- **appropriate clothing for weather (i.e. hats)** Met: Not Met:
- **use of bug repellent** Met: Not Met:

b) Does the camp have hygiene procedures that are enforced by staff including:

- **hand washing** Met: Not Met:
- **tooth brushing** Met: Not Met:
- **appropriate toilet assistance** Met: Not Met:

Intent: Many of our campers will have an increased susceptibility to infection and therefore although we are trying to achieve a natural environment we still have to make it as sterile and safe as possible.

- 4.7 a) Has your camp established a minimum inventory of pharmacological products, medical supplies and equipment?** Met: Not Met:
- b) Is the inventory reviewed on a regular basis?** Met: Not Met:

4.8 Does your camp have procedures regarding the collection, administration and storage of camper and staff medications? Met: Not Met:

Intent: This policy covers how you collect and redistribute medications to campers ensuring accuracy. Each camp must meet their local treatment facility standards for storage of controlled substances. The medical staff must control the administration of medications however distribution procedures differ between camps. In all cases however the safety of the distribution as well as an assurance of accuracy must be attained. Dealing with staff medications is an important consideration that must balance the safety concerns of campers having access to medications with the staff's need for privacy. It is important that camps consider this and develop a policy that works for their program.

4.9 Does your camp maintain camper and staff records while at camp including the following:

- **administration of medications** Met: Not Met:
- **accident/incident** Met: Not Met:
- **illness progress notes** Met: Not Met:
- **behavior related summaries** Met: Not Met:

Intents: It is important that accurate and thorough records are kept. They serve as a historical perspective that may prove useful in the future if questions arise. The administration of medications must be recorded in a bound book with numbered pages. Many camps keep this as a daily log while also maintaining individual records in each camper's file.

5. Psycho-Social Support

5.1 Is a licensed/accredited mental health professional (psychologist, social worker, child life specialist, counselor, recreation therapist) onsite or accessible to camp?

Met: Not Met:

Intent: Psycho-social support has an important role to play in all the phases of camp. During pre-camp they provide specialized training that helps staff to prepare themselves for working with oncology patients and their siblings. During camp they support the staff team to cope with difficult situations and effectively support campers as well as dealing with crisis situations. Post camp support for staff is important also to assist with the transition back to their home environments and to deal with the death of campers over the winter.

5.2 Does your camp have a policy for dealing with the communication of the death of a camper/staff?

Met: Not Met:

Intent: Camp Directors are often notified of the death of a camper or a relapse or change in the condition of a camper. It is beneficial to camp to have given some consideration to whether it is appropriate for them to pass this information onto staff keeping in mind camper confidentiality issues and also how to most effectively communicate the information.

5.3 If your camp offers a memorial service -

- a) is there bereavement support available to campers and staff Met: Not Met:
b) have the campers had input into the format Met: Not Met:
c) has a person experienced in pediatric bereavement reviewed and approved the format?
Met: Not Met:

Does Not Apply

Intent: When camps are designing a memorial service for campers and staff it is important that consideration is paid to timing, age appropriateness, cultural and religious sensitivity, emotional support, and whether the service is an option for campers.

5.4 Does the camp have a plan regarding the transition of campers to alumni camper ?

Met: Not Met:

Intent: Many campers come to rely on the support and socialization that camps can provide. It is important to explore your camp's role in assisting campers in their transition from the camp environment into other appropriate support programs or/and camp staff positions, if appropriate.

6. Camp Activities

6.1 a) Does the camp require activity area's to have certified leaders?

Met: Not Met:

b) Does the camp require all appropriate staff to be trained in safety and operation of activity areas.

Met: Not Met:

c) Does the camp have a plan for the modification of activities for campers with special needs.

Met: Not Met:

Intent: The premise of this guideline is to ensure that your activity leaders have the skills and training to design appropriate programs for your camper population. This means that they have the ability to modify and adapt activities to ensure that all campers are included.

6.2 Are there written operating procedures that include medical requirements for participation in each type of camp activity?

Met: Not Met:

Intent: Does the camp complete an assessment for each campers physical/medical ability to participate in all types of camp activities including feedback from campers, parent, campers physicians, camp health staff.

6.3 Does the camp ensure sufficient medical support for all overnight trips and out of camp experiences?

Does Not Apply Met: Not Met:

Intent: To ensure that medical emergencies can be handled immediately and to ensure control over the administration of medications.