

Health Care Policies

Scope and Limits of Health Care Services

- Personnel number and type: The Health Care Staff consists of the Health Care Administrator and at least 3 Camp Health Care Providers, including the Chief Camp Health Care Provider who is a licensed prescriber (MD, PA, NP) and at least 2 licensed RNs (pediatric oncology experience preferred), who will be present during all camp sessions.
- Provider qualifications & duties: All Camp Health Care Providers must be currently licensed in the State of Utah in good standing. All Camp Health Care Providers must have working knowledge of the care of patients with cancer and similarly-treated disorders. Camp Health Care Providers are responsible for providing individual health care, maintaining health records, administering all camper medications, administering staff medications as requested, and collaborating with external Health Care Providers. All Health Care Providers will have their CPR and basic life support (BLS) certification up to date during camp sessions. The ratio of Health Care Staff (eg, RN PA, MD, NP) to campers will be at least 1 to 30 during camp. Members of the Health Care Staff are housed in the Infirmary during camp sessions and are available 24 hours a day.
- Locations where care is provided: All illness or injury that occurs during camp sessions will be reported to, assessed by, and triaged by the Health Care Staff at the site of injury or in the Infirmary, whichever is most practical and safest for the patient. Treatment options and therapy decisions will be the responsibility of the Health Care Staff as directed by the Chief Camp Health Care Provider, based on patient condition and resources available. The Health Care Staff are responsible for delivering therapy, as directed by the Chief Camp Health Care Provider. Activation of the EMS or transportation of patients to local hospital facilities will be at the discretion of the Chief Camp Health Care Provider. If the illness or injury is nonurgent, the Chief Camp Health Care Provider will discuss disposition options with the patient (if the patient is an adult) or their parent / guardian (if the patient is a minor), including transport destination, transfer of care to parent / guardian or another responsible party, and options for returning during the camp session.

Authority and Responsibilities of Health Care Administrator and Health Care Providers

- **The Health Care Administrator** (Jamie Seale) is a licensed NP with over 18 years of oncology camp experience and over 10 years of clinical experience as a nurse practitioner.
 - The Health Care Administrator reports to the Executive Director and works in conjunction with the Chief Camp Health Care Provider.
 - Responsibilities during camp season: The Health Care Administrator will be available (onsite, by pager, or by phone) at all times during camp. A Hematologist/Oncologist from PCH is available to assist the Health Care Administrator as needed.
 - Responsibilities outside of the camp season: Before camp, the Health Care Administrator reviews and approves the medical coverage plan for the camp sessions, medical policies and procedures, and accreditation standards for our camp program. The Health Care Administrator is responsible for recruiting and scheduling the Health Care Staff, obtaining medical supplies needed for the camp season, training staff members about campers' medical needs, developing the Health Care plan, coordinating the needs of the Health Care Staff, and determining how communication will occur about health issues. The Health Care Administrator and Executive Director work together to review the Health and Wellness accreditation standards annually and work with other staff members to make any needed changes to the standards or to health policies.

- **The Chief Camp Health Care Provider** is a licensed MD, NP, or PA with experience in pediatric oncology, oncology or special needs camping, or equivalent experience (eg, emergency medicine, critical care, adult oncology).
 - Authority: The Chief Camp Health Care Provider reports to the Health Care Administrator. In the absence of the Health Care Administrator, the Chief Camp Health Care Provider will report to the Executive Director.
 - Responsibilities during the camp season: The Chief Camp Health Care Provider will be responsible to oversee, direct, and administer all health care services provided during the camp sessions.
 - Responsibilities outside of camp season: The Chief Camp Health Care Provider may help review and update the Health and Wellness accreditation standards as needed.
- **Camp Health Care Providers** are MDs, NPs, PAs, RNs, or EMTs with current Utah licenses in good standing. Most also have experience in pediatric oncology, oncology or special needs camping, or equivalent experience (eg, emergency medicine, critical care, adult oncology).
 - Authority: Camp Health Care Providers report to the Health Care Administrator and the Chief Camp Health Care Provider. In the absence of these parties, Camp Health Care Providers will report to the Executive Director.
 - Responsibilities during the camp season: Camp Health Care Providers provide all health care services during the camp sessions, operating within their designated scope of practice under their Utah license.
 - Responsibilities outside of camp season: Camp Health Care Providers may help review and update the Health and Wellness accreditation standards as needed.

Authority and Responsibilities of Other Staff Members in Providing Health Care

- Responsibilities: Other camp staff members (who are not members of the Health Care Staff) have limited health care responsibilities. There are two levels of health care in which they participate. The first is to help maintain the health of campers and their own health. The second is a supportive role during illness and injury. Consequently, it is the responsibility of the entire staff to help monitor health status and to refer campers and themselves to the Camp Health Care Providers as warranted. The following guidelines outline the responsibilities of counselors and other staff members:
 - Within the cabin group, counselors are responsible for monitoring campers' self-care (eg, teeth brushing, hygiene, practices appropriate to the activity). During unscheduled time, staff members are responsible for being aware of camper activity around them and intervening appropriately. Staff members are expected to perform these functions in ways that complement the camper's developmental stage.
 - Staff members are specifically charged with managing cabin and activity groups to ensure that basic physical needs are met daily for both campers and staff members, including adequate rest, water, sunscreen use, and nutrition.
 - Staff members should report immediately to the Health Care Staff if a camper or staff member (including themselves) shows signs of any of the following:
 - a. Any difficulty in breathing or catching their breath;
 - b. Fever or other signs of infection, especially if white blood cell count is known to be low, or if the person does not look well;
 - c. Headaches, pain, or discomfort anywhere in the body;
 - d. Difficulty in walking or bending;
 - e. Pain during urination or bowel movements;

- f. Reddened or swollen areas;
- g. Vomiting;
- h. Blurred eyesight or double vision;
- i. Bleeding, including nosebleeds, bruises, or blood in stool, urine, or vomit;
- j. Mouth sores, constipation, or diarrhea;
- k. Person is depressed, or exhibits sudden change in behavior; or
- l. Any injury or accident.
- In special situations, staff members may receive additional training and be given additional responsibilities, including:
 - a. Campers and staff members with fever or other signs of infection must be brought to the Health Care Staff as soon as symptoms develop. This is especially critical because many campers are receiving chemotherapy.
 - b. Counselors caring for children with venous catheters (eg, Broviac line, PICC line, Hickman catheter) will be instructed to talk the Health Care Staff about specific warning signs and care.
 - c. Specific instructions for head trauma, back and extremity trauma, and drowning may be given to the camp staff during precamp training and onsite orientation.
- At each activity area, there will be at least one person who is certified in CPR/BLS, especially at physical activities such as the swimming pool, where a lifeguard will also be on duty. Activity Leaders, including Field Games and Arts & Crafts leaders, are responsible for maintaining high standards of health and safety in the areas they supervise. They assure that campers are physically and emotionally ready for the activity, the activity is supervised by qualified personnel, areas and equipment are in safe condition before use, and areas / equipment are safeguarded from casual use.
- Emergency care: Qualified camp staff members (eg, certified in First Aid, EMT) will be responsible for administering first aid, in the event of an accident or injury, when a Camp Health Care Provider is not present. The senior qualified staff member at the site of an injury will administer first aid; a less experienced staff member, or a staff member without first aid qualifications, will seek medical help. As soon as possible, care will be assumed by one of the Camp Health Care Providers.
- Limits of authority: Counselors and support staff members do not make any medical decisions other than seeking help and guidance.
- Training: Principles of basic first aid will be discussed with the assembled camp staff members during precamp training. Counselors and other staff members are informed of their health care responsibilities and health care warning signs during staff training and during the onsite staff orientation. Counselors and other staff members will conduct informal surveillance of others and report any worrisome observations to the Camp Health Care Providers for follow-up.

Guidelines For Accessing Additional External Medical and Mental Health Resources

- External medical and mental health resources may be accessed by the Camp Health Care Staff, at the discretion of the Chief Camp Health Care Provider for that specific camp session, the Health Care Administrator, and the Executive Director (or their designees).
- External medical resources are available as follows: Mountain West Medical Center (Tooele) and PCH Oncology Department. Mental health resources are available through the Oncology Social Work Department, Child Life Department, and clergy at PCH with staff members either onsite or on-call during camp sessions.
- Contact information for these resources is posted near the phone in the Infirmary.

- Prior notification of resources: Written notification is provided to each of the entities listed above outlining the population and dates of each camp session.

Other Items Not Covered Elsewhere

- Catheter care: Venous catheters will be cared for in the Infirmary. Catheter flushes and dressing changes will be done by the Camp Health Care Providers or under their supervision, if accomplished by the camper.
- Sick calls: Records of all sick calls or injuries, by campers or staff members, will be entered into the online medical log. Treating physicians/providers will be notified of any significant problems at the end of camp.
- Transportation for offsite medical care: If offsite medical care is necessary, campers will be transported to an appropriate facility at the discretion of the Chief Camp Health Care Provider and/or the Health Care Administrator. Staff members may be transported to the nearest hospital or hospital of choice, at the discretion of the Chief Camp Health Care Provider and/or the Health Care Administrator. In all cases of transport for offsite care, the following steps will be taken:
 - a. The Executive Director or Health Care Administrator (or their designees) must be notified of such decisions immediately.
 - b. If the patient is a camper **and** a licensed independent practitioner is not available at the campsite, the Chief Camp Health Care Provider (or their designee) will notify PCH at 801-662-1000 and notify (or arrange to notify) the pediatric oncologist on-call for patients or the admitting physician on-call for other campers.
 - c. If the patient is to be treated at a facility other than PCH, the Chief Camp Health Care Provider (or their designee) will notify the doctor on-call at that facility as appropriate.
 - d. Access to the online medical records will accompany the transported person, including the patient's health history, physical examination form, consent to medical treatment, medical insurance information, and emergency contact information.
 - e. At least 1 member of the Health Care Staff will accompany the patient during transport.
 - f. One of the Health Care Staff, or the Executive Director (or their designee), will contact the patient's parent / guardian (or designated emergency contact) prior to the transfer. If the illness or injury is nonurgent, the Chief Camp Health Care Provider will discuss disposition options with the patient (if the patient is an adult) or their parent / guardian (if the patient is a minor), including transport destination, transfer of care to parent / guardian or another responsible party, and options for returning during the camp session. If the parent / guardian / contact cannot be reached in a timely fashion, the patient will be transported as medically necessary and these staff will continue attempting to contact the parent / guardian / contact until successful.

Reviewed and approved by: _____

Oncologist Name (printed)	Position
_____	_____
Oncologist Signature	Date Signed