

“Things to think about” when developing/reviewing written protocols and procedures in compliance of COCA Gold Ribbon Standard 5.2:

This guide is meant to assist camps in the development and /or customization of written protocols and procedures for dealing with common incidents occurring in their pediatric oncology camp program setting.

To comply with COCA Gold Ribbon Standard 5.2 each Camp must annually review protocols ensuring written protocols and procedures account for the program’s specific location, scope of practice of on-site health care providers while taking into account the composition of their camper/staff population and the time or distance to access advanced medical support. (See Standard 5.2 for complete standard and standard intent).

Communicable diseases:

- 1) Document screening procedures of staff and campers for signs of illness
- 2) Instructions to staff and families about when to stay home for signs of illness
- 3) Basic cleaning and sanitation procedures around camp
- 4) Quick identification and possible isolation of ill campers or staff
- 5) Procedures to limit spread of illness outbreaks
- 6) Immunization requirements for staff and campers
- 7) Any changes to immunization policies if there is a local outbreak
- 8) Notification to staff and campers if an infectious disease has been identified after camp that might have been communicable during the camp session

Chicken Pox and Shingles:

- 1) Information provided to staff and families about when to stay home for illness or potential exposure
- 2) Policy and practice regarding proof of immunization or immunity for staff and campers
- 3) Procedure for getting prophylaxis for potentially exposed vulnerable staff or campers without immunity
- 4) Procedures for informing staff and campers of possible exposure if someone is diagnosed after camp

Central Line Care

- 1) Are campers with central lines accepted at camp?
- 2) Are campers with central lines restricted from any camp activities (e.g. swimming or activities that might put them at risk for damage to the line)?
- 3) Are dressing change protocols different at camp than at home (e.g. daily for campers who are active, hot and sweaty vs. 2 or 3 times weekly at home)?
- 4) Are there special precautions that must be taken for showering/bathing at camp with an indwelling central line?

- 5) Are staff trained in how to handle a ruptured central line? Are clamps readily available to stop bleeding from a torn or fractured line?
- 6) How often will medical staff inspect the exit site to ensure that there is no developing infection?
- 7) How will a torn or fractured line be repaired? Are there repair kits and trained staff on site? Will the camper be transported to the treatment center for repair?

Blood Borne Pathogens:

- 1) What Personal Protective Equipment (PPE) will available and/or provided? And to whom?
- 2) Exposure policy
 - a. What defines an exposure
 - b. What evaluation or treatment will be needed from an exposure
- 3) Disposal plan for supplies from treatment

IV and Oral Chemotherapy Administration at Camp:

- 1) What agents will be given at camp?
 - a. Oral chemotherapy
 - b. IV chemotherapy
 - c. Will you administer experimental agents, ie those provided by clinical trials
- 2) Who can administer the agents?
 - a. Requirements of nurses that can give medications
 - b. Policy regarding if pregnant staff can administer chemotherapy
- 3) Where on the camp site are medications given?
- 4) How will the camp obtain the medications to be given on site?
- 5) What is your Chemotherapy spill policy/procedure?
- 6) How will you safely manage waste from patients receiving chemotherapy
- 7) If you choose not to give one or both types of chemotherapy at camp - have a policy stating that and how you will address patients that need these treatments during the time of camp if they are allowed to attend.

Fever and Neutropenia:

- 1) Definition of a fever
- 2) Definition of neutropenia
- 3) Isolation procedures for a patient with a fever
- 4) Evaluation that will be done at camp
 - a. Exam
 - b. Labs to include blood culture at camp or defer to medical facility
 - c. Administration of treatment at camp or defer to medical facility

- i. Antibiotics
 - ii. Fluids
 - iii. Hydrocortisone for blood pressure support in patients on steroids
- 5) Transportation to medical care
 - a. How far away is your medical facility
 - b. How to determine appropriate way to transport patient - EMS/Ambulance/Air evac versus camp vehicle with staff

Anaphylaxis:

- 1) Definition of anaphylaxis
- 2) How does staff recognize a reaction?
- 3) Policy for EpiPens - how many per camper, where are they housed, who can administer
- 4) Education for staff on administration of EpiPen
- 5) Medical treatment and evaluation plan for patient having anaphylaxis

Transfusion:

- 1) Will you do blood product transfusions on site?
- 2) Can you obtain lab values in a timely manner to monitor for transfusion need?
- 3) Is there a blood bank that will release products for camp use?
- 4) Are appropriately skilled personnel available for the transfusion and appropriately licensed personnel to verify that the product is acceptable?
- 5) How will you maintain charting documents and transmit copies to the camper's primary treatment center? Are appropriate personnel, medications and equipment available at camp for treatment of transfusion reactions?
- 6) Are appropriate monitoring policies and procedures in place to deliver transfusions safely?
- 7) Are there contingency plans in place for transporting a camper to a medical facility for severe transfusion reactions?
- 8) Is your liability insurance carrier aware that blood product transfusions will be given on site

For arranging transfusions off-site:

- Is there a medical facility willing to provide transfusion services for your campers?
- Can you obtain lab values in a timely manner to monitor for transfusion needs?
- Is there a plan for transportation of the camper to and from the facility for a needed transfusion?
- Who will accompany the camper during the transfusion?

Antibiotic Resistant Organisms (ARO)

- 1) Definition of ARO
- 2) Camp application to address screening for AROs

- 3) Policy for accepting campers with known AROs

Hazardous Waste

- 1) What types of Hazardous Waste items might you have at Camp
 - a. Needles/Sharps
 - b. Chemo drug containers, bags etc.
 - c. Waste from patients who are getting chemotherapy - emesis clean up, diapers, etc.
 - d. Biohazardous waste from known infected campers
- 2) How do you appropriately transport and dispose of these after Camp

EXAMPLE