

**CAMP RONALD McDONALD FOR GOOD TIMES®
CAMPER HEALTH CARE PLAN**

I. Health Care Needs of Participants

Camp Ronald McDonald for Good Times provides camping and outdoor recreational experiences for children with cancer and their families. The CRMDfGT health services goal is to monitor support and maintain the health of:

- i. Pediatric oncology patients with various diagnoses, treatment protocols, stages of treatment or remission and the physical affects of disease and treatment.
- ii. Patient siblings in generally good health
- iii. Parents of patients in generally good health
- iv. Staff in generally good health and/or are or have been treated for cancer

The health care needs of participants include:

- i. An organized healthcare system that compliments the growth and development needs of participants.
- ii. A monitored health care system that identifies the specific health care needs of the participant.
- iii. Security in knowing that camp health care supports campers on going medical protocols and treatments as directed by home health practitioners.
- iv. Assuring parents and home health care providers that health is a camp priority.

II. Responsibility and Authority of Health Care Personnel

A. Qualifications

1. Camp Physicians
 - a. Valid license to practice medicine in the state of California
 - b. For sessions serving patients: Lead Physician will have experience in the care of children with cancer.
2. Camp Nurses
 - a. Valid license to practice as a register nurse (RN) in the state of California.
 - b. For sessions serving patients or patient families: Charge Nurse will have experience in the care of children with cancer.
 - c. Nursing students must be under the precept of a license registered nurse.
3. At least one member of the health care team at each session will be certified in basic life support (CPR); it is recommend that one member be trained in advanced pediatric life support (PALS)
4. Program Staff
 - a. Any Lifeguard present at the pool and any other aquatic activity must possess a current certification in first aid and CPR.
 - b. Equestrian staff will have at least one staff member with a current certification in first aid and CPR on duty at each riding activity.
 - c. Backpack staff will have at least one staff member with wilderness first aid or RN with CPR on duty on each trip.
 - d. Adventure staff will have at least one staff member with a current certification in first aid on duty at each adventure activity.
5. Early Defibrillation Response Team
 - a. Early Defibrillation Coordinator shall be the Camp Director.
 - b. Early Defibrillation Response Team members shall be those authorized and trained under Camp's Early Defibrillation Response Policies and Procedures.

B. Responsibilities

1. Camp Physician
 - a. Overall responsibility for any medical situations that may arise

- b. Supervision of all medical procedures
 - c. Ordering of medications
 - d. Review the healthcare orientation of camp staff
- 2. Camp Nurse
 - a. Responsible for health care facility (Med Shed) operations
 - b. Carrying out medical procedures as directed by a physician
 - c. Review the healthcare orientation of camp staff
 - d. Pre-camp screening of all camper and staff
- 3. General Staff
 - a. Responsible for the general health and safety of the campers.
 - b. Will conduct daily health evaluations of each camper under their direct supervision.
 - c. Will report all changes in camper and staff wellness to health personnel.
- 4. Early Defibrillation Response Team
 - a. Respond to emergency calls according to Camp's early defibrillation response protocols.

C. Composition and Availability

- 1. The Health Care Personnel:
 - a. Sessions serving patient campers will include a minimum of one physician and, in addition, one nurse for each 30 patient camper children.
 - b. Sessions serving non-patient campers only will include a minimum of one physician and/or nurse practitioner under orders from a physician.
 - c. Family camp sessions serving patients and siblings with parents present will include a physician and a nurse.
- 2. A physician and/or nurse will be present for any off site trips where immediate emergency communication is not available or, when in the opinion of the health care team, the care of specific camper(s) must be more closely monitored.
- 3. The Health Care Personnel will in residence during all sessions.
- 4. At least one member of the resident health care team will be immediately available throughout the nighttime hours.

III. Routines for Camp Health Care

A. Health Screening

- 1. Pre Session
 - a. Charge Nurse or designate will review prospective camper and staff health history and medical information to determine health care need and/or accommodations prior to each camp session.
 - b. Any concerns about the Camp's ability to provide a safe and appropriate camp experience of a given camper or staff member will be referred to the Medical Committee Chair or his/her designate. In consultation with the professional staff, the Charge Nurse and Medical Committee Chair will make the decision as to the ability and/or best course of action to provide a safe camp experience for each camper and staff member.
- 2. During Camp
 - a. Staff Orientation
 - 1. As a part of staff orientation the Camp Nurse or designate will visually assess all staff and compare with documentation and check-in staff medications.
 - b. Camper Check-In Registration
 - 1. A Nurse or Physician or designate will check-in each camper at transportation locations or arrival to camp.
 - 2. Check-in will be administered according to operation procedures and

includes:

3. Communications with Parent/Guardian on camper's care needs.
4. Verification and check-in of medications with dispensing routines.
5. Visual assessment of camper needs and compare with documentation.
- c. Daily Screening
 1. Cabin Staff will visually screen each camper each day for general health. All changes in camper and staff health will be reported to the health personnel.
 2. Health personnel will visually screen campers and staff when dispensing medications each day.
- d. Communication of camper / staff care taking needs and program eligibility.
 1. Health care personnel will inform cabin staff of specific care taking needs for each camper under their care prior to the camper's arrival at camp.
 2. Prior to program activities, health care personnel will brief high risk/high activity program staff of specific care needs, safety and eligibility concerns for any camper and staff person attending the session.
 3. To respect each individual's privacy, and in compliance with health information privacy law, only the minimum necessary information pertinent to a camper's /staff's care and safety will be shared.

B. First Aid

1. Non-Emergency First Aid
 - a. Health care personnel and their designate will administer minor first aid. General staff will practice universal precaution procedures and take injured person to the Med Shed.
 - b. In the event the individual cannot be taken to the Med Shed, staff will seek assistance as outlined in the emergency procedures.
 - c. First aid supplies will be located in the following areas:
 1. Med Shed
 2. Pool area.
 3. Kitchen
 4. Vehicles
 5. Bus Leader Packs
 6. Out Trips
 7. Teepee Village
 8. Equestrian
 9. Adventure
2. Universal Precaution instruction will be given to all staff (paid or volunteer) during pre-camp orientation.
 - a. Universal Precaution kits will be located in the following areas
 1. Med Shed
 2. Pool Area
 3. Kitchen
 4. Bus Leader Packs
 5. All Program Areas
 6. With each camper cabin
3. Record keeping
 - a. All first aid incidents will be documented in the Camp Treatment Log.

C. Emergency Medical Care

1. Emergency Response
 - a. Health care personnel and/or their designates will administer initial emergency response. General staff will practice universal precaution procedures and contact health care personnel.
 - b. In the event the injured individual cannot be taken to the Med Shed, staff will seek assistance as outlined in the emergency procedures.
 - c. Any person performing initial emergency response will have as a minimum a current certification in first aid and/or CPR.
 - d. In the event of a sudden cardiac arrest, a member of the camp early defibrillation response team shall be notified as outlined in the emergency procedures.

2. Procurement of Emergency Support and/or Transportation
Emergency medical support and/or transportation will be contacted by professional staff at the request of camp health care personnel.
3. All staff will be informed and trained in their roles in the case of a medical emergency as described in the Camp Procedures.
4. Documentation of event
Health care personnel will document the incident- in accordance to Accident / Incident Documentation Procedure.

D. Daily Medical Care

1. Health care personnel will administer daily medical care.
2. Health care personnel will be available to monitor and support camper and staff health at any time during a camp session.
3. All visits to the Med Shed by campers and staff for medical/health problems will be recorded in the camp Treatment Log. Any out-of-camp health/first aid occurrences will be added to camp Treatment Log as soon as possible after occurrence of incident.

E. Routine Health Care

1. Personal Hygiene
 - a. Cabin Staff will visually screen each camper each day for changes in health. All changes in camper and staff health will be reported to the health care personnel.
 - b. Health care personnel will visually screen campers and staff when dispensing medications each day.
2. Medications
 - a. All routine camper and staff medications given will be documented in the Medication Record.
 - b. Medication Administration
Routine camper and staff medications will be kept and administered in accordance with Camp Medication Procedures.
3. Central Line Care
 - a. Health care personnel will visually examine all individuals' central line sites upon their arrival to camp and before they visit the pool.
 - b. All central line monitoring and care will be recorded on the Camp Medication Record.

F. General Camp Practices

1. Health care personnel or their designate will review all living areas for cleanliness daily.
2. Facility Manager or his/her designate will monitor and ensure the cleaning of all camper living areas, bathrooms and shower houses during and between camper sessions.
3. Facility Manager or his/her designate will view all food preparation areas for sanitation and visually screen food preparation personnel for health weekly.
4. Facility Manager or his/her designate will monitor food refrigeration and freezing equipment for proper temperature daily.
5. Facility Manager or his/her designate will monitor dish and utensil sanitation procedures and equipment daily.
6. Facility Manager or his/her designate will monitor and ensure waste removal for the facility.

IV. Communication with Parents/Guardian

- A. A camp health care professional will call a camper's parent/guardian if
 1. medical situation arises requiring more than first aid
 2. change in medication routine
 3. a reportable accident or incident arises with the camper
 4. camper needs to leave Camp for medical reasons
 5. if determined necessary by the health care team.
- B. The camp health care professional will notify the Camp Director of any calls made to a camper's parent and document the call's date, time and content in the camper's Treatment Log.
- C. Parents will be notified in writing of a substantial medical/health/medication changes with their child with a note sent home at the end of the session.

V. Written Health Records

A. Staff

1. Each seasonal staff member (paid or volunteer) will keep a completed health history on-file at the camp facility. The health history will be updated annually and include the following:
 - a. Statement or record of MMR (Measles/Mumps/Rubella) immunization or year measles were contracted.
 - b. Statement or record of Vericella (Chicken Pox) immunization or year contracted.
 - c. Statement or verification of most recent Tetanus vaccination.
 - d. Name and contact information for personal physician
 - e. Medical and dental insurance coverage
 - f. Treatment Authorization in cases of emergency.

B. Campers

1. Health History
 - a. A detailed health history for each camper will be submitted prior to each session and kept at the facility. The Medical Committee will determine the content and author of the health history.
 - b. A health history for each camper will be completed at least six months before the camp session for campers on therapy and twelve months before the camp session for campers not on therapy.
2. Health Examination
 - a. A detailed health examination will be submitted prior to each session and kept for each child camper at the facility. The Medical Committee will determine the content and author of the health history.
 - b. A health examination for each camper will be completed at least six months before the camp session for campers on therapy and twelve months before the camp session for campers not on therapy.
 - c. Each health examination for campers on therapy will request a complete blood count (CBC) completed within one month of the camp session.
3. Authorization to Seek Treatment
 - a. Each camper will have on file a current signed authorization to treat for a medical or dental emergency. A parent or guardian will sign the complete authorization for all minors.

C. Treatment Log

1. All visits to the Med Shed by campers and staff for medical/health problems will be recorded in the Camp Treatment Log. Each notation will include:
 - a. Date/time

- b. Camper/staff name
 - c. Problem
 - d. Treatment
 - e. Initials of person administering care
2. Any out-of-camp health/first aid occurrences will be added to the Camp Treatment Log as soon as possible after occurrence of incident.
3. Treatment Logs will be separate for campers and staff.
4. To best insure the tracing of individual camper and staff health, logs will kept in a notebook with chronological records by person by session.

D. Medication Record

1. All medications dispensed will be recorded in Medication Record. The Medication Record notation will include:
 - a. Date / time
 - b. Campers /staff name
 - c. Medication given
 - d. Initials of person administering medication
2. Medication Logs for campers and staff will be kept in a notebook with chronological records by person by session.

E. Accident / Incident Reporting

1. All accident or incidents requiring medical attention beyond routine care or simple first aid will be documented as outlined in the Accident / Incident Documentation Procedures.

F. Records

1. Maintaining (sessions)
Maintaining of treatment log, medication record, and camper and staff health histories, health examinations and treatment authorizations during camp sessions are the responsibility of the session's Charge Nurse.
2. Regular Annual Review
Treatment logs and Accident / Incident Documentation will be compiled and reviewed annually by the Medical Committee. The annual report will be reviewed to identify health, wellness, and accident or illness trends for campers and staff. Medical Committee will recommend programmatic, facility and/or health care changes to maximize camper and staff health and wellness.
3. Archive File Storage
 - a. Health histories and health examinations will be kept in the campers/ staff files.
 - b. Treatment Logs for campers and staff will be kept by session in annual bound notebook.
 - c. Medication Logs for campers and staff will be kept by session in annual bound notebook.
 - d. Archiving of all health care records is the responsibility of the Camp Director.
4. Retention
Retention of camper and staff health histories, health examinations, treatment logs, medication logs and accident / incident documentation will be held for seven (7) years after the related session or seven (7) years after the child's age of majority (18 years old) which ever is longer.

VI. Health Care Equipment and Supplies

- A. The camp will have available the equipment, supplies and medications necessary for anticipated emergency/medical problems that could occur in a child that has or has had

cancer and for emergency /medical needs that might commonly occur for children and adults in a camp situation. The Medical Committee will determine the types and amounts of equipment, supplies and medications. The Medical Committee will review the Camp's need for equipment and stock medications on a regular basis.

- B. Maintaining inventory of medications will be the responsibility of a qualified designee of the Medical Committee. Inventory of equipment will be the responsibility of the Camp Director or her/his designate.

EXAMPLE

VII. Hospital / Laboratory, Dental and Mental Health support

- A. The Camp Director under advisement with the Medical Committee will establish contact with the nearest emergency facility to arrange for care in emergency situations, prior to the commencement of each camp year. Arrangements will also be made to arrange for Laboratory, Dental and Mental Health support prior to each camp year.
- B. Emergency transport options will be arranged prior to each camp year along with notification of local paramedic units and Ambulance Company.

The proceeding Health Care Plan is approved and adopted as of 1989, 1991, 1994, 1997, 1998, 2001, 2003, 2004, 2006, 2009, 2010 Revisited 1/2013.

Susan McKenna, MD, Chair Medical Committee
Camp Ronald McDonald for Good Times

Brian Crater, Associate Executive Director
Camp Ronald McDonald for Good Times

ACA Standards – HW-3, 4,8,9,10,13,14,19,

EXAMPLE