Association of Camp Nurses
www.campnurse.org

CompassPoint
. . .working for healthier camp communities by supporting the practice of camp nursing.

June 2011 volume 21, number 2

– My View –

Camp is Really Good!

Jill Ashcraft, RN

I have been involved with Boy Scout and Girl Scout programs 20 plus years. I like the opportunities these programs offer for children. My children have camped, hiked, sold cookies and Christmas trees. They have planned and carried out service projects, attended summer camp, and we did the backpacking trek at BSA Philmont in New Mexico. Through these years they made friends, had great adventures and increased their leadership skills. Whether scout based, church affiliated or independent, youth programs can offer children the opportunity to increase their self-confidence and aid in their maturing process.

Youth programs have intentional benefits to the children while at the same time giving benefit to the adults involved. Adults working together may have different viewpoints and philosophies that can cause us to reach a solution that pushes us out of our comfort zone. We share ideas and coping mechanisms, all in the interest of creating a positive experience for the children. Frequently these interactions include the youth or are observed by youth. We strive to be good role models while teaching our children the same skills.

I look forward to seeing the adults I have known for years and to meeting new faces. We have sat through meetings, driven car loads of kids and gear to camp, and watched their antics. All of us share a common interest in providing a safe and rewarding experience for the children. In the process of this endeavor I have met people I might never have known, made friends, and learned much about myself. It is interesting how that mirrors the experiences of the children.

My children are out of college and into the next stage of their lives. There is laughter and a few groans when we reminisce about their scouting experiences. They laugh at their adventures, talk about the friends they made and the adults who helped them. I have found a sense of humor and the ability to laugh at one's self is very helpful. Our scout years were busy but brought a lot of joy and people into our lives.

It is summer again, so in my world it's time for camp. My children are grown and no longer go to camp with me, but I find myself packing. The ability to be outdoors and work as a nurse are a real plus but I have to say a big draw is spending time with the kids. Whether it's the giggles of a 6-year-old, the attitude of a teenager or the cool appraisal of a 20-year-old, I do enjoy them. Camp is good for them and really good for me. Have safe and happy summer.

Jill Ashcraft is a retired orthopedic clinic nurse and a camp nurse at Camp Wil-lo-linn in Oregon. She is an ACN Board Member.

In This Issue...

– Editorial –

Are Camp Nurses Still Isolated?

How exciting to have Jean Otto's contributions to the beginnings of ACN captured so nicely, to see how the story pieces come alive through her writing and recollections. I like to think we've made a lot of progress in clarifying and strengthening the camp nursing role since her early days and that health and wellness is a strong component in most camp programs. I certainly was struck by her words, however, that camp nursing is "…isolating, to say the least." I never really felt that so I'm left wondering whether I'm misinterpreting Jean's definition of isolating or whether times have changed.

My days at camp were most always surrounded by people—in the Health Center, waiting in line outside the Health Center, at the table in the Dining Hall, on the trail, at the lake, even knocking on my door when I finally turned the lights off and called it a day. Little people, big people, people on the phone—being alone just to take a shower was quite a feat! Isolation is something I never experienced, not in the peak of the camp season and not even in the middle of winter at our year-round camp. In our busy Health Center, even people "in isolation" were hardly isolated.

So, I'm thinking I'm misinterpreting what Jean meant by saying camp nursing was isolating. I think maybe she was referring to the autonomous practice of camp nursing where you might be the only nurse in the Health Center that minute, that day, or that season. You don't have a colleague looking at the same rash, the same wound, or the same turned ankle you are evaluating. You don't have someone in the next room who can order the medication you know is needed. You are relying on your knowledge, your experience, your assessment, and your judgment. I guess that could be considered isolating but others would call it challenging or stimulating.

I wonder if Jean meant it was isolating because camp nurses had limited access to resources and colleagues. I do think today's camp nurses are at a distinct advantage even if they are the only nurse on site. There are good resource materials for them to take along to camp—several have told me they take their collection of *CompassPoint* issues with them. Members sharing through features such as "Practice Sharing" and "It Happened This Summer" can be very helpful. At most camps today there is some connection—even if limited—to Internet resources and to the phone. ACN members know other members who are happy to discuss a pressing issue on the phone and offer input. ACN's web site and listserv are useful as well.

One of the best preventative measures for camp nurse isolation—if it still exists—is the face-to-face experience of meeting and spending time with other camp nurses. Nothing tops that experience and that is why I hope you are planning to join your colleagues in San Diego in February. Meet and greet, share and grow—it will be one of the best camp experiences ever. I just know it.

Susan B. Baird, RN, MPH, MA
Editor

Association of Camp Nurses (ACN)
8630 Thorsonveien NE – Bemidji, MN 56601
Phone: 218-586-2633 Fax: 218-586-8770
www.campnurse.org Email: acn@campnurse.org

∂≠ ≈W› C∂¢£Êis an official publication of the Association of Camp Nurses (ACN), a not-for-profit nursing organization. # ∂≠ ≈W› C∂¢£Êis published four times a year and is intended as an informational resource only. Neither ACN nor its staff can be held liable for the practical application of any ideas found herein. Readers are invited to submit items for publication to Susan Baird, Editor, via email at nursusan2@aol.com. Contents may not be reproduced without prior written consent. Member dues and subscription fees are $50 annually. # ∂≠ ≈W› C∂¢£Êis indexed in CINAHL.

Camp Healthy People 2020

Linda Ebner Erceg, RN, MS

Abstract: *This paper explores the impact of the Healthy People 2020 objectives within the camp community. With completion of the Healthy Camp study, camps are uniquely poised to more fully articulate how they are health-promoting environments and to identify areas for improvement. The social determinants of health are discussed from a camp perspective and selected Healthy People 2020 objectives are presented for self-assessment.*

The Healthy Camp Study has been completed. In addition to providing the camp community with data about the injury-illness experience of campers and staff (American Camp Association, 2011), the study also embedded a unique concept deep within our camp world, the concept of a "healthy camp." Indeed, speakers at the Healthy Camp Symposium (Erceg, 2011; Thurber, 2011; Walton, 2011) used this concept to describe camps that, through the work of camp leaders, intentionally shape the camp experience to promote wellness for campers and staff.

Coincidentally, the U.S. government released the nation's Healthy People 2020 objectives in December 2010 (U.S. Department of Health and Human Services). These objectives define health improvement goals for the U.S. population. Developed by a consortium of government agencies with input from other sources–including evidence based research–the Healthy People 2020 objectives set national goals designed to improve the health of the U.S. population. The intent is that constituents who value health promotion work within their own communities and initiate interventions to bring both the community and its individual members into compliance with the national objectives by 2020.

This sounds like a tall order. However, the objectives are realistic. They were built on those that have guided health promotion efforts for the previous three decades. Public health nurses may remember the first set of objectives that emerged from the 1979 report entitled Healthy People: The Surgeon General's Report on Health Promotion and Disease Prevention (U.S. Department of Health, Humans Services and Welfare, 1979). That report triggered a series of Healthy People objectives, each set in place for a decade and supported by a data-gathering process designed to mark progress toward achieving the benchmarks (objectives).

What has this to do with camp and why should we, the camp nursing community, be interested?

It doesn't take a lot of thinking to realize that what we learned from the Healthy Camp Study merely set the proverbial stage for the future of camp health. Now that camps have descriptive data about injuries and illness as well as a better understanding of the context in which those events occur (American Camp Association, 2011), the next step is to help our camps become healthier communities by using what was learned to implement interventions that improve the health of campers and staff. This is a task keenly suited to nursing practice and one to which every camp nurse–indeed, all camp professionals–should be committed. But where does one start? That start is provided by the Healthy People 2020 objectives. By comparing the data from camp with the U.S. objectives, one can discover both the strengths and challenges associated with health in the camp setting. It is this author's opinion that such an assessment would reveal that camps are one of the strongest health promoting environments in the U.S. Conducting the assessment and then taking action to bring our challenges in line with the objectives gives focus to the camp community's health promotion efforts while also providing opportunity to more effectively articulate the camp position as a strong influence in youth development.

The Impact of Social Determinants upon Health

Camps are as varied as the people who attend them, a variation that is also present in the greater population. Consequently, any effort to improve the health of individuals must take into consideration "the range of personal, social, economic and environmental factors that influence health status" (U.S. Department of Health and Human Services, 2010). Collectively, these factors are called the social determinants of health. For camp initiatives to influence the health of campers and staff, those shaping the interventions must understand the social determinants embedded within the camp's population. These social determinants help describe the community's opportunities and challenges; understanding them makes a difference when trying to improve the health of people. The determinants used by the Healthy People 2020 objectives are listed below with a comment about how this determinant may present at camp:

- The biological and psychological (mental and emotional) make-up of the community's (camp's) individuals: This determinant includes factors such as age, sex, developmental stage, and the inherited profile of campers and staff.
  - Pre-school and elementary populations have a set of developmental needs to address than that is different from those of adolescents. These differences may predispose individual to unique health problems.
  - Some health challenges are related to ethnicity. As the camp population diversifies, camp professionals should become familiar with the biological (inherited) tendencies related to the population's ethnicity and shape the camp's ability to respond to that information.
  - Campers bring the mental and emotional challenges of home to camp, yet there are unique differences in the survival skills needed in these two environments. To minimize emotional stress over these differences, determine the differences and then inform campers as well as provide coping skills to minimize any impacts.
- The population's social factors: This determinant includes factors such as access to an environment that promotes physical activity, access to good food, availability of resources, a positive depth and quality to social support and interactions, access to the natural environment, and low exposure to crime, violence and social disorder.
  - Campers and staff–when they are at camp–probably experience rich social factors. The elements described above are what most camps strive to provide. Perhaps it's time to audit the camp environment and determine exactly where and how these factors are provided.
  - On the other hand, each camper and staff member arrives at camp from a different setting that may not

be as rich in social factors. Knowing these distinctions can help camp professionals (a) transition campers and staff more effectively to camp and (b) provide resiliency skills for when the individual returns home.

- Access to health services: Consider access to all health-related services for this determinant, including dental and emotional/mental health services as well as the individual's ability to pay for the services.
  - Camps that utilize campers' parent insurances are discovering that some of the insurance plans do not cover the child at camp. This can trigger a barrier when need arises at camp.
  - Some campers and staff do not have access to dental care. They may arrive at camp with poor daily hygiene practices, triggering the need for staff to teach basic mouth care or experience the flare of an untreated problem during their camp stay.
  - Some camps are located in areas with limited access to some health services.
  - Just as camps collect health information from parents about their child prior to the camp experience, many camps can improve their process of reporting back to parents about the camper's use of camp health services. Bridging between the environments has growing impact.
- Individual behaviors: Individual behavior plays a role in health outcomes. In addition, positive changes in health behaviors can reduce the rates of chronic disease.
  - Youth and young adults are at camp at a time in their life when they are forming patterns that will impact life-long health behaviors. Knowing this, perhaps the camp world needs to become more intentional in its quest to influence personal behaviors, especially those associated with daily activity, nutrition, avoiding substance abuse, and getting adequate sleep/rest.
- The scope of policy that influences the community/camp: This social determinant includes elements such as state regulations that impact wellness, the community's formal standards of practice, and camp-specific policy and practice.
  - ACA Standards are an excellent example of the camp community's formal standards of practice. Grounded in health and safety, many of the Standards address factors that are health promoting.
  - Each camp has tremendous latitude to define the policies that influence health promotion at camp. Be it the daily schedule, what's served at meals and for snacks, the amount of activity each participant has on any given day, the attention to health provided by camp staff, and/or how the camp deals with conflict, each factor has the potential to contribute to health.

Perhaps the upcoming summer is a good time to consider these factors and gain an understanding of each determinant's impact upon health as well as what happens when the factors interact with one another.

2020 Healthy People Objectives at Camp

With an understanding of the social determinants' impact upon camp health along with knowledge about the health context of a given camp, one has the baseline needed to look at target goals for specific Healthy People objectives in relation to camp. The objectives themselves are available online at http://www.healthypeople.gov/2020/topicsobjectives2020/default.aspx.

When working with the objectives, note that each has a code. Similar to ACA Standards, the letters associated with each objective refer to a particular topic category. For example, AH represents the topic Adolescent Health, SH represents the topic Sleep Health and PA is used for Physical Activity. Following the letters are numbers. The numbers refer to the specific objective under each topic. So AH-3.1 is found under the topic Adolescent Health and is specific to the third objective, part one. Some readers may want more detail, in which case knowing how to navigate the online code might be helpful.

Table 1 provides an overview of several Healthy People 2020 objectives. These are intentionally presented because they reflect an aspect of the camp community. Use the table to quickly determine how much alignment exists between current camp practices and the selected target goals for each objective. For example, the first descriptor reads, "Increase the proportion of children and youth (aged 17 years and younger) who have a specific source of ongoing healthcare to 100%." If your camp provides this, then check the "Yes" box. Some camps, especially day camps, may read that objective in relation to the camper's home-based healthcare source. That's equally valid. The point is to determine the percent of children and youth with ongoing healthcare.

Some objectives address health needs that are typically met at camp by people other than Health Center staff. AH-3.1 is such an objective: "Increase the proportion of adolescents who have an adult in their lives with whom they could talk about serious problems to 83.3%." This objective is linked to youth development; we know that youth having this asset tend to transition to adulthood better than youth without it (Search Institute, 2010). This health promoting objective targets mental and emotional health and, in most camps, is built into the way camp staff interact with campers. But also consider the age of staff. Many of them are adolescents. From a camp perspective, does the objective hold for them too?

Still other objectives–such as EH-24–state a target goal in terms of improvement: "Decrease the burden of disease due to poor water quality, sanitation and insufficient hygiene. Target: 10% improvement." Assessing this means knowing the camp's baseline for illness related to water quality, sanitation and insufficient hygiene and then, over time, working to reduce that baseline by 10%. Such an objective illustrates why the target goals focus on the year 2020; one has time to accomplish things.

Several of the selected objectives have direct barring upon the work of camp nurses. Health communication and health information technology objectives (HC/HCT) capture this, especially the objective that lays out goals to increase the proportion of persons who report that their healthcare providers have satisfactory communication skills (HC/HCT-2). This can be challenging in a busy camp Health Center and/or when working with campers and staff whose primary language differs from that spoken by the camp nurse.

There are also goals for some objectives that will be surprising to camp professionals. For example, injury and violence prevention (IVP) objectives, especially IVP-34, address the reduction of physical fighting among adolescents. Nationally,"31.5 percent of students in grades 9 through 12 reported that they engaged in physical fighting in the previous 12 months in 2009" (U.S. Department of Health and Human Services, 2010). The target goal is to reduce this percent to 28.4 by 2020. Physical fighting is typically not tolerated at most camps; indeed, doing so may be grounds for dismissal. This makes the camp community look

Table 1. Functionality Rating Scale
Assumptions and Limitations

The following objectives were drawn from the Healthy People 2020 document and reflect areas of intersect within the camp world. Read through each objective. Check "Yes" if your camp meets (or exceeds) the descriptor; check "No" if camp practices do not support the objective. You can access original information about each objective online at http://healthypeople.gov/2020/topicsobjectives2020/default.aspx. The more "Yes" objectives you check, the closer your camp practices are to fully complementing the Healthy People 2020 objectives. "No" response identify opportunities for improvement, assuming you'd like your camp to reflect the national objectives. While some objectives are specific to Health Center practices, the majority would be achieved through broader, camp-wide initiatives.

Objective	Descriptor and Target Goal	Yes	No
AHS-5.2	Increase the proportion of children and youth (aged 17 years and younger) who have a specific source of ongoing healthcare to 100%.		
AH-1	Increase the proportion of adolescents who have had a wellness checkup in the past 12 months to 75.6%.		
AH-3.1	Increase the proportion of adolescents who have an adult in their lives with whom they could talk about serious problems to 83.3%.		
DH-9	Reduce the proportion of people with disabilities who encounter barriers to participating in home, school, work or community activities. Target: not specified.		
ECPB-8	Offer/provide an employee health promotion program to employees.		
ECPB-10	Become a community-based organization (e.g. camps) that provides population-based primary prevention services in the following areas: Injury Prevention Tobacco Use Prevention Substance Abuse Prevention Nutrition Promotion Physical Activity Promotion		
EH-4	Provide a camp water system that meets the regulations of the Safe Drinking Water Act.		
EH-13.2	Reduce indoor allergen levels related to the presence of mice (0.14 micrograms of mouse allergen/gram of settled dust. Target: 10% improvement		
EH-24	Decrease the burden of disease due to poor water quality, sanitation and insufficient hygiene. Target: 10% improvement.		
FS-1	Reduce infections caused by key pathogens transmitted commonly through food *Campylobacter* series target: 8.5 cases per 100,000 Shiga toxin producing *Escherichia coli* 0157:H7: 0.6 cases per 100,000 *Salmonella* series target: 11.4 cases per 100,000		
FS-4	Reduce severe reactions to food among adults with a food allergy diagnosis. Target: 27.6% improvement.		
FS-5	Increase the proportion of consumers who follow key food safety practices. Clean: wash hands and surfaces often. Target: 10% improvement Separate: don't cross-contaminate. Target: 3.4% improvement Cook to proper temperatures. Target: 35% improvement Chill: refrigerate promptly. Target: 3.4% improvement		
HC/HIT-1	Increase the proportion of persons who report their healthcare provider always gave them easy-to-understand instructions about what to do to take care of their illness or health condition. Target: unspecified.		
HC/HIT-1.2	Increase the proportion of persons who report their healthcare provider always asked them to describe how they will follow the instructions. Target: unspecified.		
HC/HIT-2.1	Increase the proportion of persons who report their healthcare provider always listened carefully to them to 65%.		
HC/HIT-2.4	Increase the proportion of persons who report their healthcare provider always spent enough time with them to 54%.		
HC/HIT-3	Increase the proportion of persons who report their healthcare provider always involved them in decisions about their healthcare as much as they wanted to 56.8%.		
ENT-VSL-2	Decrease otitis media in children and adolescents to 221.5 persons per 1000 population.		
HDS-5.2	Reduce the proportion of children and adolescents with hypertension to 3.2% of the population		
IID-1	Reduce, eliminate, or maintain elimination of cases of vaccine-preventable diseases. Mumps target: 500 cases nationally Pertussis target: 2500 cases nationally Varicella target: 100,000 cases nationally		
IID-11	Increase routine vaccination coverage levels for adolescents: 1 dose of Tdap booster vaccine by 13-15 years: Target 80% of population 2 doses of varicella vaccine by 13-15 years: Target 90% of population 1 does of Meningococcal vaccine by 13-15 yrs: Target 80% of population		

Objective	Descriptor and Target Goal	Yes	No
IVP-1.3	Reduce emergency department visits for nonfatal injuries. Target: 10% improvement.		
IVP-26	Reduce sports and recreation injuries to 41.0 injuries per 1000 population.		
IVP-34	Reduce physical fighting among adolescents. Target: 10% improvement.		
IVP-35	Reduce bullying among adolescents. Target: 10% improvement.		
IVP-41	Reduce nonfatal intentional self-harm injuries to 112.8 injuries per 100,000 people.		
MHMD-2	Reduce suicide attempts by adolescents to 1.7 attempts per 100 adolescents.		
MHMD-3	Reduce the proportion of adolescents who engage in disordered eating behaviors in an attempt to control their weight to 12.9% of adolescent population.		
MHMD-4	Reduce the proportion of adolescents aged 12-17 years experienced a major depressive episode to 7.4%.		
NWS-8	Increase the proportion of adults who are at a healthy weight. 30.8% of adults were at healthy weight in 2005-08. Target: 33.9%		
NWS-10	Reduce the proportion of children and adolescents who are considered obese. 17.4% of 6-11 year olds were obese in 2005-08. Target: 15.7% 17.9% of 12-17 year olds were obese in 2005-08. Target: 16.1%		
NWS-11	Prevent inappropriate weight gain in youth and adults. Target: unspecified.		
NWS-14	Increase the contribution of fruits to the diet of people 2 yr and older from 0.5 cup equivalents per 1000 calories to (target) 0.9 cups equivalent per 1000 calories.		
NWS-15.1	Increase the contribution of total vegetables to the diet of people 2 yr and older from 0.8 cup equivalents per 1000 calories to (target) 1.1 cup equivalents per 1000 calories.		
NWS-18	Reduce consumption of saturated fat in the population aged 2 yr and older. Target: 9.5% mean percent of total daily calorie intake provided by saturated fat.		
OSH-2.1	Reduce non-fatal, work related injuries in the private sector (e.g., camp) that resulted in medical treatment, lost time from work, or restricted work activity from 4.2 injuries per 100 full-time equivalents to (target) 3.8 injuries per 100 full-time equivalents.		
OSN-2.3	Reduce non-fatal, work related injuries to adolescent workers (aged 15-19 yrs) to (target) 4.9 injuries per 100 full-time equivalent workers.		
PA-3	Increase the proportion of adolescents who meet Federal physical activity guidelines for aerobic physical activity (1 hr or more daily) and for muscle-strengthening activity (at least three days/week) to 20.2% (target).		
PA-8.2	Increase the proportion of children and adolescents who view television, videos or play video games for no more than 2 hr/day to 86.8% for children and 73.8% for adolescents.		
PA-8.3	Increase the proportion of children and adolescents who use a computer or play computer games outside of school for no more than 2 hr/day to 100% for 6-14 yr olds and 82.6% for students in grades 9-12.		
RD-3	Reduce emergency department visits for asthma from 56.4 to 49.1 emergency department visits per 10,000.		
SH-3	Increase the proportion of students in grades 9-12 who get 8 or more hours of sleep on an average night from 30.9% to 33.2%.		
SH-4	Increase the proportion of 18-21 year olds who get ≥ 8 hours of sleep on average in a 24-hour period and increase the proportion of those aged 22+ who get ≥ 7 hours of sleep in a 24-hour period to 70.9%.		
SA-14.2	Reduce the number of college-aged student who engage in binge drinking in the past two weeks to 36%.		
SA-15	Reduce the proportion of adults who reported that they drank excessively in the past 30 days to 25.3%		
TU-3	Reduce the initiation of tobacco use by children, adolescents and young adults to 4.2% (of 12-17 year olds who previously did not use and reported initial use in the past 12 months).		
TU-9.1	Increase tobacco screening in office-based ambulatory care settings (e.g., the camp Health Center) to 69.1%.		
TU-10.1	Increase tobacco cessation counseling in office-based ambulatory care settings (e.g., the camp Health Center) to 21.2%.		
TU-11.1	Reduce the proportion of children ages 3-11 who are exposed to second-hand smoke to 74%.		
TU-11.2	Reduce the proportion of nonsmoking adolescents (ages 12-17) who are exposed to second-hand smoke to 70.2%.		

pretty good. However, it's important to understand that campers and staff may come from settings at which physical fighting occurs. What is it about camp that reduces–if not eliminates–this behavior? Understanding the reason may provide insight for other youth-centered environments.

Take Action, Especially on Objectives in the "No" Column

Continuous quality improvement is a concept that robustly appears within organizations interested in setting themselves apart from competitors. The camp community is one of these. It typically seeks to improve, especially in areas associated with health and well-being. Consequently, to address quality improvement, take action on the camp's Healthy People objectives that do not meet 2020 goals. Determine the restraining factors that prevent achieving each particular goal and then craft an intervention to address those factors. Remember: the goals are defined for the year 2020. One need not accomplish everything in the near future.

Also set up a team of people to work on the goals. Such a task is particularly well-suited to camp nurses with a public and/or community health background but designed interventions will be more effective if all stakeholders are involved. The most effective

change emerges from the community, not as the work product of one individual (Siegel and Lotenberg, 2007).

Some interventions may be a simple as changing a particular practice, but most require a return to the social determinants of health and development of a multi-faceted plan to achieve the goal. In fact, the most successful interventions are those that utilize multiple aspects of the social determinants to address and sustain a health promoting goal (U.S. Department of Health and Human Services, 2010; Siegel and Lotenberg, 2007). Take, for example, the injury and violence prevention (IVP) goal to reduce bullying among adolescents (IVP-34). The data used to support this objective was drawn from 9-12 grade students and is specific to bullying reported on school grounds. Determine the percent of campers who report being bullied at camp. This might trigger insertion of a question designed to elicit the information on a camper feedback form. Once a percent for camp is known, it can be compared to the Healthy People 2020 target goal of 17.9%. Should a camp want to lower its percent of campers who report being bullied at camp, it would be wise to consider factors associated with the camp population, social determinants such as:

- Are there any mental or emotional factors innate to the group that serve as restraining factors to bullying or factors that serve to promote bullying potential? Consider the developmental age of campers when looking at this factor.
- What are the population's social factors that impact bullying? Do campers come from social settings that promote non-bullying or do campers come from settings where aggressive behaviors are more typical? Are there social supports in the camper environment that model effective ways of coping with negative emotions? Do people talk about (identify) these model behaviors? Is there adequate access to the natural environment in a way that mitigates the effects of dense populations, limited personal space, and noise? Are there options for campers to "work off steam"?
- Is there access to quality healthcare providers for campers, especially those who take time to listen to what campers are saying and/or ask about things that may be bothersome? Do these providers follow those inquiries with focused discussion about presented challenges?
- What individual behaviors might be embedded within the camper population that makes it more likely for bullying to occur? For example, sometimes the way people dress, walk, and/or utilize body language contributes to the perception of being bullied.
- What camp-specific practices mitigate the potential for bullying behaviors? Can these be improved? For example, are counselors coached about the range of behaviors to note and do they take action when seeing bullying behaviors? Is desired behavior described to campers and seen (modeled) in the camp environment? Are consequences for bullying behaviors defined and acted upon? Are provocative victims coached to minimize their potential to trigger bullying?

Camp as a Health-Promoting Environment

Today's camp experience places value on health promotion. Challenging yet fun activities, well-trained and responsive staff, nutritious food, interaction with nature, and physical activity balanced with time to create meaningful person-to-person connections all contribute to wellness. But it's more than that. These camp-specific experiences are also designed to stick, to transfer from the camp experience into other life roles and settings. Indeed, today's camp experience is all about promoting long, healthy lives for participants.

With that kind of vision, continued attention to camp as a health-promoting environment is a necessity. The Healthy Camp Study provided a base; the Healthy People 2020 objectives provide a way for the camp community to merge its health-promotion efforts with that of the greater community. In so doing, and as was stated at the beginning of this article, it is this author's opinion that the camp experience will emerge as a premier youth development setting. Yes, we continue to have challenges. But we're also interested in exploring those challenges through research and then using our data to improve. In so doing, camps have both the potential and a record of strengthening policies, articulating measurable objectives and goals, and creating interventions that make the camp experience even healthier.

With this comes a Call to Action for camp nurses. Let's each take time to use Table 1 to assess our camps this summer. Recognizing that the Table does not represent all the Healthy People 2020 objectives, it does present a sample with specific application to camp and provides a jumping off place for future initiatives. Let's first understand our current status and then determine our priorities. Once this is known, we're ready to move forward with interventions that are grounded in the reality of camp and focused on improvement that is aligned with a national agenda.

References

American Camp Association (2011). The healthy camp impact study. Martinsville, IN: American Camp Association.

Erceg, L.E. (February, 2011). Camp illness: The good, the bad, and the catchy. In the Healthy Camp Advisory Committee (chair), Healthy Camp Symposium. Symposium conducted at the meeting of the Association of Camp Nurses and the American Camp Association, San Diego, CA.

Search Institute (2010). 40 developmental assets for adolescents. Retrieved from http://www.search-institute.org/content/40-developmental-assets-adolescents-ages-12-18.

Siegel, M., and Lotenberg, L.D. (2007). Marketing public health: Strategies to promote social change. Sudbury, MA: Jones & Bartlett Publishers.

Thurber, C. (February, 2011). More than a feeling: How healthy camps support camper mental health. In the Healthy Camp Advisory Committee (chair), Healthy Camp Symposium. Symposium conducted at the meeting of the Association of Camp Nurses and the American Camp Association, San Diego, CA.

Walton, E. (February, 2011). Spread the word: Camp is safe. In the Healthy Camp Advisory Committee (chair), Healthy Camp Symposium. Symposium conducted at the meeting of the Association of Camp Nurses and the American Camp Association, San Diego, CA.

U.S. Department of Health and Human Services (2010). Healthy people 2020. Retrieved from http://www.healthypeople.gov/2020/about/default.aspx.

U. S. Department of Health, Education and Welfare (1979). Healthy people: The surgeon general's report on health promotion and disease prevention. Retrieved from http://profiles.nlm.nih.gov/ps/access/NNBBGK.pdf.

Linda Erceg, RN, MSN, PHN is Assistant Director for Health and Risk Management at Concordia Language Villages of Bemidji, MN, and the Executive Director of the Association of Camp Nurses. She was a member of the ACA Healthy Camp Advisory Committee for the five years of the study.

Is It Time to Explore Day Camp Nursing?

Barbara Hill, RN, MSN, CNE, CMSRN, Elizabeth Webster, RN, MSRNC, and Elizabeth Austin, RN, BSN, CNOR

Abstract: *The role of the nurse at day and residential camps can vary considerably and is influenced by many factors including location, size, and nature of the program offered. Gaining insight into day camp nursing and actively asking questions about performance expectations can lead to an informed decision about a new work setting. Potential resources for the day camp nurse are identified.*

Nurses at residential or overnight camps frequently return to the same camp season after season. Initially, resident camp nursing may appeal to a nurse because of a desire for travel, a fun and challenging experience, or to re-live a childhood camp experience. Working during the summer camp season may fit well for those on an academic calendar or those who have to plan around children's summer vacations. The camp community is attractive to many nurses as is the opportunity to work with children and young adults, be in an outdoor setting, develop new skills, and make a difference in the lives of others.

Although many picture the camp nurse in a residential camp setting, day camp offers an alternative camp adventure. Day camps are time-honored programs run by a wide variety of organizations such as Girl Scouts or 4H, churches or synagogues, community parks and recreation departments or even colleges. More recently there is an emergence of day camps run by commercial businesses such as health and fitness clubs or dance studios and also by health centers. Whether privately or publically sponsored, many aspects of program and operation are similar to those at residential camps.

Day campers at Oregon's Camp Wil-lo-linn start their day by gathering under the singing tree.

Many day camps operate for just one or two weeks each summer and others for the whole season. Nurses attracted from residential to day camp settings find the transition less disruptive to their families and to themselves noting such benefits as: sleeping in their own beds at night and eating with the family, having downtime in their own homes for recharging at the end of the day, and enjoying working with kids in a fun environment. For nurses whose children are attending camp, there is the convenience of being on the same schedule and in the same location—incentives to return to camp for successive seasons.

This special needs camper shares his feelings about a great experience.

Most residential camps have a dedicated Health Center with a professional nursing staff. Staffing will depend on numbers of campers, positions for supplemental unlicensed personnel, state requirements and funding. Day camps may or may not have dedicated space for providing health and first aid services and a professional nurse on duty during hours of operation to provide those services. The decision whether to have a nurse may be influenced by state requirements, camper population (for example, diabetics, asthmatics, etc.), and the scope of program activities.

Special Needs Day Camps

Many day camps accept campers with special needs in their camps with a smaller number dedicated to this population. With inclusion of special needs campers into mainstream camps, a nurse may visit the camper in their home prior to camp attendance to make the transition smoother for the family and the camper. The nurse becomes familiar with the camper to assure that the camper's needs can be accommodated and to help ensure the proper resources are on hand. This is a pro-active approach to planning for a variety of special needs campers.

Day One Nurse

Some day camps hire a nurse to be present for intake registration on the first day of camp and then to be on-call for the duration of camp, a position often called a "Day One Nurse." After participating in registration day functions, the nurse is not on-site but is available by phone consult when camp is in session. The nursing duties might include organizing health forms, summarizing health issues for the staff, and planning clearly for the precise delegation of responsibilities to the trained health personnel on site (first aid or wilderness emergency certifications). Communicating clear expectations that are carefully constructed is essential to practice safe delegation.

Considering a Setting Change

Nurses who have residential camp experience have important skills to take to the day camp setting. Readily transferrable skills include assessment skills, treatment of common camp injuries and conditions, use of household products for first aid treatment, and knowledge about practicing safely within one's scope of practice. When residential and day camp nurses get together and compare their roles, they are quick to point out that day camp allows you to stay local and be home at the end of a day whereas residential camp has a sense of community and connecting with growing campers outside their usual environment. Depending on the needs of one's family, a nurse may change from one type of camp setting to another. Camps offer exposure to the fun elements of

Medication administration is a readily transferrable skill in any camp setting.

being around children of all ages with all sorts of challenges and dilemmas. On-call hours, longer days, and dealing with camper homesickness are part of residential camp communities. Day camp nurses typically see the same type of injuries and illnesses, but hand off campers to the parents/guardians at the day's end. They also hope parents use judgment in keeping day campers at home when they are showing signs of illness.

While recognizing that a seasoned residential camp nurse has valued experience to take to the day camp setting, it is equally possible that a day camp nurse might like to take that experience further through role immersion at a residential camp. What concerns arise about the differences and similarities in these settings? What does a nurse need to know and what are the fundamental questions to ask in weighing these options? The information that follows addresses these common questions.

Addressing Common Questions

1. What are the focus issues for day and residential camps?

Issues for both types of camps are parallel and include: information flow and record keeping, communication, and health and safety of the campers and staff.

- Information flow starts with the camp application process and includes receiving and maintaining health and medical information, medication orders, contact information, and monitoring access to this information when camp is in session.
- Information flow also includes maintaining records. A medical log is a legal record and thus needs to be written in a bound book with numbered pages, in ink on lined paper without skipping lines, includes a disposition of campers and should be retained for a prescribed number of years. Certain illnesses and injuries are reportable to the state and need explicit documentation in a timely manner. Requirements for record maintenance on employees and campers are prescribed by licensing and accreditation bodies.
- Effective communication with parents, staff, camp director, and health facilities outside the camp premises is essential to proactively deal with potential problems. Having working relationships and a communication network in place before there is an issue will make processing "dilemmas" easier for all parties.
- Safety begins with prevention and an awareness of potential or current issues seen. The nurse needs to monitor safety in the camp setting and activities on behalf of campers and staff and take appropriate action to stop an unsafe situation or modify an activity.

A nurse at a residential camp is on hand 24/7 while the availability of the nurse varies in a day camp setting. Regardless of one's availability, the nurse needs to maximize and pre-plan information flow, communication and safety with the camp director prior to the arrival of campers.

2. What state regulations apply to camps?

The regulation of camps varies tremendously state to state as does the terminology used to describe the process. States may regulate camps through licensure or certification while others provide operational guidelines. Regardless of the specifics and the approach, the intent is safety. This article uses examples that are not specific to one state but are used to give insight into the aspects that are camp related. Most states mandate on-site health services for overnight camps with underage campers. State requirements for day camp health services may be less prescribed but a nurse considering this work setting will want to be assured that either state or self-imposed safety guidelines reflect the program. Safety oversight should consider the specifics of the program being offered. The day camp experience might include high-risk activities such as taking campers to off-site locations for a day, adventure activities off site, or a primitive wilderness activity with no running water. Finding and interpreting the state regulations can be challenging in so far as states vary in the department responsible for youth camp oversight. Good places to start are the state's Public Health Department, Department of Health and Mental Hygiene (DHMH), or Parks and Recreation.

The examples below give a sense of the scope and specificity of some state requirements:

- A nurse or an MD is to be on site at all times when campers are present if 50% or more of campers have medical problems.
- A health supervisor (Physician or RN) must be available for consultation when campers are present.
- Two adults certified in CPR and first aid must be present at all times when camp is in session.

States may vary in their definition of day camp. In one state, youth camp is defined as "seven or more campers unrelated to the operator which provides primarily recreational activities." Examples of nurse responsibilities are:

- Provide health supervision
- Implement health and safety procedures
- Fulfill requirements to report illness, injury or abuse
- Maintain facility requirements
- Maintain requirements to conduct high risk recreational activities safely

3. What is the role of the nurse who is present only for registration day? (Day One nurse)

A Day One nurse does registration and checks that the staff are trained and certified for their duties in a day camp setting. In some day camp settings, the nurse is on call or available by phone subsequent to the day one registration. Careful completion of the five rights of delegation needs to be considered when a nurse accepts this role. There is a lot to accomplish the one day the nurse is on site. Table 1 outlines typical priorities for a day camp nurse in this position.

Table 1.
Priorities for the "Day One" Nurse at Camp

- Stress safety with activities.
- Delegate appropriately as to who will assume the medication administration responsibility.
- Determine who is currently certified in first aid and CPR. Again, for delegation purposes, the nurse would have a conversation with unlicensed personnel about their roles in both routine care situations and in an emergency.
- Check out the first aid box and make sure needed items are included and current.
- Ensure that Epi-pens and asthma inhalers are available (preferably on their person) when needed to the campers who have them ordered. Many camps stock an Epi-pen as part of their emergency response supplies.
- Organize contact information and medical forms. Keep the medical forms in a locked file and readily available for immediate use.

4. What questions should a nurse ask the camp director about the nurse role prior to camp starting?

Talking with the camp director is advisable before accepting a position to get a sense of the camp's philosophy and to clarify the expectations for the nursing role. This conversation sets the tone for the nurse/director relationship. Table 2 summarizes the questions the nurse will want to ask during this conversation or through other avenues before the season starts.

Table 2.
Questions for the Day Camp Director

1. Is there a medical director (physician)?
2. What percent of campers have identified medical problems? (May determine if a nurse must be on-site at all times).
3. What is the requirement for the presence of individuals trained in first aid and/or CPR in case an emergency should happen when the nurse is not on site?
4. How are emergencies handled? Are there algorithms?
5. Where is the copy of the medical program/protocols kept? This document covers information such as:
   - Requirement of daily health observations on campers
   - Handling health emergencies and accidents (assigns responsibilities)
   - Using 911 services
   - Disseminating information to staff working with campers with specific health problems
   - Handling a medically fragile camper
   - Maintaining confidentiality
6. What is the process for maintaining health records on campers and staff?
7. Where is the medical log kept?
8. Describe the health treatment area and the process to obtain and maintain supplies.
9. What is the procedure for storing, distributing and documenting medication administration?
10. Are medicine aides or technicians allowed to administer medication at camp in this state?
11. How is a communicable disease outbreak handled within the camp?
12. How is suspected child abuse handled?
13. Are the state reportable forms available?
14. What is the communication mechanism for notifying parents of illness or injury?
15. What activities are the campers engaged in at the camp? What are the high risk activities?
16. How are safety issues dealt with at the camp?

5. What are sources of information for a nurse contemplating a day or residential camp job?

- The Association of Camp Nurses (http://www.acn.org/jobs/tips.html)
- State specific youth regulations often found within the Department of Health and Mental Hygiene (DHMH).
- A way to talk to other nurses who have been to camp is to dialogue in a blog. A sample can be found at http://allnurses.com/camp-nursing. You can find interesting information about camp nursing at this site and plenty of encouragement.

6. How do I quickly educate counselors on the "need to know" information?

Whether it is a day or residential camp, it is important to educate the counselors and staff about your expectations before camp begins. This may simply be a conversation prior to camp starting that day or a formal short exposure in a camp orientation. The time allocated for this orientation may be quite short, especially in day camps, and involves absorbing a lot of information in a short time. Printed handouts can help get key points across. The "Do's and Don'ts for Counselor Dudes" included in Practice Sharing (page 18) is an example of a handout that can easily be modified for day camp orientation and individualized to the expectations of a specific setting. Most camps have an emergency response plan that anyone working in the camp must be able to access and that is important to include in orientation.

7. How do I find a day camp job?

- Look for locally day camp publicity intended for parents considering camp choices for their children. Consider contacting these local camps.
- Networking is key. Ask around at church, youth groups, civic associations, scouts, colleagues, etc. If you watch those nurses who are building careers, they have a habit of networking.

Learn from Day Camp Nurses

A good way to learn more about working as a nurse at day camp is to talk to colleagues who have been there. Our experiences have been very positive.

"Day camp nursing blends my home and work life and I can sleep in my own bed at night. In addition the day camp is held at the college where I work therefore I can maintain my regular job while also being one of the camp RNs." (Betty Webster)

"The appeal of day camp is drive time (travel costs are minimized), and the nurse can unwind in their own home just like at the end of my usual day at work. Personal comfort boundaries are not sacrificed with day camp nursing." (Liz Austin)

Take your pick of day or residential camp nursing. No matter where you work, camp nursing offers the nurse many challenges and multiple rewards.

References

http://www.acn.org/jobs/tips.html (Tips for a nurse to consider before accepting camp job)

www.dhmh.state.md.us

Interview with Linda Rudie, Section Head in the Center for Consumer Health Services, Office of Food Protection, Infectious Disease and Environmental Health Administration, Maryland Department of Health and Mental Hygiene, 02/04/11.

Barbara Hill, RN, MSN, CNE, CMSRN is Associate Professor at the Community College of Baltimore County, MD and camp nurse at Word of Life Camp in Schroon Lake, NY. Elizabeth Webster, RN, MSRNC is Program Director at the Community College of Baltimore County, MD and camp nurse at its Day Camp. Elizabeth Austin, RN, BSN, CNOR is a perioperative nurse at Lucile Packard Children's Hospital at Stanford University, CA and camp nurse at Word of Life Camp in Schroon Lake, NY.

Photo Credits: Camp Wil-lo-linn, Wilsonville, OR; Camp for Courageous Kids, Scottsville, KY; and Concordia Language Villages, Bemidji, MN.

– People in Practice -
Meet Retired Camp Nurses
Marian Hershman and Edith Toussaint

Susan B. Baird, RN, MPH, MA

Abstract: *Two recently retired camp nurses share their experiences from decades of camp nursing highlighting the bartering they used in securing their positions and challenges and trends they experienced over time. They also share advice for nurses considering camp nurse opportunities.*

Edith (on the right) visited by her good friend and colleague Anny, The Vineyard's Registrar, 2011.

Now is the time of year camp nurses everywhere are packing up and making final preparations for the busy camp season ahead. For many, summer means camp so much so that the cycle of the four seasons is really get ready for camp, camp, recover from camp, and miss camp. Perhaps readers will concur that there may be twelve months in the year but the ones that matter most are the ones spent at camp. Try to imagine the impact of ending that well established routine of summer and camp. Try to imagine retiring.

This issue's People in Practice focuses on two long-term and devoted camp nurses who have done just that, they have retired after years of dedication to their camps and campers. Marian Hershman and Edith Toussaint have decades of camp nursing experiences that they treasure and the memories and wisdom to prove it.

A Little Background

Marian Hershman is a retired nurse practitioner from a Pittsburgh suburb. Her routine for many years was working in a busy pediatrician's office from September through May and then spending the summer months at Camp Ramah. There are several Ramah sites and she has worked at a few including those in the NY Berkshire Mountains, Maine, and Ontario. She was an early member of ACN getting involved in its formation. "I got involved because of a letter Jean Otto sent. She was looking for camp nurses interested in working together to improve camp nursing and I responded to that letter."

Edith Toissaint has retired from a career in college health. After an initial position in obstetrics, she returned to school eventually earning a master's degree in nursing. With her degree in hand, she worked primarily in college health settings even living in the college health infirmary at one time. An ACN member since 1996, Edith says she was aware of Jean Otto's efforts to start a camp nurse organization but never actually met her. Edith was at North Carolina's Vineyard Camp working there 20 years. Edith relates, "I knew the camp director, a young Baptist minister who started the camp. He recruited me and, except for four seasons, all of my camp experience has been there.

Marian, (second from left) with her Ramah Infirmary staff, 1989.

Bartering Their Way to Camp

Marian is the mother of four sons and one year realized she needed something for her children to do during the summer. She knew a young Rabbi who went off to Camp Ramah each summer with five children and decided to explore that idea for her. The Rabbi helped make the entry for her by doing some groundwork and putting her in touch with the camp's leadership. "My first season was in Oakland ME, an area that has lots of summer camps and lots of mosquitoes." she notes. Marian didn't get paid at camp but bartered her work for the camp stay of her four sons. When she first started going to camp, her youngest son was in a group called "Staff Brats." Marian's bartering continued year after year and they established a routine of buying two round-trip tickets to Maine each season. Marian, her husband, and the boys packed up and drove to camp at the beginning of the season. Her husband then flew home. He used the second round trip ticket to come to camp for his four weeks of vacation. Finally, he would fly up at the end of the season and drive home with the family.

Marian also has some day camp experience working for Jewish Community Center of Pittsburgh. Her grandson was going to be attending and she worked as the nurse. Her day camp pay?—you guessed it, she bartered again! In reflecting on the day camp experience, Marian notes the similarities to school nursing and remarks, "It's a great way to stay at home and still be in a camp environment. The campers are younger than in overnight camp so the programs are geared to their level. They don't get homesick, because they know they will be going home at the end of the day. Just like school, some parents send their kids even when they are sick!"

Edith's entry to camp nursing was somewhat similar and involved some bartering. "I was a young widow with two small children, a son and a daughter, and I was looking for a place I could go with the children." The experience worked well. "My daughter seemed to visit the infirmary a lot and I realized it was me she was missing. She did not need the camp nurse. She needed me, her mother. My son, although a year younger, fit in well." Edith's usual routine was doing camp nursing in the summer and school health the rest of the year. Sometimes the routine with the children was a little hectic because she also had a weekend nursing commitment

once a month. From camp she had to go home for that weekend to work, bringing her kids home as well. “My mother would care for them while I worked. It was just what I had to do.” Ask her about going to camp with your kids and she’ll advise, “Having your children at camp worked really well for me, but you have to be really clear about how it’s going to work. You can’t show favoritism or interfere with the staff’s supervision of your children. It was a great experience for me and I would encourage others to consider it.”

A Little Role Reversal

Marian’s experiences with Camp Ramah were varied, going to different sites and for varying lengths of time. Those early family years in Maine were great for the whole family. When her youngest son was too old to be in the “Staff Brats” group, he really didn’t want to become part of the regular program. The older boys wanted to stay home to participate in Little League baseball. Marian, however, still wanted to go to camp. “So the next year was a role reversal, the kids stayed home and sent mother to camp!” Marian explains. That arrangement went on for many years. Some years she worked a full season and other years she served as a relief nurse.

Staffing and Supplies

A well stocked and staffed Health Center contributed to Marian’s positive experiences at Camp Ramah. At the site in the Berkshires, there were three nurses, two aides, and a dedicated car and driver for about 500 campers. At the site in Canada, there were two nurses and three aides for about 300 campers. Both camps also had a physician who came with their own kids and were readily available when needed.

She acknowledges the busy times and trying experiences that are part of camp but always felt well supported and prepared. “No expense was spared when it came to the Health Center. When it became advisable to have an AED, we had one. We always had what we needed.” she explained.

Surprisingly, Marian saw few changes in the number or nature of camper health issues during her years at camp. She found issues were fairly consistent year to year and pretty much reflective of the issues she saw in her pediatric practice the rest of the year. No doubt her year-round pediatric experience kept her well prepared to respond to trends and issues that arose. Partly because of the nature of the camp program, Ramah tends to attract few chronically ill children.

At Edith’s camp, the health facility has always been called the Infirmary. “It’s just tradition. It’s quite a nice little place and I have been the only nurse all these years.” She explains. She describes the Vineyard’s infirmary as centrally located in camp and pretty well equipped. Edith adds that, ”I felt I was always very practical in my approach to providing health care so I had what I needed but felt prepared with the basics. Each season I took a few things with me that I preferred, my own pick-ups and scissors for example.” Like many camps, Edith’s had routines that guided the health and safety operations. Her camp attracted a lot of returning campers and she always felt well respected and liked by kids and families.

Vineyard campers gather for a traditional campfire.

Interesting Experiences

A long camp nursing career is hard to condense into an article. A few experiences just need to be shared. Asked for a vignette from her experience, Edith shares, “Early on in my years, we did not have a doctor on site but eventually we did get one to provide oversight and he was in attendance some of the time. That was our arrangement for several years. One summer I had to go away for a short time and I had to find someone to fill in. Our doctor’s wife suggested maybe the doctor would cover. I told her I doubted he would want to be the nurse!” But actually he did and he was a successful replacement. Since then he has been spending part of each season at the camp. Edith notes his ENT background was very helpful.

Campers preparing for a special activity at Ramah.

Marian’s Camp Ramah in the Berkshires

WHY RAMAH?

Why did the Conservative movement decide 60 years ago to establish a summer camping program?

Perhaps the former chancellor of the Jewish Theological Seminary, Rabbi Ismar Schorsch, summed it up best when he said, “Camp Ramah legitimized childhood.” That is what we do at Ramah. We give children fun and friendships in an environment that fosters a strengthened sense of Jewish identity, a stronger commitment to observance and a heightened responsibility to fellow human beings. Additionally, we teach skills in sports, swimming, the arts, and other areas. Camp Ramah is the place that allows children to experience a completely Jewish existence, grounded in the modern world. When we achieve this goal, Ramah is successful. Many campers say that they return to Ramah because they make their most meaningful friendships in camp.

Taken from “A Guide to Staff Life.” 2007 edition.

Camp Ramah balances structure and creativity, competition and teamwork, organized specialties and optional activities—all within a safe, nurturing, Jewish environment. The rich and varied programs offer campers the opportunity to grow, learn, develop skills, and make new friends as they connect to their Jewish heritage.

From Ramah in the Berkshire Website, Overview

The Vineyard campers enjoy a wide variety of sports and challenge activities.

Marian's camp experience was in a different state from where she lived and that involved getting licensed in that state. She continues to maintain that license and advises nurses who do the same to maintain it. "It's much easier than going through that application process again should you decide to return." She adds. She recalls meeting with the staff during orientation as many camp nurses do to convey information about working with the Health Center. Her closing remarks usually included a directive about those staff members who had to be listened to, "When you bring kids into the Health Center, you may not always agree with what the nurse says but you need to listen to the plan and trust our judgment." Most camp nurses would agree on the value of experience at camp. "A stomachache is not always a GI problem and I've been known to put band-aids on where they may not be indicated, especially with the youngest campers." Marian notes.

During the last week of camp one season, Marian recalls a camper coming in with a bump on his forehead from being hit with a tennis ball. "While applying ice and engaging in small talk to assess cognitive function, I said, 'We have to get this all better before you go home. What will your mother say when she sees this?' He calmly replied, 'My mother died at the World Trade Center.' I learned to then ask, 'Who takes care of you at home.' Many families of campers at Camp Ramah experienced loss on 9/11."

Trends over Time

Ask Marian what's different at camp now and she'll laughingly tell you, "Well, we don't have fly paper hanging all over the place now. That was our only insect control effort when I began camp nursing." Camp Ramah has a vigorous learning component to its program and the campers who come are typically bright and knowledgeable, eager learners. The older campers come for eight weeks and can stay an additional week for an optional program. Younger campers come for four weeks. Marian explained that over the years she has seen what appears to be guilt in some parents about sending their children to camp for the summer and this can get expressed in a variety of ways."We get a lot of unbelievable care packages sent." she adds.

Edith considers that her experiences over the years are probably comparable to those of many other camp nurses. "We basically have healthy kids who are looking forward to enjoying the outdoor focus. We have our share of behavior medications but our general population is healthy kids, some asthma but not a whole lot, and just an occasional diabetic." Edith points out, "We've always had a lot of returning campers so I was familiar with their issues, if any, and their parents were familiar with

Edith's Vineyard Camp

The Vineyard Camp and Conference Centre is an inter-denominational ministry for children and youth. We are a non-profit corporation unaffiliated with any other organization including those bearing the name Vineyard Churches, Vineyard Music, and Vineyard Ministries. Founded in 1983, The Vineyard is a conservative, evangelical, international camp, retreat center, and ministry that operates from Westfield, North Carolina. Our camp is non-denominational and serves Catholic and Protestant families from all over the world.

Taken from the Statement of Faith

The single most important element to a positive experience is the spiritual focus of a camp. At The Vineyard, most guests comment that they immediately sense that it is a holy haven, a camp dedicated to honoring God by serving Protestant and Catholic campers and staff in an unsurpassed manner. All children, regardless of their spiritual conviction, are welcomed and loved at our camp.

From Vineyard's Website, About Us

me." Most of Vineyard's campers stay two weeks, a few longer but two weeks is the norm, avoiding some of the illness issues that can arise in longer stays.

An interesting focus at Edith's camp is that there are lots of international campers. Many are from Mexico and other countries as well. Two key staff members are from Bogotá and campers are actively recruited from there. Edith has adjusted to reading foreign health forms and prescriptions but getting those health forms in ahead of time can be a challenge sometimes. "We've had our share of homesickness with these campers but we address it well and it usually doesn't last long." she added.

Ramah's campers gather at the lakeside amphitheater.

Advice for Nurses Considering Camp

Marian believes that one of the most valuable experiences a nurse considering camp can have is having been a camper. They know what the camp experience entails and will draw from their own valued memories about their camp nurse. Marian's camp nurse was also her school nurse and she liked to stop by the school nurse's office just to say hello. She thinks nurses who will do well at camp are those

who can think creatively and communicate effectively. She relates an example of this from her experience, "Campers sometimes wanted to be excused from swimming and the policy was that a nurse's note was needed. My arrangement with the waterfront staff was that a swimming excuse written on white paper was based on a legitimate health reason and if came on pink paper, the reason for the excuse was not an apparent health concern but should still be honored."

Edith says one thing that was very helpful to her is that she developed a very close relationship with the camp's administration and that was extremely beneficial. "Vineyard has had the same director my entire experience." she explains and adds that maintaining clear communications with administration is central to smooth operations. She elaborates, "You have to like people and care about them, and you can't be too straight-laced. You need to be flexible and not afraid to let the kids know you care about them. There are always a few kids who want to "hang out" at the Health Center and you have to handle that carefully."

Reflecting on a Busy Camp Career

Marian shares that she is now 76 and is "…leaving camp nursing to someone who might need an opportunity for bartering on her own behalf." Her last trip to camp was three years ago and her role that final year entailed covering the first morning medication pass and taking night call. "I left the day-time episodes to the younger nurses" she explains, and no doubt they enjoyed knowing their nights would be uninterrupted. Marian laughingly says she misses having her meals prepared during the summer months. "I liked the social experience of the Dining Hall and I enjoyed being able to attend any classes that I wanted to. I liked reading to campers when they needed to stay in the Health Center. My reading would be pretty dramatic and they enjoyed it as much as I did." Marian talks about working with kids who were homesick and notes that her own kids never got homesick at camp. She knew they were being well cared for so she felt secure. What started for Marian as a way to get her kids a camp experience turned into her own long and valued commitment. Think of the many campers and staff members who benefitted from her talents and dedication.

Edith was at camp 27 summer seasons, the last full year was 2005. "Just recently the physician that I collaborated with for many years suggested we both go up to camp to take stock of the supplies and see what is needed for the coming season. I think I'd like to do that." She said. Asked what she misses about her long camp career, she says "I really miss being there, seeing the people return. It's hard to give up." And then she adds, "Oh, I had my years when I would think I was not going to return. When friends asked, I'd say I don't think so. They seemed to doubt me and they were right. Quite simply, I just looked forward to seeing the same people. Vineyard Camp is a family outfit and that has always been special to me."

Collectively these two camp nurses have tended to the needs of countless campers and staff members. Think about the number of wounds they've tended, the health forms reviewed, and the anxious parents they've reassured. They are part of a wonderful tradition of nursing care at camp, a tradition each of us adds to. May they enjoy their rich memories to the fullest.

References

www.campramah.berkshires.org/.

www.vineyardcamp.com.

Susan B. Baird, RN, MPH, MA is a retired camp nurse and the editor of CompassPoint.

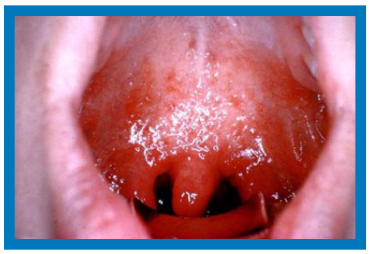
Super Sleuth

Janice Springer, RN, PHN, MA

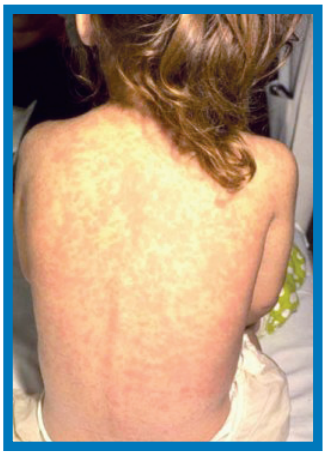
Shanti and her brother Tai arrived at camp on Monday. They had just returned from a two week family trip to India to visit their grandparents. During the health check-in they are well, lice-free, and excited to be in camp. Their records reveal they are not immunized due to religious reasons.

On the next Monday Shanti catches you at breakfast and says the lights are hurting her eyes, she aches all over and her back itches. She wants you to look at it. You agree that after breakfast she can meet you at the Health Center. After breakfast, her brother Tai stops you as the two of you head to the HC. He says he does not feel well. He also aches, has a cough and just looks punk. At the HC you check their temperatures; each has a temp slightly over 100.4 and a sore throat with spots as seen in photo A. When you lift up their shirt(s) to see what is itching, you see the photos B and C.

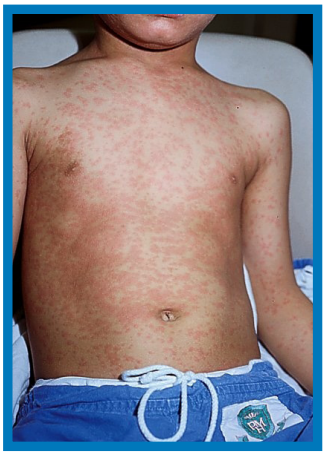
What do you suspect?
What things in the health record will you check?
What other questions might you ask?
What are the implications for you at the camp?



A



B



C

The answer is on page 17.

Read More About It!

Linda E. Erceg, RN, MS, PHN

AAP Publishes Policy Statement: Creating Healthy Camp Experiences

The American Academy of Pediatrics published an updated policy statement, *Creating Healthy Camp Experiences*, online at www.pediatrics.org on 30 March 2011. Led by primary author and ACN member, Edward "Skip" Walton, MD, the revised policy statement is intended to guide the health appraisal and preparation of young people prior to going to camp as well as to steer camp health and safety practices.

People familiar with previous AAP guidelines will be glad to know that the updated version continues to recommend that maintenance medications be continued at camp, specifically stating: "Elective interruption of medications (drug holiday) should be avoided by campers on long-term psychotropic therapy or those on maintenance therapy required for a chronic medical condition" (pg 795). In addition, compliance with recommended immunizations is urged as well as an assessment of the appropriateness of the camp's program in relation to the child's health profile.

In this writer's opinion, the Guidelines' emphasis on preparing campers for the camp experience is one of its core strengths. Significant comment is made about involving potential campers with the camp selection process and spending time prior to camp with strategies (interventions) that "have been found to significantly reduce the incidence and severity of homesickness" (pg 795). Camp professionals are urged to become familiar with these strategies and incorporate them into their parent comments.

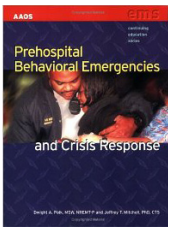
The AAP Guidelines also direct camps to develop and communicate information about the essential function(s) of campers to parents and the healthcare professionals who provide precamp services. Of special interest to camp professionals is the statement: "The AAP encourages its members to cooperate with local camps in reviewing" policies and protocols (pg 796). In this era when it may be challenging to locate a physician to sign a camp's medical protocols, knowing of the AAP's encouragement provides a guiding framework.

The Guidelines also encourage forward-thinking, especially in regard to use of electronic health records and encouraging attention to public health initiatives such as increasing physical activity to off-set potentials for obesity among youth, attending to the nutritional status of camp food, and making a statement that ". . . sweetened beverages, including sport drinks, should be strictly limited or simply not used."

ACN members are strongly encouraged to read the updated Guidelines, asses their camp's compliance with the AAP's recommendations, and discuss points of noncompliance with the camp's administrative team in an effort to improve the health outcome for all campers and staff.

Available online at http://pediatrics.aappublications.org/cgi/reprint/peds.2011-0267v1. Available in print in *Pediatrics,* 127 (4), 794-799.

Prehospital Behavioral Emergencies and Crisis Response by D.A. Polk and J.T. Mitchell (2009)

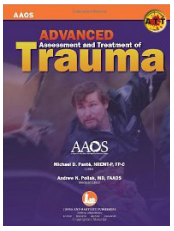


This book helps fill the void related to assessing and effectively responding to psychosocial emergencies prior to reaching definitive care. Camp healthcare professionals, especially those with limited knowledge about mental and emotional health, will appreciate the authors' framework discussion of topics such as intervention principles for prehospital personnel, responding to emotional crisis, assessing and responding to incidents involving large groups of people, and responding to an incident where death has occurred. There are also chapters that discuss specific behavioral topics such as assessment and response of clients with anxiety disorders (e.g., panic attack), sleep disorders, and various dissociative disorders.

Of particular interest is the authors' discussion of several topic areas from adult, child and/or adolescent perspectives. Given a camp setting, this is particularly helpful as the camp nurse must work with both campers and staff when psychosocial crisis occur. Topics that provide age-specific discussions include death, mood disorders, reaction to disasters, social phobias, and panic attacks. Adolescents are focused in areas such as suicide, eating disorders, and cyclothymic disorder.

Each of the 20 chapters starts with an overview. This is followed by content supported by references and summary pages that restate key points and vocabulary in addition to assessment questions that facilitate self-directed learning. Readers with previous experience in EMS environments will recognize well known information gathering tools such as SAMPLE and OPQRST, as well as two tools–SEA-3 and the SAFER-R model–designed for gathering information about the client's mental status. The book's index facilitates locating specific information. ACN members affiliated with the Emergency Care and Safety Institute (EMSI) can access the 295-page book through Jones & Bartlett Publishers; others can obtain it through online vendors such as Amazon for $48.95.

Advanced Assessment and Treatment of Trauma edited by M.D. Pant and A.N. Pollak (2010)



Looking to sharpen your clinical skills beyond wilderness first aid but not quite ready to tackle Auerbach's Wilderness Medicine (2007) tome? Interested in an interactive continuing education course supported by online information and in both print and audio book formats? If so, consider delving into Advanced Assessment and Treatment of Trauma. This course–or simply reading the book–takes camp healthcare professionals from a basic first aid perspective to greater depth in the skills associated with evaluating, stabilizing and transporting trauma victims.

Each of the 36 chapters begins with a case study designed to capture learner interest and coach critical thinking skills. Questions are posed followed by content that explores the responses to those questions. Figures are well-drawn, tables summarize key information, and embedded "Tips" highlight critical knowledge points.

Continued on page 17.

– Keeper of the Kits -

Spring Cleaning: Opening the Health Center for Summer

Mary Marugg, RN

Dust bunnies and cobwebs, critters and clutter. Spring open-up and cleaning of the Health Center prepares us for the coming busy season. Whether opening a Health Center that has been closed all winter or just preparing to change from winter season to spring season here are some things to complete and check off.

Opening windows, scrubbing and sweeping are logical places to start, but also consider the following:

❑ **Open all cupboards and drawers examining carefully for evidence of critters.** Bugs, mice, and squirrels can get into places you would never consider possible. Droppings or evidence of nests should all be removed. Consult with camp administration about traps, or sealing areas where critters might have gotten in.

❑ **Smell carefully.** Is there a musty or moldy smell indicating moisture or water leaks?

❑ **Clean out the medication cabinet.** Discard all expired over-the-counter medications. Check medications that are stocked with your camp's standing orders to verify you have an order for all medications in your cupboard. If pre-season ordering has not been completed, begin compiling your list. Check Epi-pens and any inhalers you stock for condition and expiration dates

❑ **Check equipment.** Clean and sanitize. Verify that batteries are fresh, and that equipment is in working order. Make sure additional new batteries are available for use throughout the season. Confirm that standing orders are in place for equipment on hand, if needed. Determine which staff members may be using various equipment, make sure that training is scheduled and that the plan for recording or verifying training credentials is in place (e.g. for AED training)

❑ **Check the refrigeration system.** Check the cleanliness and temperature of the refrigerator used for medication and food storage. Be sure that it is cooling properly and holding a consistent temperature. A refrigerator thermometer is advisable for accuracy. If your state requires temperature monitoring and/or a locking system for refrigerated medications, make sure you have what is needed to meet these requirements.

❑ **Inventory existing supplies.** Throw away items with damaged packaging. If pre-summer ordering has not been done, compile lists of needed supplies. Check expiration dates on stock supplies such as sunscreen. Make sure that any liquids left in the Health Center have not been damaged by freezing over the winter.

❑ **Update the phone contact list.** Review communication systems with the camp administration and understand who to call when and how to call them. Make sure that the contact names and phone numbers are still accurate for this season.

❑ **Be brave and face the first aid kits.** Locate them all and thoroughly go through each one. Consider the credential of the staff members who will be using the kits, making sure they can use the kit's contents. Replace missing items. Review the list of what is in each kit, and consider if additional items might be helpful or if there are items that are not needed. Review with staff where the kits are located and what system is in place for re-stocking the kits as supplies are used.

❑ **Inventory linens.** Now is the time to make sure your supple is adequate for usual needs. Wash linens as needed and make sure your supply is complete. If the Health Center stores additional clothing for loan, look over the supply for adequacy, condition, and supply.

❑ **Become familiar with and organize the paperwork.** Check for complete camper and staff health forms. Know the charting system your camp uses and make sure you have on hand medication administration forms, forms for notifying counselors of health concerns of campers, incident forms and any other forms your camp routinely uses.

❑ **Review the Health Center resource library.** Is the Drug Handbook or PDR up to date? Are there more current versions of reference books for those in use, or is an online version available if Internet is available? Throw away outdated reference materials.

❑ **Check those Office Supplies.** Check the desk and areas where you store office supplies. Clean out last season's clutter and make sure the supply of pens, paper, and routine items is adequate. Make sure the little things you need, like the stapler, are working and that you have back-up supplies. If you are fortunate enough to have a computer and printer in the Health Center, be sure these are in good working order and that you know how to do simple problem-solving should issues arise.

Organizing the space that you will be working in will help smooth your days when it gets busy. Knowing where things are located and how to obtain supplies not usually kept in the Health Center will make life easier when your days are full with campers, medications and the usual/unusual situations that a camp nurse faces every day. If you are returning to your usual setting, consider supply and space issues that caused frustration last season and see how minor changes could help. Once the busy season begins it can be difficult to undertake these organizational tasks. Time spent doing this now will really pay off.

Keeper of the Kits is a regular feature of CompassPoint, created and maintained by Editorial Board Member Mary Marugg. Originally developed to address concerns about first aid products and practices, Mary was viewed as CompassPoint's resource in keeping first aid kits and practices up to date. Mary's column keeps us current on many facets of camp health and safety but the title, Keeper of the Kits, remains. Mary Marugg is co-owner and director of Sonlight Christian Camp, Pagosa Springs, CO.

New Products, New Ideas

Doris Nerderman, RN, BSN

New Products

■ **STOP BUGGING ME!™:** STOP BUGGING ME!™ bed bug spray is a totally natural, green treatment that is safe for the entire family including pets. It is laboratory tested and proven to eliminate and prevent bed bugs and their eggs on contact. This product has a lot of appeal for use at camp where bed bugs, if found, are usually in a limited area such as one cabin. The new formulation (not a rebranded pesticide) is affordable and a 100% naturally-derived, bio-Degradable green product. It is easy to use and, unlike toxin-based products, this product can be sprayed directly onto beds and linens. This is information to share with your camp's maintenance staff should bed bugs come to your camp this season—a readily accessible and inexpensive approach to a pesky and potentially very sensitive public relations issue. You can learn about this product at www.stopbuggingme.com. This product is available at retail stores such as CVS, Walgreens and Target.

Useful Web Resources

■ **Allergies and Anaphylaxis:** Food Allergy and Anaphylaxis Network has many resources for health professionals, parents and children. Information can be downloaded to share. There are also fun learning activities for children. Go to www.foodallergy.org.

■ **Sports Injuries:** Looking for helpful information about sports injuries? This website has information on hundreds of sports injuries. You point to an area of the body that hurts and you will be able to review likely causes of pain at that particular site. The site also has pictorial tutorials on how to wrap or tape for different joint injuries. Go to www.sportsinjuryclinic.net.

■ **UV Index:** SunWise has created a site that lets you check the UV Index, which predicts UV intensity, on a scale of 1 (low) to 11+ (high). You can check the UV Index for your camp's ZIP code at www.epa.gov/sunwise/uvindex.html. In addition, a UV Index "app" is available for download to Smartphone, to add as a widget/gadget to web pages, and more.

Resources for Staff Orientation

■ **Design a Game:** If you want to add some new life to your part of staff orientation, you might consider developing a game to stimulate active participation. Try this website that has power point templates for games based on Jeopardy, Hollywood Squares, and Who Wants to be a Millionaire—http://teach.fcps.net/trt10/**PowerPoint**.html.

■ Think About Adding Realism: The following websites contain ideas and recipes for making moulage to use for simulating injuries. Go to www.cert-la.com/education/moulage-recipes.pdf or www.troop502.info/moulage_tips.html.

Teachable Moments

■ **Use Waiting Time for Learning:** While campers or staff members are waiting to be seen in the Health Center, give them access to some reading material or a learning activity. There are lots of resources on line geared to all ages from pre-school to high school. While waiting for your attention, they may have fun learning either alone or as a group. Consider:

- Bullying at www.stopbullying.gov/.
- The dangers of smoking at www.cdc.gov/tobacco/.
- Nutrition at www.mypyramid.gov/kids/kids_game.html.
- Fact sheets with state-specific information about skin cancer incidence and prevention at www.epa.gov/sunwise/statefacts.html.

Product Recalls

■ **Alcohol Prep Pads, Alcohol Swabs, and Alcohol Swabsticks:** Triad Group, a manufacturer of over-the-counter products has initiated a voluntary product recall involving all lots of alcohol prep pads, alcohol swabs, and alcohol swabsticks manufactured by Triad Group but which are private labeled for many accounts to the consumer level. This recall involves both sterile and non-sterile products due to concerns from a customer about potential contamination of the products with an objectionable organism, namely Bacillus cereus. They were distributed nationwide to retail pharmacies and are packaged in individual packets and sold in retail pharmacies in a box of 100 packets. The affected products can be identified by either "Triad Group," listed as the manufacturer, or as products manufactured for a third party and using the names listed below in their packaging: Cardinal Health, SS Select, VersaPro, Boca/ Ultilet, Moore Medical, Walgreens, CVS, and Conzellin. More information and Triad's suggested return procedure can be found at http://www.fda.gov/Safety/Recalls/ucm239219.htm.

Read More About It!

Continued from 13

Acknowledging that trauma has its own points of contention, the authors periodically include discussion of controversial areas. Granted, some topics may go beyond the care provided by some camps–for example, protocols about intubation–yet overall the course's ability to build the learner's knowledge base and critical thinking skills is strong. Camp nurses interested in the course would benefit from asking their camp director about the skills of EMS responders that might be at camp and then learning from this course with attention to supporting the care provided by EMT and paramedic personnel.

The 426-page, 8.5" x 11" book is available from Jones and Bartlett Publishers or from online vendors such as Amazon for about $52. The text comes with an audio book (files provided in .mp3 format), an online access code to a precourse module, and suggested interaction with the online community of trauma users and providers at www.ATTrauma.com.

Linda Erceg, RN, MSN, PHN is Assistant Director for Health and Risk Management at Concordia Language Villages of Bemidji, MN, and the Executive Director of the Association of Camp Nurses.

— Practice Sharing —

Where are Inhalers Stowed at Camp?

At asthma camp our 8-12 year-old campers are not allowed to keep their inhalers--because they won't! All counselors have a backpack for storing their campers' rescue inhalers and spacers (all labeled). As campers move to the Young Teen Asthma Camp, for 12-16 year olds, they are given responsibility for keeping their inhalers. All campers are given a fanny pack for stowing their rescue inhalers, spacers, and peak flow meters and the fanny pack is with the camper at all times. Occasionally a camper reports for Med Call without their fanny pack. Camper and counselor must return to the cabin and retrieve the fanny pack and contents. One trip back to the cabin and they usually don't forget again.

At regular summer camp, inhalers are kept in the health hut while campers are in camp. If campers go on overnight trips or all day canoe trips, inhalers are placed in the medical and first aid kit that goes along. All campers and counselors know where to find the kit.

Lisa South, RN, DSN
Camp __
__, Mississippi

Our state law allows students/campers to carry their inhalers IF parents sign an authorization form. When campers present them on check-in day but want to keep them, I ask how often they use them and how they will carry them. Unless the inhaler is being used more than twice a day and the camper has a safe way to carry them (preferably a fanny or day pack), I suggest that I keep the inhalers. If they are away from main camp when they need to use the inhaler, a staff person can radio for me to bring it and save them the energy of coming to me when they are having problems. They almost always agree. If they do choose to carry, I clearly tell them that I have no back-up inhalers, emphasizing the implications of their losing the one they carry. I also have a few spare fanny packs to loan, but most kids don't want them.

Jane McEldowney, BS, RN, NCSN
Outdoor School
Mt. Hood, OR

Computerizing the Health Center

Like many camp nurses, we understand that electronic health records will exist at camp in the next three to five years (unless you're one of the early adapters and already use them). While sounding great, our challenge was (a) our Health Centers didn't even have a computer, (b) there was no reliable Internet access anywhere near the Health Centers, and (c) no one had a clue as to how "computer savvy" our Health Center staff would be.

So we set up a multi-year plan designed to bring us into the computer age. The first two years focused on getting internet access into the Health Centers. That was easy at some locations and quite challenging at others, especially since we needed the connection to have some zip (dial-up just doesn't cut it when dealing with health forms!). And yes, there was a financial investment.

Next we added computers and printers in each Health Center. We decided to go with laptops since desktop space was already a premium. In addition, we typically have power outages related to thunderstorms. Having a laptop meant that we'd have some battery back-up to print critical information when "Power Down" incidents occurred.

We weren't quite ready to go to electronic health forms when we put the computers in but we did design some blank forms that the nursing staff could use if they wanted. The favorite forms were an MAR (medication administration record), the tracking form we complete when people leave camp to see a doctor, and the kitchen's list of dietary needs. Adding these start-up tools enabled us to get an idea of how quickly our Health Center staff adapted to using the computer. Most did fine, especially people who were already using computers in their personal lives. Because this was a trial period, we made sure hard copies of everything were printed and we spent time figuring out our "computer rules" (that's still in process).

The bottom line–we're making good progress. We'll go into this summer with more in place, specifically an e-mail address for each Health Center, and will continue planning toward the phase-in of electronic health records. We have a lot still to solve but the framework is getting established. I encourage others to consider a similar plan, particularly since I believe the electronic health form will be imposed by the external community on our camp world in the near future. We'd best get ready!

Linda Ebner Erceg, RN, MS, PHN
Concordia Language Villages
Bemidji, MN

Overanxious Parents

When our Directors sense they have an extremely anxious parent, calling up and asking repeated questions prior to their child's arrival, they pass the contact over to me. As a health care professional I understand that as homesickness may be for a camper, a parent can suffer from separation anxiety or fear of the unknown. Maybe their child has not had a sleepover with a friend, or they are an only child or they are the first sibling to graduate to overnight camping. With a phone call from me, I try to address their anxiety and give them strategies to help make this transition for their child possible. I tell them I am a parent of children that have gone to overnight camp and that helps show that I can empathize with them. I let them know that I have many years experience as a pediatric nurse, have worked at camp each summer, and that I will be at the camp all summer.

What usually seals the deal and reduces the parent`s anxiety is to know that I check in by phone after the first twenty-four hours of camp with any parent requesting it. During that call I let them know how their child is doing, give a synopsis of the day and tell them how their child is settling in. Other information that helps is reminding them of our camp website's photo gallery, is updated every 24 hours and has at least one photo of every camper. This helps them to visualize how camp is going.

I close the call with reassurance that if they need to check in with me again in the next few days then I would be more than happy to chat with them. Good communication with a parent is such an easy but important tool that should be in all of our first aid kits!

Cheryl Bernknopf, RN, BScN
Centauri Camp
Ontario, Canada

Consider an "On Call" Hairdresser

We all know that head lice can occasionally be found on campers at check-in. This can pose a dilemma especially with campers arriving from a distance away. We've tried arranging for a local hairdresser to be "on call" to treat the campers so they can attend camp. The parents pay for the visit and the campers will need a follow-up visit in a week if their camp stay is an extended one.

Barbara Hill, RN, MSN, CNE, CMSRN
Word of Life Camp
Schroon Lake, NY

Staff Orientation Aid

Staff orientation offen means getting a lot of information across in a brief amount of time. A handout can help get the message across and a little humor can help. The one below can be modified easily to fit your Health Center's specific needs.

Top Do's and Don'ts for Counselor Dudes

Do's

1. DO encourage campers and counselors to go up to med counter TOGETHER.
2. DO be joyful that the campers take their meds- because if they didn't...
3. DO stay with your campers while they take their meds.
4. DO speed up the process by: Pouring a cup of water makes it quicker!
5. If you also have meds, DO stay with your camper until they have been "served" and then take your meds.

Don'ts

6. DO NOT say, "All you druggies go get you some, etc."
7. DO NOT ask the camper about why they take the meds.
8. DO NOT tell the camper about all the meds you take.
9. DO NOT horseplay in the cabins. A campers with a broken bone on Friday night at 12 midnight is not a good thing.
10. DO NOT ignore ANY physical complaint: injured toes, limps, etc. Consult the nurse to avoid BAD things happening Don't diagnose problems without a medical license.

Know that the nurses are helpful state licensed volunteers who want to be here to make it fun and safe at camp. Many of them have tons of professional experience and would love to help you and your campers have the best week ever. As soon as you have a question, ask. They are valuable resources.

Elizabeth Austin, RN, BSN, CNOR
Word of Life Camp
Schroon Lake, NY

Super Sleuth Answer

These two children have measles. In developing countries, measles (rubeola) is still endemic. Presenting symptoms may include: cough, fever, photophobia, muscle aches, sore throat, itching, runny nose and red eyes. Measles serology may be done to confirm.

Recent travel to India and not being immunized are your keys to a high index of suspicion for measles. The incubation period is 8-12 days and the child can feel ill for 3-5 days before presenting with a rash. Of 29 cases of measles reported to the CDC in Jan/Feb 2011, 28 were "imported" cases. Either the child with measles had travelled or had been exposed to a child who had.

Measles is a virus—presenting symptoms look/sound viral-like and care is also viral-like: acetaminophen, fluids, and rest. You will also need to review immunization records for all campers and staff to ascertain risk, be aware if any unimmunized infants/toddlers are on the campus, and work with local public health authorities as this is a reportable disease.

These campers will likely need to return home as this virus is highly contagious, and there are potential consequences of the disease that would be best managed there.

References

CDC data: http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6013a1.htm retrieved April 16, 2011.

Gershon AA. Measles virus (Rubeola). In: Mandell GL, Bennett JE, Dolin R, eds. *Principles and Practice of Infectious Diseases.* 7th ed. Philadelphia, Pa: Elsevier Churchill Livingstone; 2009: chap 160.

http://www.ncbi.nlm.nih.gov/pubmedhealth/PMH0002536/, retrieved April 11, 2011

http://www.vaccineinformation.org/measles/photos.asp, retrieved April 11, 2011.

Mason, W.H. (2007) Measles. In: R.M. Kliegman, R.E. Behrman, H.B. Jenson, B.F. Stanton, eds. Nelson Textbook of Pediatrics. 18th ed. Philadelphia, Pa: Saunders Elsevier.

Look for Super Sleuth in future issues!

Peak Flow Refresher

Asthma is the most prevalent pediatric condition and one that can be well managed if taking the correct steps. At camp a good way to hopefully prevent an exacerbation or respiratory decline is to monitor the peak expiratory flow rate (PEFR) using a peak flow monitor. There are many monitors on the market and some campers will bring theirs with them. Many peak flow companies are willing to donate to camps to have on hand for asthmatic campers.

Our campers check their peak flows twice a day (more often if they seem to be having some respiratory issues such as wheezing, coughing, shortness of air). Before you can have the camper check their peak flow, you must establish their three zones:

- **Green zone (80%-100%):** breathing is good; camper without symptoms
- **Yellow zone (50%-80%):** caution; child is not having a full expiratory effort; may or may not present with obvious symptoms yet.
- **Red zone (<50%):** help; child needs intervention and medication according to their personal regimen

Peak flow scoring is estimation. Some children will be able to do much more while others have less expiratory flow capability. To determine a camper's ranges (green, yellow, red), use the female or male graph below and find the rate by age and height as shown in this example for a 12 year old female who is 5ft tall:

Her expected peak flow is 324.
To calculate green, multiple 324 x .80 = 259.
Therefore the green zone (80-100%) for this child is 259-324.
The yellow zone (50-80%) for this child would be 162-259.
The red zone (<50%) would be anything less than 162.

http://www.childrensmn.org/Manuals/PFS/HomeCare/018704.pdf is a helpful resource on peak flow meters. The site's estimation tables are somewhat different from the ones above but this resource will enhance understanding of potential variation in the process.

Tracey C. Gaslin RN, PhD, CRNI, CPNP
The Center for Courageous Kids
Scottsville, KY

Peak Flow (PEFR) Estimation Tables

Child and adolescent female: 6 - 20 years of age

Height (in)	42	46	50	54	57	60	64	68	72
Age: 6	134	164	193	223	245	268	297	327	357
8	153	182	212	242	264	287	316	346	376
10	171	201	231	261	283	305	335	365	395
12	190	220	250	280	302	324	354	384	414
14	209	239	269	298	321	343	373	403	432
16	228	258	288	318	340	362	392	421	451
18	247	277	306	336	358	381	411	440	470
20	266	295	325	355	377	400	429	459	489

Child and adolescent male: 6 - 25 years of age

Height (in)	44	48	52	56	60	64	68	72	76
Age: 6	99	146	194	241	289	336	384	431	479
8	119	166	214	261	309	356	404	451	499
10	139	186	234	281	329	376	424	471	519
12	159	206	254	301	349	396	444	491	539
14	178	226	274	321	369	416	464	511	559
16	198	246	293	341	389	436	484	531	579
18	218	266	313	361	408	456	503	551	599
20	238	286	333	381	428	476	523	571	618
22	258	306	353	401	448	496	543	591	638
24	278	326	373	421	468	516	563	611	658
25	288	336	383	431	478	526	573	621	668

– Perspectives Worth Sharing - Intervention Research in Camp Settings

Ellen B. Buckner, DSN, RN

The 2010 ACN Research Award recognized the work of an interdisciplinary group of researchers from psychology, psychiatry, medicine, and behavioral sciences, representing several institutions (O'Mahar, Holmbeck, Jandasek, & Zukerman, 2010). The research evaluated the effects of an intervention program implemented in a camp setting to increase independence in children, adolescents and adults with spina bifida. The intervention consisted of three components, collaborative goal setting by campers and parents, one and a half hour daily group sessions during one-week camp on topics related for self-care and social function, and counselor monitoring of individual camper goals. Results demonstrated that campers made significant gains from before to after camp and these were maintained in the month following camp. This study was sponsored in part by the Spastic Paralysis Research Foundation: Illinois-Eastern Iowa District of Kiwanis International and the National Institute of Child Health and Human Development (RO1 HD048629). The camp setting was viewed as potentially effective for the intervention because it 1) allowed for access of groups of children with similar conditions, 2) was a time spent apart from families facilitating greater independence, 3) provided opportunities for campers to develop social skills, 4) emphasized positive psychosocial development (not psychopathology) and 5) was a developmentally appropriate setting (emphasis on fun and prosocial activities).

The intervention sessions focused on spina bifida topics of catheterization, organization skills, hygiene, and health habits. Social interaction skills topics included initiating a social conversation, talking about spina bifida, expressing needs and confronting someone. Independence consistent with the camper's ability level (i.e., both cognitively and physically) was emphasized. In-session strategies were memory diary, problem solving, and communication strategies. Counselors monitored camper goal attainment using checklists (review, revise, barriers, using memory diary to monitor goal achievement). Results demonstrated significant improvement over the one-week camp in camper and parent ratings of meeting individualized goals and management of spina bifida related tasks.

Kerry O'Mahar, first author for the work shared some of her experiences with the research.

What were the researchers' experiences of the setting and intervention?

My mentor, Grayson Holmbeck, Ph.D., has a longstanding history of involvement with the spina bifida community in Illinois. Dr. Holmbeck has devoted a great deal of his research efforts to better understand youth with spina bifida and their families. He and his students had been doing brief interventions in the camp setting for several years prior to this study. There was interest to expand intervention and research efforts in the camp setting and that is how this study came about. I enjoyed being involved with the camp and the campers, although my time at camp was limited. Another individual served as the lead therapist and worked most closely with the campers. The feedback we received from her was invaluable to the research. She is very talented and has experience working with people of varying ability levels.

Do you have any sense of direct versus indirect effects on outcomes?

We hope that the intervention was the primary agent of change in the positive results we observed, but the design of the study limited conclusions of that type. Dr. Holmbeck and the students in his lab have continued to do intervention work in the camp context. In fact, a five-year grant to continue this work was obtained. Based on the results from this study, some of the changes in subsequent camp interventions included more emphasis on social development and more extensive cognitive testing. Ways to improve the assessment of goal attainment is also ongoing.

Would you consider doing more work in camp settings?

I think camp settings have the potential to intervene in a meaningful and effective way. I would welcome the opportunity to work collaboratively with organizations wishing to do this type of work."

Additional interdisciplinary perspectives on chronic illness intervention programs in camp settings to promote psychosocial adjustment have been published in disciplines of therapeutic recreation, social work, patient education and counseling, and even geography! For example, recent research in camp health has been reported using qualitative interviews about the effect of camp on grief responses, lifestyle changes, coping, and belonging. Dawson and Liddicoat (2009) described the lived experience of campers in a camp for adults with cerebral palsy. They identified the primary theme as being part of a supportive community. Social workers, McClatchy, Vonk, and Palardy (2009), found positive results of camp-based trauma-focused grief intervention in reducing traumatic grief and posttraumatic stress disorder symptoms in parentally bereaved children. Hester, McKenna, and Gately (2010) examined lifestyle intervention in a camp for youth dealing with obesity. Their educational perspective assisted them to recognize cognitive ambiguity in the participants. In their participants, the post-camp experience intensified the anxieties of returning home and translating knowledge gained into action. Implications of these findings again support further research linking settings from pre- to post-camp. Finally, Dunkley (2009), writing about health geography, reported that the concept of "place" or "taskscape" can be that which makes a particular place health-giving. She described the taskscape perspective as focusing on activities that produce individual meaning and therapeutic experience.

This type of interdisciplinary research offers great potential for camp nursing! The camp setting offers an outstanding environment for longitudinal intervention and reinforcement as noted by these authors. Partnerships with disciplines with these intensive skills (e.g. daily group sessions using role-modeling, and other communication strategies) could enhance camp experiences for children and adolescents with chronic illness. Nurses partnering with interdisciplinary colleagues can be instrumental in establishing these types of relationships. These authors recommend additional studies in these areas emphasizing continuity in camp programming, with longitudinal tracking of camper progress when campers attend multiple years. Linkages with parents through exit interviews and follow up phone calls are possible. In addition, collaboration among settings (home, school, community groups, providers, clinics) can be enhanced through ongoing research deliberately targeting these together.

References

Dunkley, C. (2009). A therapeutic taskscape: Theorizing place-making, discipline and care at a camp for troubled youth. *Health & Place*, 15(1), 88-96.

Dawson, S., & Liddicoat, K. (2009). "Camp gives me hope": exploring the therapeutic use of community for adults with cerebral palsy. *Therapeutic Recreation Journal*, 43(4), 9-24.

McClatchey, I., Vonk, M., & Palardy, G. (2009). Efficacy of a camp-based intervention for childhood traumatic grief. *Research on Social Work Practice*, 19(1), 19-30.

Hester, J. R., McKenna, J., & Gately, P. J. (2010). Obese young people's accounts of intervention impact. *Patient Education & Counseling*, 79(3), 306-314.

O'Mahar, K., Holmbeck, G., Jandasek, B., Zukerman, J. (2010). A camp-based intervention targeting independence among individuals with spina bifida. *Journal of Pediatric Psychology*, 35(8), 848-856.

Ellen Buckner an ACN Board Member and Research Chair and also a member of the National Association of School Nurses.

This column is a regular feature sharing findings from multidisciplinary perspectives that inform camp nursing research and practice.

President's Message

Hello My Colleagues and Friends!

I don't know about you but for me May is a very challenging month. For me it is a time of preparing for my summer at camp. It is a time when I wind down my "winter" career in the hospital, say "see you later" to my hospital-based colleagues, pack up my apartment, and ship my belongings across the country from San Diego, CA to my little cabin in the woods in the heart of Maine.

I want to share a few thoughts for all of us to consider as we embark on another summer of camp and the enormous responsibility we take on as camp nurses. The professional practice area of camp nursing has grown and been refined a lot over the last few years. From new medications, emerging illnesses and natural disasters, camp nurses across the country have worked long hours surveying their flocks, cooling fevers, and comforting the aches and pains of the youth in their care. Through all of this, your professional association, the Association of Camp Nurses, has been with you and available to provide guidance and support as its members, both nurse and non-nurse, have searched for articles in past CompassPoint issues, called the ACN office for support, or e-mailed members of ACN's Board of Directors and leadership team looking for ideas and "pearls of wisdom."

I encourage all of you to bring this message of support and professional friendship to your camps. Talk about the Association of Camp Nurses with your camp directors and co-workers in your Health Centers. We grow as an organization through increased visibility and utilization of our services. Word of mouth and your recommendations to friends and colleagues is the best way we can promote our Association and assure the sustainability of our services for summers to come!

On behalf of the Board of Directors and the Association of Camp Nurses, I wish you all a safe and exciting summer camp season. As you begin to pack your bags and start your own journeys to camp, remember the golden rules of camp nursing: Always set up your own room first, pack a first aid "go bag" for emergencies, and always wear something modest to bed–you never know when you will be called upon!

VJ Gibbins
RN, Camp Nurse
President, Association of Camp Nurses

Association of Camp Nurses

Annual Report 2010

The Association of Camp Nurses (ACN) fulfills a portion of its obligation to members and the public through the Annual Report. By capturing and communicating ACN's accomplishments and challenges, the report helps strengthen the Association's link to both members and stakeholders while also demonstrating commitment to our mission: "Working toward healthier camp communities through the practice of camp nursing."

This mission is more fully articulated through the Association's Ends Statements. The three Ends Statements (Figure 1) more fully describe ACN's mission and provide a framework used by the Board to guide the Association's work efforts. Everything the Association does should move ACN toward accomplishing one or more of the Ends Statements.

The Annual Report of the Association of Camp Nurses describes how the Association conducted business throughout the designated year, business that focuses on the mission and Ends Statements. The Report also comments on the state of our unique professional practice area–camp nursing.

ACN's Mission:
Working toward healthier camp communities through the practice of camp nursing.

Ends Statements:
- There is an appropriate healthcare provider at every camp.
- A body of knowledge exists that informs camp health services.
- The camp experience is intentionally designed to improve the wellness of campers and staff.

The development of our Association has been a direct result of the significant voluntary contributions of time, energy, and talents of many people. This report is a testament to their incredible efforts.

Activity of the Board of Directors

The Board of Directors is comprised of volunteer, elected members of the Association who, as a group, serve a three-year term. The current Board began serving on 1 January 2010 and will retire 31 December 2012. During the Board's 2009 planning meeting, a strategic planning session spent jointly with the out-going Board, officers were elected and the Board organized as follows:

Executive Committee
VJ Gibbins, RN, Board Chair and President of the Association
Jill Ashcraft, RN
Ellen Buckner, RN, DSN

Research Committee Chair
Ellen Buckner, RN, DSN

Education Committee Chair
Tracey Gaslin, RN, PhD, CRNI, CPNP

Finance Committee Chair
Bill Jones

Member Linkage Co-Chairs
Ed Schirick
Cheryl Bernknopf, RN, BScN

Member at Large
Lisa South, ND, DSN

Executive Director
Linda Erceg, RN, MS

ACN's Board of Directors
Standing (L to R): VJ Gibbins, Tracey Gaslin, Cheryl Bernknopf, Ellen Buckner, Lisa South, Bill Jones, (seated) Ed Schirick, Jill Ashcraft.

The Board conducts business via teleconference, email, and an annual face-to-face meeting in conjunction with ACN's Camp Nurse Symposium. The Board operates using a Policy Governance framework that defines the Board's responsibilities to the membership.

Members utilize ACN's Board as their conduit to Association business. Each Board member's contact information is printed in *CompassPoint* and available online (www.ACN.org) as are the minutes of Board meetings (www.ACNorg). In addition, Board members seek contact with members as they focus on one of their key tasks, linkage with ACN's members.

Giving Voice to ACN's Message in National and International Arenas

The Association of Camp Nurses continues to be a voice for healthier camp communities across the country and, indeed, internationally. As we continue to invest in relationships with other membership-driven organizations in pursuit of educational and research partnerships, we learn more about our practice and our profession. Of particular note was a 2010 Board conference call with Peg Smith, Chief Executive Officer for the American Camp Association (ACA). The group discussed past and present intersects between the organizations and explored avenues for future joint operations and/or endeavors that will benefit members of both organizations as well as move each organization's strategic plan forward.

The Healthy Camp Study is one of the success stories of this partnership. Summer 2010 marked the final year of data collection for this five-year national epidemiologic study of camp injury and illness events. As camps entered that season, it was with the knowledge that earlier data from the Healthy Camp Study indicated that camp injury rates for children and youth who participated in summer camp programs–at both day and resident camps—was lower than the rate reported for youth who participated in sport activities such as soccer, baseball, volleyball, and football. This evidence provided testimony of the commitment of camp professionals–including ACN camp nurses--to safety.

ACN representatives on the Healthy Camp Advisory Committee were (seated L to R) OSU research assistant; Susan Baird (chair); Barry Garst (ACA research representative); (standing) Linda Erceg; Edward "Skip" Walton; and Mary Marugg.

A summative piece, the Healthy Camp *Impact Report* (2011), was published in early 2011 and is accessible through ACN's website (www.ACN.org). That publication meant that the team working on the project had a busy autumn and early winter processing data in order to publish results. This team, the Healthy Camp Advisory Committee, was chaired by ACN member Susan Baird (who also edits *CompassPoint*) and supported by ACN members Mary Marugg, Edward "Skip" Walton, and Linda Erceg. Along with additional professionals from ACA, the team championed not only the research process but also several educational pieces that included written articles as well as online learning modules.

At the close of 2010, information from the Healthy Camp Study is poised to guide camp health into the future. The work of many ACN members contributed to bringing this knowledge forward. On behalf of the Association of Camp Nurses, a hearty "Thank You!" is extended to all the members who participated in this project, especially those who took the time to enter their camp's injury-illness data. Without that information, the project would not have the rich impact it now promises to provide.

The Association's impact was also felt through the members who spoke at conferences, specifically the ACA National, New England, and ACA Tri-States conferences. President VJ Gibbins served as the Nurse Planner for the ACA Tri-States conference planning committee and was successful in obtaining contact hours for seven sessions presented at that large ACA regional conference. This will hopefully launch more collaborative efforts between the ACN and the ACA regional associations. The Association encourages ACN members who want to be more involved with the world of camp to consider affiliation with ACA in addition to ACN.

Lynda Lankford, RN, MSN, past Board member, was part of a panel discussion that discussed unique nursing opportunities at Minnesota's Student Nurse Convention. Lynda's ability to describe the joys and challenges of camp nursing was delightfully received by listeners. This opportunity likely exists in each State. ACN encourages members to contact their state Student Nurse Association and ask about speaking. Tell your camp nurse story! Raise awareness about what camp nursing can offer and encourage our emerging nurses to consider this practice option.

Associate member Edward "Skip" Walton, MD, and Executive Director Linda Erceg spoke at ACA's national conference as members of the Healthy Camps advisory committee and participants in the Ben Applebaum Forum. "Keeper of the Kits" column writer Mary Marugg, another member of the Healthy Camps advisory committee, was also there along with Board members Bill Jones and Ed Schirick. Skip also serves ACA's national board, so his voice will continue to be heard in the ACA community.

Bringing ACN's Message Forward via Education

2010 marked the launch of ACN's "Introduction to Camp Nursing" curriculum. This workshop debuted at the Symposium as a pre-conference event led by VJ Gibbins and attended by 12 members. With a defined curriculum and materials that included a participant workbook, slide presentation and seven contact hours, the workshop was complimented by a "Train the Trainer" event that prepared 17 experienced ACN camp nurses to lead the day-long workshop in their geographic area. It is ACN's hope that this team expansion will result in a broader availability of entry-level camp nurse workshops. Toward that end, workshops were done by Cheryl Bernkopf (Toronto), Cathy Albecker and Heather Linehan (two workshops in the Chicago area). Four other workshops were scheduled but suffered from lack of enrollment associated with late publicity. ACN looks forward to offering this program in more geographically disbursed locations. Indeed, people who want to sponsor a workshop can contact ACN's office to make those arrangements. Participation in the program impacts ACN's desire to have appropriately educated healthcare professions in our camps.

ACN's 17 "Introduction to Camp Nursing" trainers bring a total of 296 years of camp nursing experience to the curriculum.

In alpha order: Cathy Albecker, Norah Airth-Kindree, Jill Ashcraft, Cheryl Bernknopf, Roberta Blumberg, Heather Burgett, Tracey Gaslin, Nancy Giffels, Anita Goss, Lynda Lankford, Heather Linehan, Diane Marcyjanik, Michelle McKinney, Marcia Murray, Doris Nerderman, Margaret Oney, Michelle Reavis, Lavonne Ridder, Pam Umlauf-Brown, Rebecca Winsett.

ACN's Education Committee is intricately tied to advancing the message about camp nursing. In 2010, this active committee, chaired by Board member Tracey Gaslin, revitalized itself via energy from committee members Carol Jelfo, Michelle McKinney, Lisa Cranwell-Bruce, Bonny Huston, and Paula Lauer. The group shaped the content of April 2010's Camp Nurse Symposium, improved its future potential by investing time in developing the committee's operational guidelines, and participated in the first "Train the Trainer" initiatives. With this strong platform, look for impactful developments from this group in ACN's future.

Building ACN's Message through Research

ACN's Research Committee, under the leadership of Board member Ellen Buckner, conducted a member survey to identify priorities for camp nursing research. Results were disseminated at the 2010 Camp Nurse Symposium, discussed there with Symposium participants, and published in *CompassPoint* (vol. 20, no. 4). Recommendations included continuation of the research seed grants program, developing a camp nurse research network, and creating more opportunities for research discussion.

The Research Seed Grant winner for 2010 was Janis W. Taylor, DNP(c), CRNP, CPN, Robert Morris University, for her proposed research entitled: Medication Administration in the Residential Pediatric Camp Setting: A Retrospective Descriptive Study. The award will help to fund the first DNP project to receive an ACN Research Seed Grant.

Over 50 nurses from the U.S. and Canada participated in the 2010 Camp Nurse Symposium, St. Charles, IL.
Educational content included clinical skills, research outcomes, and camp community health content from speakers Lisa Cranwell-Cruse, Rebecca Winsett, Ellen Buckner, Susan Baird, Tracey Gaslin, Janice Springer, Doris Nerderman, Lisa South, Jill Ashcraft, VJ Gibbins, and Linda Erceg.
Educational content included clinical skills, research outcomes, and camp community health content from speakers Lisa Cranwell-Cruse, Rebecca Winsett, Ellen Buckner, Susan Baird, Tracey Gaslin, Janice Springer, Doris Nerderman, Lisa South, Jill Ashcraft, VJ Gibbins, and Linda Erceg.

Janis' research question addresses whether having nurses or licensed health care providers administer medications at residential camps reduces the number of unplanned visits to the camp health center or local clinics/hospitals as compared to campers who self-medicate or receive medications from unlicensed individuals.

The winner of the 2009 ACN Research Seed Grant, Dr. Rebecca Winsett, published her research: Winsett, RP, Stender, SR, Gower, G, & Burghen, GA. (2010). Adolescent Self-Efficacy and Resilience In Participants Attending A

Ellen Buckner, Research Committee chair, facilitates a research priorities discussion with members during the 2010 Symposium.

Diabetes Camp. *Pediatric Nursing*, Nov/Dec2010, Vol. 36 Issue 6, p293-296. In addition, Rebecca presented her study at the 2010 Camp Nurse Symposium.

To increase interest in camp nursing research, the Research Committee initiated a recognition award for an author or student whose completed or published research was done on a topic in camp nursing. Recipients for ACN's 2010 Best Published Camp Nursing Research Paper were:

- Conrad AL, & Altmaier EM (2009). Specialized summer camp for children with cancer: social support and adjustment.*Journal of Pediatric Oncology Nursing* 26(3), 150-7.
- O'Mahar, K., Holmbeck, G., Jandasek, B., Zukerman, J. (2010). A camp-based intervention targeting independence among individuals with spina bifida. *Journal of Pediatric Psychology*, 35(8), 848-856.

The committee's work is accomplished with help from members Cheryl Bernknopf, Nancy Krahl, Lisa South, and Jeana Wilcox. This committee, like others in ACN, continues to accept new members as they are identified.

Statement of Financial Activites
1 Janunary – 31 December 2010

REVENUE		
Dues and Fees	$	17,995.00
Advertisements (web)	$	10,100.00
Money Market Interest	$	535.51
Conference Income	$	23,530.00
Sales of Publications	$	4,566.45
ACN Identity Clothing Sales	$	75.00
Camp Nurse Store Sales	$	808.00
Income from Writing Projects	$	-
Miscellaneous	$	140.43
Total Revenue	$	57,750.39
EXPENSES		
Board Events	$	786.68
Books & Memberships	$	55.00
Camp Nurse Store:		
Cost of Sales	$	1,409.40
Sales Tax	$	346.00
Merchant Fees	$	3,199.07
CompassPoint Printing	$	6,048.56
Conference Expenses	$	9,854.86
Continuing Education Expenses	$	300.00
Contract Services	$	-
Depreciation	$	393.64
Insurance	$	940.00
Member Recruitment	$	575.00
Miscellaneous	$	50.00
Office Expenses	$	487.33
Payroll Taxes	$	1,306.57
Postage & Freight	$	3,697.06
Professional Fees	$	1,705.00
Research Committee	$	350.00
Telephone	$	327.60
Travel	$	-
Web Site Maintenance	$	5,533.79
Wages & Salaries	$	14,444.60
Total Expenses	$	51,810.16
ASSETS		
Cash in Checking	$	3,125.37
Cash in Money Market	$	99,876.12
Cash in Certificate of Deposit	$	2,801.40
Cash in Merchant Account	$	21,990.65
Store Inventory	$	970.77
Total Current Assets	$	128,764.31
LIABILITIES		
Prepaid Memberships	$	4,545.00
Sales Tax Payable	$	346.00
Accrued FICA and Federal W/H	$	525.02
Accrued Federal & State UC Tax	$	130.56
Total Net Liabilities	$	5,546.58
Total Net Assets	$	123,217.77

Supporting ACN's Work

As indicated by ACN's Statement of Financial Activities, the Association continues to enjoy a solid financial base. That being said, ACN experienced a decline in revenue generated from memberships (fewer members) and less revenue generated from interest-bearing accounts. This was anticipated in the financial planning for the year; consequently, the 2010 budget was adjusted to address expected loss of revenue – but not at the expense of member benefits. As a result of good financial stewardship, ACN was able to build reserves by about $4000. Total net assets at the end of 2009 were $118,852; by the end of 2010, they were $123,217.

Susan Baird
Editor of CompassPoint

The most valued member benefit continues to be *CompassPoint*. Championed by editor Susan Baird, the quarterly publication expanded scope by including more variety in articles, enhanced professionalism by the number of articles drawing from professional literature (evidence based), and involved a broader group of authors than ever before. This is quite an accomplishment for a relatively small publication.

Susan's work was supported by Editorial Board members Kathleen Bochsler, Tom Goodrow, Mary Marugg, Jane McEldowney, Doris Nerderman, and Ellen Reynolds. One of the responsibilities of this group is to select and confer the *CompassPoint* Writing Award. Rebecca Mitchell received that recognition at the 2010 Symposium for her article, "Bacterial Meningitis and the Meningitis Vaccine: Protecting Campers and Staff" (*CompassPoint*, 19 [2], 8-13).

ACN's office staff, based in Bemidji, MN, continued to respond to member requests, inquires from various stakeholders, and provide the work effort needed to support the Association's business. Led by executive director Linda Erceg, the Bemidji staff included Megan Westin (office clerk) and Joanne Barfknecht (administrative assistant). The Association's website drove much of the staff's part-time work. They were kept busy inputting new and renewing members, filling orders from the Camp Nurse Store, managing the merchant account, and responding to phone requests. Executive director Linda Erceg responded to all nurse-specific questions, supported Board initiatives, and focused on ACN's future through strategic planning, writing for both *CompassPoint* and *Camping Magazine*, and building the Association's financial capacity.

Our History, Our Legacy, Our Future

Camp nursing is almost as old as camping itself. Camp nursing and the Association of Camp Nurses has a strong and proud heritage. Until 2010, however, that past was largely undocumented. So in 2009, Myra Pravda – past President and founding member of the Association of Camp Nurses – travelled to Boston, Massachusetts, to talk with and capture the groundwork done by Jeanne Otto, ACN's founder. Myra then worked with Linda Erceg and Ellen Buckner to create a report of that historic interview and captured a piece of our past in the article, "An Archival and Oral History of ACN with Jeanne Otto, Founder of the Association of Camp Nurses." This history was published in *CompassPoint* (September 2010) and is available online in the member's only section of the ACN website (www.acn.org).

While acknowledging the past, ACN has also been keenly focused on the future. The Board, in particular, vests significant time engaged in conversation about development, sustainability of the Association, and elements that will impact that future. As 2011 gets launched, look for deeper content on the website, opportunities for business affiliation with the Association, and continued leadership in the healthy camp quest.

Our future, however, is only as strong as our membership. On behalf of all those who have contributed to ACN, a hearty Thank You! Individual, personal efforts make an impact on uncounted camp nurses, campers and camp staff. Those who write see their work build professional literature; those who do research build our evidence base; those who speak see their words impact the practice and mindset of others; and those members who champion the day-to-day health of their own camp see a more resilient and healthier population. With this as a legacy, it's easy to move into our future!

Association of Camp Nurses
8630 Thorsonveien NE
Bemidji, Minnesota 56601

PRST 1ST CLASS MAIL
U.S. POSTAGE PAID
BEMIDJI, MN
PERMIT NO. 19

Association News

❖ 2012 Symposium in Atlanta, Georgia

The decision's been made; mark your calendar! After a great Symposium in San Diego, ACN will hold the 2012 Camp Nurse Symposium at the Hyatt Regency of Atlanta, Georgia. The Association will again partner with ACA's national conference making it easy for camp nurses wanting to attend both events to do so.

Plans are being finalized as this issue of *CompassPoint* goes to press. Greater detail will be on the website (www.ACN.org) and in the next issue as it becomes available. In the meantime, tentatively block 20-22 February for ACN's Symposium.

ACN is negotiating to do one day of concurrent sessions with the ACA conference, a day that would allow conference attendees from both ACN and ACA to access sessions sponsored by both organizations. As in the past, ACN will provide nursing contact hours for designated sessions. ACA's full conference dates are 21–24 February.

❖ Wanted: Articles about Camp Nursing from Other Publications

Spring is the time of year when various nursing publications and journals often feature an article about camp nursing and/or nurses who work at camp. ACN's Education Committee is creating a database that lists these articles. We need your help to find them! When you read or come across one, please forward the reference information to Tracey Gaslin, Education Chair, at gaslin@courageouskids.org.

❖ "Call for Presentation Proposals" Happening Soon!

As you move through your summer camp experience, keep in mind that ACN will soon post its Call for Presentation Proposals for the 2012 Symposium (see information above). Education chair Tracey Gaslin is pulling information together for potential speakers; that information will be posted online at www.ACN.org as soon as it's ready.

So consider what you might present while you work through the joy of this summer. Perhaps you have expertise working with campers who are homesick. Maybe you have clinical expertise in assessing sports injuries that other camp nurses would benefit learning about. Perhaps you might collaborate with other camp nurses to examine the scope of medication brought to camp and the impact of that medication upon campers' experience.

Put on your thinking cap; consider making a professional contribution to the knowledge of other camp nurses!

❖ Lands End to Offer ACN Identity Clothing

ACN is moving into an agreement with Lands End clothing to offer selected articles from the company's inventory with ACN's logo. Members will soon be able to order our selected items directly from Lands End. Items include short- and long-sleeved polo shirts, a fleece vest, an all-weather jacket, and an attaché case. Some items will be available in various colors. Purchases through this soon-to-be-released website will also benefit ACN. ACN will receive 3% of each order. Watch your email for an *e-blast* from ACN providing details!