

- My View -
Thoughts from a Camp Director

Bill Jones

The world is more complex than it was when I first attended camp over 50 years ago. I have seen the Camp Infirmary, providing minimal TLC and basic encouragement, change to the Camp Health Center providing an expanding injury and illness evaluation and care now changing to a future vision for a Camp Wellness Center where we work toward empowering our campers with knowledge and support for prevention as well as wellness. At the same time our camp nursing/medical staff has become more highly trained with a complex knowledge base unimagined 50 years ago. As camp committed directors, nurses and doctors, we now face a growing dilemma of how we provide the “on demand” health care that characterizes this valuable part of the camp experience.

From the camp health perspective there are many challenging issues commanding attention:

- increased government regulation of what we can and cannot do,
- expanded use of computers, medical resource access, and use of electronic record keeping ,
- enhanced need to communicate with parents, both overly protective and not, addressing timeliness, expectations, and methods,
- continuing research avenues like the ongoing ACA Wellness Study that provide insight about potential issues relative to appropriate risk management,
- increased medication usage of all kinds by our campers and staff for a broad spectrum of diagnoses,
- potential international language problems with the possibility of confusion and errors when interpreting health histories, orders, and prescription labels, and
- safe-guarding the essence of our careful yet non-clinical camp approach to health and care in contrast to more stringent and rigid clinical and hospital environments.

Couple these issues with a few of those the camp director also faces in light of current literature suggesting important adaptation to:

- the joy of quiet,
- the connection to nature,
- human connections and community building,
- the impact of bullying on children,
- child obesity,
- measurable outcomes for all facets of operation,
- leadership in youth development, and
- always playing it safe which doesn't help campers learn reasonable risk taking and consequences.

Certainly all of these areas lead us to a need for stronger partnerships/communication between our healthcare staff and parents and the camp director working toward the process of understanding the camp's policies and philosophy to support the interaction required for each of these constituents. The need to understand unique qualities of each camp before the summer starts is extremely important for both parents and healthcare staff. Each camp director brings leadership uniqueness as she/he might decide for camp to:

- allow campers to go barefooted understanding that you may generate more foot injuries,

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- Editorial - What Makes My Day

Putting an issue of *CompassPoint* together is a very tricky task. I start each issue with a stock form, The Content Plan, that has blank spaces for the articles I hope will materialize and a list of features that will materialize because I work with such a great group of feature editors who make that commitment. In a way, each issue is its own puzzle or challenge. The goal is fill roughly 28 pages with timely information of interest to *Compasspoint's* readers. The puzzle has a few funny rules to test your mettle, like the total pages have to be a multiple of four, so 24 or 28 pages, not 25 or 27. The puzzle also has rewards, like I get to coach novice authors work their ideas and experience into cohesive articles. Finally, each issue has its own surprises, like unexpected e-mails from a prospective author inquiring about my interest in an article or even a promise to write—yes it does happen albeit not as often as I'd like.

I just love those e-mails! The neatest things seem to happen out there in cyberspace so seeing what e-mail brings me each day is a highlight. When the Content Plan is very sketchy and deadlines are approaching, I'm hoping for heavy traffic—both ways—on the e-mail highway. E-mail plays a very active role in how an issue shapes up. Some recent messages about this issue made my day.

- Nancy Krahl agreed to a very short turn-around time to contribute to the New Nurse Graduate article and also committed to writing two articles in future issues. Yea!

- Four nurses who worked as new graduates at camp made time to send me their experiences and their enthusiasm was palpable. *Loved that energy!*

- The Editorial Board sent their votes for the *CompassPoint* Writing Award selecting Patsy Gehring for her concussion article. This paper was the result of her hard work but also prompted by a bevy of e-mails back and forth over time urging then coaxing her to put her 2011 Symposium presentation into print. *Hope for more good work to follow!*

- Editorial Board member Barbara Hill sent her proofreading changes (Yes, that team does wonderful proofing) noting she “Loved Ellen Buckner’s Research column. Couldn’t be more timely for me.” *Nice collegial recognition!*

- Jeana Wilcox wrote expressing interest in submitting her Symposium presentation, “Debriefing after Critical Incidents at Camp” for a future issue. *Terrific!*

I can’t help but think back a few decades when for 11 years I was editor of *Oncology Nursing Forum*. Its very early days had challenges similar to those of *CompassPoint* but without the benefit of e-mail. Every step of authorship and production was so much more difficult without a tool we take so casually. Hooray for e-mail—it makes my day!

Susan B. Baird, RN, MPH, MA
Editor

ACN Board

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hi_vj@hotmail.com	703-462-9614
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	617-661-0917
Education Chair.....	Tracey Gaslin, RN, PhD, CRNI, CPNP
gaslin@courageuskids.org	502-744-6803
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ebuckner@usouthal.edu	205-934-6799
Executive Committee.....	Jill Ashcraft, RN
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bill@lincoln-lakehubert.com	952-922-2545
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ed@schirickinsurance.com	845-794-3113
Executive Director.....	Linda Ebner Erceg, RN, MS
erceg@campnurse.org	218-586-2633

ACN Member Leaders

<i>CompassPoint</i> Editor.....	Susan Baird, RN, MPH, MA
nursusan2@aol.com	508-888-3249
American Camp Association (ACA) Liaison	Linda Ebner Erceg, RN, MS
erceg@campnurse.org	218-586-2633
<i>CompassPoint</i> Editorial Board.....	Kathleen Bochsler, RN
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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

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When New Nurse Graduates Head to Camp

Doris Nerderman, RN, BSN and Susan B. Baird, RN, MPH, MA

with

Nancy Krahl, RN, MSN, MA, Valerie Cartier, RN, BSN, Monica Krekelberg, RN,
Chelsi Larson, RN, and Jessie Parsons, RN, BSN

Abstract: Hiring new nurse graduates to staff camp health centers may be a viable option when camps encounter difficulties recruiting experienced nurses for this role. This article contains the perspectives of a nursing educator on the knowledge and skills the new nurse graduate can bring to the setting and shares the experiences of four new graduates who chose the camp setting for their first professional role. An earlier article drew on the experiences of five camps that hired new graduates (*CompassPoint* 21[4], December 2011). With appropriate orientation, resources, and support, most new graduates will do well in this care setting.

In the last *CompassPoint* issue (Vol.21, No.4), we presented the pros and cons of hiring new nurse graduates, interviewing for the best candidate and how to optimize the process for both. This inspired us to do some more investigating.

First we wanted to know just what nursing education provides as a foundation for succeeding in the camp setting and what skills current graduates have to offer this specialty. Who better to ask than someone who is both an educator and a camp nurse? Nancy Krahl responded to our query.

An Educator's Perspective

I have been teaching baccalaureate nursing students for the past 20 years and I believe that for the past several years we have graduated some of the brightest and best in my teaching career. They are such a joy to teach! They enter nursing school with high GPA's (due to the increased competition for admission) and most of them continue toward maintaining that standard of excellence throughout their nursing education. The teaching and learning methods in nursing education are evolving. They are very different than a decade ago. Today's students are more media savvy than ever before. Currently, students may use online textbooks, online resources, ipads, iphones, itouch, and many bring laptops to class. They are skilled multitaskers. Students communicate with faculty and each other through texting, emails, social media, podcasts, and through the school's learning management system. While providing care in clinics and acute care settings students may use electronic sources of healthcare information. As new graduates in a camp setting which uses electronic record keeping and documentation, they will have no difficulty.

Curricular development in nursing education has been evolving over recent years to incorporate the Quality and Safety Education for Nurses (QSEN). The overall goal for the QSEN project is to prepare future nurses with the knowledge, skills and attitudes (KSA's) necessary to continuously improve the quality and safety of the health care systems within which they work. Many nursing programs are using QSEN competencies as foundational documents in curriculum

development. The QSEN competencies address patient-centered care, teamwork and collaboration, evidence-based practice (EBP) quality improvement (QI), safety and informatics. Graduates from programs where the QSEN competencies have been integrated throughout the curriculum are more likely to function effectively within nursing and while working within inter-professional teams. They are used to open communication, mutual respect, and shared decision-making to achieve quality outcomes in patient care. These graduates have been taught how to use data to monitor the outcomes of care processes and how to continuously improve the quality and safety of those in their care. They know how to use information and technology to communicate, mitigate error and support decision making. (Institute of Medicine, 2003). These are desirable skills for camp nurses to have—new grad or not!

Today, in nursing colleges throughout the USA, students are learning through simulation, using high fidelity and/or low fidelity mannequins. These life sized, interactive mannequins can be programmed for a variety of scenarios which may include vital sign changes, vomiting, urinating, seizing, bleeding, and so on. These mannequins are programmed to respond in a physiologically appropriate manner, so that students can witness, in real time, whether or not their interventions improve or worsen their "patient's" condition. In my opinion, while simulation will not and cannot replace actual care of patients, their use does allow students to practice their psychomotor skills, learn to prioritize care, develop teamwork, practice delegation and be able to multitask in a safe, non-threatening environment. Another advantage or positive feature of the use of simulation is that it provides exposure to experiences that cannot be guaranteed for all students in clinical settings. I believe that these simulation experiences help to build confidence in the students and, in turn, new graduates.

Nancy Krahl, RN, MSN, MA

So, yes, today's new graduates understand and practice their nursing skills, learn critical thinking and excel in communication, collaboration and technology. With those experiences highlighted on a new graduate's resume and the many camp nurse positions available, it makes sense that new nurses are seeking camp experiences and that camps are hiring them.

Having heard from camps in our previous article, we wanted to hear from some new graduates who made the decision to become camp nurses. We wanted to know what inspired them to give camp nursing a try. We also were interested in learning about the challenges they faced, how they coped with those challenges, and what advice they could offer to fellow graduate nurses. Four camp nurses shared their experiences and insight gained from their first professional position.

My Experience at a NH Boys' Camp

As a new graduate nurse, I was looking for an opportunity to gain experience in a relaxed environment and camp nursing would provide that. In addition to a positive learning experience, the pleasant atmosphere, an office on the lake, young children, and warm summer weather were attractive. In a student clinical experience, I was at an elementary school and learned the basics of working with children in a triage-type setting. Many of the illnesses and issues I dealt with in the school were similar to those I came across at camp. Other helpful experiences were those where I had worked with children in general as I had done as a gymnastics coach and babysitter. These experiences helped me to form a foundation of skills in communicating and understanding children which proved to be helpful in camp nursing.

I took the NCLEX the weekend before the start date of camp so I spent much of the first month after graduation reviewing materials to prepare for them and also prepare for my camp nurse position. I reviewed general material and also focused on "common camp illnesses." I familiarized myself with common pediatric allergies and medications, especially those for ADHD and asthma. I also prepared myself for camp by having an open mind and a positive attitude.

I arrived at camp as an outsider expecting it to be difficult to "fit in" but found it was extremely easy to blend in thanks to the open arms of the camp. Nearly all of the employees have been on staff for several years, most of the leaders even grew up together. Orientation week was extremely beneficial in getting to know other staff and familiarizing myself with how the camp is run. During this week, and throughout the summer, the camp was very welcoming and supportive. I had several resources available to make my job entry easier. I worked closely with the head nurse who has been on staff for the past 25 years. She was always available to answer any questions or concerns that came up throughout the summer. In addition, I had the camp directors, leaders, and other staff members available in emergency situations. Another resource was an on-call nurse practitioner from the camp's physician practice who would visit camp and children as needed. The local hospital was within 10 miles of the camp. We had ample equipment and supplies and a local pharmacy to augment that stock when needed.

The greatest challenge was being unfamiliar with the camp in general. Several of the campers and staff return each year and therefore are accustomed to each other and camp traditions. Even though I was welcomed by all, it was still a bit of a challenge to be both new and female in a primarily male group.

I have a lot of memories of camp but one day in particular sticks out to me. It was the peak of the "stomach bug" we were battling and all of the beds in the infirmary were full. The head nurse was at the emergency room with a child who managed to get a fish hook through his nose and cheek leaving me alone with about 10 sick children when a heavy thunderstorm hit camp. A child was hit in the head by a falling tree limb on his way back from dinner. When he arrived at the infirmary it was obvious that he was going to need stitches/staples. Thankfully, the head nurse arrived back from the ER just in time to go right back with a new camper. I remember being so stressed, the infirmary was a mess and I was exhausted. One of the camp directors voluntarily came over to the infirmary and spent a few hours helping me catch up on cleaning and getting things back under control. The time she spent going above and beyond to help me made such a difference. I realized that I needed to step back, take a breath, and recognize there are several people available when times get tough. At the time, I didn't want to admit that I needed help but, looking back, I realize that I should have simply asked.

I would recommend a camp experience to other new graduate nurses without a single doubt. It is a great way to meet new people and have fun while gaining vital experience at the same time. Starting a nursing career at a camp is an enjoyable way to gain independence and learn some of the basic skills that carry over into all future nursing positions. These skills include assessment, medication administration, documentation, and communication with providers.

My advice to other new graduate nurses considering camp experience is to take the opportunity while it's available. Most nursing careers can't accommodate taking the summer off to work at a camp so taking the first summer after graduation to enjoy this experience can be a good idea. I also recommend using all available resources. It is important to ask other staff for help when you need it, whether it is for transportation to the emergency room, help with an overwhelming pile of laundry, or just having someone bring you food if you can't make it to the dining hall for meals. New grads should know that there will be times when they will feel overwhelmed but other staff members are always there for support.

Based on my experience, I would advise camps to be available to answer questions, offer support, and provide sufficient training to new nurses. Orientation week is extremely beneficial in getting accustomed to other staff and in organizing yourself. Camps should also verbalize their values and expectations.

Valerie Cartier, RN, BSN

My Experience at a Large Language Immersion Camp

Last summer, fresh from graduation, I went straight into camp nursing where all of a sudden I was in charge of monitoring the health of over 100 campers and staff. To be honest, it was extremely frightening to go from being a student where all of my experiences occurred in a hospital or a setting

where other health care professionals or professors were nearby to all of a sudden being all on my own in a cabin in the middle of the woods. The first two weeks I felt horribly isolated and terrified that something would go wrong at camp and I would have no one to go to. In school if a problem or questions arose that I was unsure how to answer, I could always say, “one second, let me go grab the nurse.” I now was the nurse, and I tended to forget that at first.

In truth, I was not completely alone. Concordia Language Villages (CLV) offered support to us via our nurse manager (Super Sleuth’s Janice Springer) who was available 24 hours a day via phone. Janice was the best resource available at camp. She had years of experience and consistently operated in such a calm matter that it always soothed my nerves and allowed me to care for my campers and staff effectively. She was irreplaceable and much more reliable than any Internet or paper resource. Without her in those first few weeks, I doubt I would have been so successful or even been able to continue throughout the entire summer.

After about three weeks into my camp experience, I finally found my stride and was much more confident in my actions. I was able to decide on an appropriate plan of care independently—my most valuable gain from camp. It gave me confidence in my own ability to make nursing decisions. I feel that this would not have occurred as quickly working in a hospital because there are so many others around to whom you can turn to and rely upon. It was neat being in a situation where you immediately have to rely on your own skills and knowledge.

Camp nursing is something I wish I could do again this summer but my current year-round position in an ICU just can’t accommodate that. I liked the loosely structured environment of camp because it let me come up with my own nursing schedule and create, in a way, my own little nursing practice within my health center; something one does not get to do in a hospital. For many individuals, the lack of structure, a bit of isolation, and the need to be independent immediately outside college may be tough so it may not be the best decision for all new grads. For an individual who likes adventure and is able to “go with the flow” and figure things out on their own as they go, however, I would recommend camp nursing. For me, it certainly was an adventure and was very rewarding. I found that the camp nurse is always very respected, trusted, and known by the entire camp and that is a gratifying experience. Working at a language camp provided opportunity to meet campers and staffers from all over, an aspect I really enjoyed.

For those who love their structure and learn best from others around them, perhaps forgo camp for a few years (there is nothing wrong with that!), but for others who choose to be bold and go solo, enjoy camp! Don’t forget to also take part in the culture of your camp! Getting involved will make the camp experience seem a lot less isolating and make you more comfortable and thus allowing you to excel more as a health professional at camp.

Monica Krekelberg, RN

Another Language Camp Nurse Shares

Fresh out of college, I really had no idea what kind of nurse I wanted to be. I knew I loved kids, culture, the outdoors, new people, and new places. All of these loves led me to Concordia Language Villages in the boondocks of Minnesota. When asked what “language” I wanted to work in, I was impartial and ended up working for three language villages over a span of ten weeks. I could not have asked for a better new graduate experience. I first experienced the Chinese village with up to 120 campers. Whoa! I was the only RN with over a hundred kids and dozens of staff, and we’re in the woods...deep in the woods. I was not prepared for this. I brought some of my nursing textbooks from school but maybe opened them once. While there was some down time to pick up a book on the dock, it was usually interrupted with the need for a band aid, some good conversation, or anaphylactic shock. It was unpredictable—challenges that arose really just depended on the day. After Chinese camp, I went on to experience the Spanish and Italian cultures.

I had a love/hate relationship with camp nursing. While I found myself occasionally hating the 24/7 schedule, the gastrointestinal bug wiping through a hundred people in two days (that’s an exaggeration), the bat in my cabin that I couldn’t catch for three days (that is not an exaggeration), or the burden of responsibility I carried for these kids away from home, I always loved easing a camper’s homesickness, reassuring a nervous parent whose child was away from home for the first time, getting to know the staff here from all around the world, and meeting the health needs of kids who couldn’t otherwise have experienced the adventure of camp. I gained confidence as a new RN and learned how to make independent nursing decisions. I learned from the experience of meeting all types of health needs for all ages and for people of many cultures. The experience would not have been as wonderful without my supportive supervisors and wonderful health center assistants.

My advice for new grads considering a camp nurse experience is to go for it! Keep in mind that you must be flexible, open-minded, creative, and adventurous. While camp was an amazing experience for me, it was also rough at times. Being the camp RN is not all canoe rides and sun tanning, there is the occasional bee sting and sunburn as well. Be ready for it all!

Chelsi Larson, RN

At a Smaller CoEd Camp

I wasn’t quite ready immediately after graduation to begin a permanent nursing job. I needed to study for and pass my NCLEX and I wanted to do something fun, challenging, and temporary before I settled into a more long-term position back home. I’ve always loved working with children and I love being active outside. Camp nursing drew me because it combined these two in the most amazing way.

The best preparation I had for camp nursing at Sonlight Christian Camp was my life experiences. I was a swim instructor for children for several years. This experience and everything that went along with it, such as being sensitive to children’s personalities and learning styles, communicating with parents, and being cheerful and patient, were invaluable to me as a camp

nurse. The most important and most helpful qualities I took with me, however, were a strong sense of adventure, a positive attitude, and a willingness to work hard. I found camp nursing a challenging job but an incredibly rewarding one. Although my supervisors at camp did an excellent job in briefing me on the expectations of the job, I went to camp knowing that there would be unplanned challenges and that every day would be different from the next.

The people at camp did beneficial things even before I arrived. First, they kept a strong line of communication open with me for several months before the camp season began. From this, I quickly developed trust and respect for my supervisors and felt comfortable asking questions as I thought of them. Second, the summer camp director set up a staff Facebook group and used this group to introduce each new staff member as they were hired and was also able to facilitate brainstorming forums. Thus, we developed a foundational sense of teamwork and camaraderie before we met in person. As the camp nurse, responsible for the health and safety of 30 staff and approximately 60 children each week, I could not be everywhere at once and relied on my fellow staff members to help keep me informed on health and safety issues. Third, my health supervisor at camp sent me articles relating to camp nursing (e.g. infection control, dealing with homesickness, etc.) and discussed them with me before I arrived.

One of my greatest challenges was balancing being with the kids as much as possible yet balancing my preparation for the NCLEX. I wanted to be present and involved with the camp program every minute, but I needed my study time too. One thing that helped was bringing flashcards with me to group games, where I could be a presence on the sidelines and available if needed, and still get quality studying in. I also learned to make my study sessions efficient, not wasting any precious minutes.

I had wonderful and memorable experiences. All the funny things the little third and fourth graders said, all the time spent processing with the teenagers, the amazing family I had at camp in my fellow staff members...it was all memorable. I would wholeheartedly recommend a camp experience for nurse graduates. It was the best summer of my life. I learned so much about myself and my strengths and weaknesses, I was challenged mentally, physically, and spiritually, I had a great amount of fun, I got to be with kids all day and give of myself to help them have one of the best weeks of their lives.

I would definitely recommend camp nursing to a new graduate suggesting they go into the experience with energy and enthusiasm. Talk with other staff members and supervisors and keep those relationships strong. Be willing to pour yourself out every day for three months straight. Expect your life to be touched and changed by the kids you will meet and interact with. Be open, flexible, creative, and caring, and you will do well. For camps: talk with your nurse about what to expect and offer them resources. Talk through a typical day at camp with them. Warn them that they will need a strong work ethic to balance studying for the NCLEX and performing their camp nursing job to the fullest.

Jessie Parsons, RN, BSN

Figure 1.
Most Helpful Resources
Identified by New Camp Nurse Graduates

www.ACN.com

www.ACA.com

Erceg & Pravda, *Basics of Camp Nursing*, 2nd Edition

National Outdoor Leadership School (NOLS),

Wilderness First Aid, 3rd Edition

Camp specific policy and procedures manuals

The vignettes from the new graduate nurses provide a good sense of their experiences. Despite the differences in their camp settings, some common elements stand out.

- It seems a sense of adventure brought these new graduates to look at summer camp positions and once there, prior non-nursing experience played a key role in acclimating to that role. Perhaps those seeking to fill nursing positions should weigh this experience as important.
- Camp nursing is not a 9-5 job and can be isolating at times. Those hiring should paint an honest picture of camp life and the camp culture so the prospective hire might know what to expect and be ready to mingle and participate.
- Camps will benefit from preparing the nurse prior to arrival with camp maps, schedules, an overview of the camper population as well as common illnesses, injuries and medications seen in the camp setting. Having this information in advance will facilitate orientation.
- The graduates sharing their experiences also identified their most helpful resources and references as summarized in Figure 1. The commonality among their responses was that they all noted the most important resource they had were those working with them, the people who provided orientation, answered their questions, and offered support and encouragement when times got tough.
- All graduates identified independent decision making as being stressful and staff support as being an asset. With this information, camps might want to reconsider hiring a graduate nurse in a setting where they will be the only nurse and without ready guidance or support. Likewise, a new nurse might want to pursue only camp positions where other health care staff is available.
- The graduates agreed that they honed nursing skills and gained confidence that will benefit them in future positions
- And finally, the camp nurse experience is one that they will remember forever!

Experience Commonalities

Conclusion

So should camps look to new nurse graduates to staff their Health Center? Absolutely! Should those graduate nurses who are interested pursue camp nurse positions? Most definitely! However, both camps and nurses need to take time for adequate preparation, teamwork, and communication. With time and effort on both sides, this collaboration can be a win-win for the camp and the graduate, but most importantly—for the campers!

References

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Doris Nerderman, RN, BSN has over 25 years of camp nursing experience at Camp Belknap, NH. During the rest of the year she teaches LPNs in Ohio. She is a CompassPoint Editorial Board member. Susan B. Baird, RN, MPH, MA is a retired camp nurse and editor of ACN's CompassPoint. Nancy Krahl, RN, MSN, MA is an Associate Professor at Saint Luke's College of Health Sciences, Kansas City, MO. For the past 20 summers, she has taught an elective in Camp Nursing with the clinical portion held at Camp M.I.T.I.O.G., (Made in the Image of God) a week long residential camp for children with spina bifida. She is a member of ACN's Research Committee. Valerie Cartier, RN, BSN, spent her first summer after graduation at NH's Camp Belknap, Tuftonboro, NH. She is now a Registered Nurse at the Neville Center for Nursing and Rehabilitation in Cambridge, MA. Monica Krekelberg, RN, and Chelsi Larson, RN, were nurses at Concordia Language Villages for the summer season of 2011. Chelsi is now a school nurse with Minnesota School District 622 Health Services. Jessie Parsons, RN, BSN, spent the summer of 2010 at Sonlight Christian Camp, Pagosa Springs, CO. She is now working as an RN at an acute psychiatric/behavioral hospital for adolescent girls in her hometown of Anchorage, AK.

- My View -

Thoughts from a camp Director

Continued fom page 1

- climb trees knowing you may have increased falls,
- send or not to send campers home for certain conditions,
- be contacted and informed before parents are or are not notified of any situation in camp, so a best approach can be made using both parties, knowledge base.

So yes, we do live in a more complex world and I believe it is going to be even more complex for all of us. However, the relationships and caring we all try to achieve, making the camp a safe, caring, positive, and growth experience for each camper has never been more important. I believe that quality is the same as it was over 50 years ago, albeit with more complicated factors. The need for stronger collaboration is the key to make the summer camp experience a highlight for all.



Bill Jones is a Camp Director at Camp Lake Hubert & Camp Lincoln, Lake Hubert, MN. He is also an ACN Board Member and Finance Chair.

Looking for a camp pertinent CE opportunity?

The Obese Camper and Metabolic Syndrome: A New Challenge to Camp Life

By Lisa Cranwell-Bruce, RN, MS, FNP-C, APRN

Find this educational activity in CompassPoint, Volume 21(3), pages 3-10. This educational activity is 1 contact hour. To complete this continuing education activity, the participant must:

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Autism: Key Elements for Camp Success

Tracey C. Gaslin, RN, PhD, CRNI, CPNP

Abstract: An increase in the number of children diagnosed with autism spectrum disorders (ASD) is accompanied by an expanded need for camps prepared to offer them appropriate experiences. This brief identifies key elements about ASD that need to be considered: behavioral aspects commonly seen, approaches to avoid and actions to encourage.

As the number of children being diagnosed with autism spectrum disorders (ASD) increases (Autism Speaks, 2011), the need for these children to have a camp experience also rises. More parents are seeking out potential camping options and are hopeful they will find a place that is appropriate for the child with ASD. The intent of this brief is to provide a few reminders regarding ASDs and help camps that may be contemplating serving this population.

Some facilities will not be equipped or prepared to meet the special needs of these children in a meaningful way. Others may be ready to take on a new endeavor. Here are few key elements that need to be considered:

1. The snowflake analogy: No two children with autism are alike just as no two snowflakes are similar. Although we may explain some universal tendencies regarding ASD, each child is more successful if treated on a case by case basis.
2. Things you may see in a child with ASD:
 - A. Repetitive motions and languages like spinning, humming, and finger clicking.
 - B. Routines that seem unusual are typically vital in an autistic child's coping mechanism.
 - C. Concrete logic as the primary train of thought. There is little if any sense of pretending, or understanding of intellectual humor or sarcasm.
 - D. Lack of eye contact or other social norms.
 - E. Inability to break from a certain routine or pattern.
 - F. Little if any verbal communication.
 - G. Little body language or tone making it difficult to gauge the level of physical contact a child with autism desires.
 - H. Social awkwardness by traditional standards.
3. Things to avoid:
 - A. Forced socialization. Allow the child to determine their comfort level in interaction. They may choose to remain on their own island, or seek interaction with peers or adults.
 - B. Expectations of traditional signs of socialization or interaction. Verbal give and take, eye contact, responses to questions or cues, and sustained conversation may not occur.
 - C. An arena of over exciting behavior or physical interaction.
 - D. Breaking a child's routine or format can be stressful to a child with autism. Camp is already a significant change, and any relief that a familiar routine can provide is beneficial.
4. Actions that are encouraged:
 - A. Follow the parent's lead regarding routines, cues and methods to avoid triggers.

- B. Give time cues or an awareness of when the routine is about to shift.
- C. Provide visual directions or interactions as a supplement.
- D. Be calm and clear when communicating.
- E. Focus on safety rather than compliance when choosing battles over what to address. Directions can be challenging to process at times. Give an expectation and allow time for follow through.

(NICHD, 2011)(CDC, 2011)

Children with ASDs require special behavioral attention. Because this condition is a "spectrum" disorder, children will vary greatly in their ability to function socially and connect with others. Camp is a great possible option for these children to learn communication, socialization, and functional skills. Preparing the camp staff to work with an ASD population is critical to creating a successful camp experience.

Each camp must weigh the benefit of offering a camp for children with ASD with the safety concerns and potential challenges associated with such an endeavor. The goal of most camps is to provide a quality, successful camp experience. How we define "successful" is a key element depending on the population being served. Success in this population may be getting the child to talk with another camper or transition easily from one activity to the next. The onus is on the many camping professionals to research the possibilities of serving this group in a safe, fun, and productive way.

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Tracey C. Gaslin, RN, PhD, CRNI, CPNP, a professor and certified pediatric nurse practitioner, is currently the Medical Director at the Center for Courageous Kids in Kentucky. She is an ACN Board member and Education Chair.

ACA Modifies Its Health & Wellness Standards: Are Your Health Practices Up-to-Speed?

Linda Ebner Erceg, RN, MS, PHN

Abstract: The American Camp Association (ACA) published its revised Accreditation Process Guide (2012) in the fall of 2011. These changes affect camps electing to participate in the accreditation process. Changes in the Health and Wellness Standards relate to camper health histories, staff health forms, and treatment procedures as well as some reorganization changes that primarily affect the format of the standards. Nurses working at ACA accredited camps or at camps seeking accreditation will find this summary helpful.

The American Camp Association (ACA) published its revised Accreditation Process Guide (2012) this past autumn. There are changes in the Health and Wellness (HW) section that camp nurses should know. The purpose of this article is to summarize those changes and provide resources should questions arise.

Before getting into a discussion about the ACA Standards, readers are reminded that becoming an ACA accredited camp is a choice made by camp administrators. There is no law that says a camp must be accredited, although there are some states in which being accredited eases the compliance process for camps licensed by that state.

That being said, the ACA Standards are considered the “standard of care” by most legal jurisdictions. Should something unforeseen occur, the camp may be held to ACA Standards even though the camp is not accredited. Because of this, it is this author’s recommendation that camp nurses follow ACA Standards pertaining to areas the camp nurse controls and make practice improvement recommendations to the appropriate camp administrator regarding other areas.

It is also important to remember that the HW Standards describe minimum expectations. Each camp must determine if their particular risk profile indicates a need to be tighter or more stringent than directed by ACA Standards.

General Changes

The Standard’s numbering system has been modified to bring the ACA Standards in line with the numbering system used by other standard-providing entities. This is worth noting for those who may be anticipating the former system. In addition, the interpretation section under each Standard has been relabeled “contextual education” to focus more on the educational nature of the Standards.

The Health and Wellness (HW) section, like all other sections, has been reorganized to include subsections. This will make it easier for people to locate information about a specific topic. The subsections in the HW section are:

- Healthcare Personnel
- Health Screenings and Assessments
- Healthcare Practices
- Healthcare Center and Equipment
- Recordkeeping and Health Records
- Staff Health Information
- Short-Term Residential, Family Programs, and Camps Serving Rental Groups

Each subsection includes Standards about specific elements germane to that subsection (See Figure 1. ACA’s Health & Wellness Standards).

Individual Standards include a “compliance demonstration” that describes exactly what is needed to show compliance with that particular Standard. Of the 28 HW Standards, 18 require some type of written documentation. Four of the HW Standards are mandatory, meaning that an accredited camp must comply with these.

Specific Changes

Health History Form: Standard HW.5 lists content of the camper health history form. A change has been made to the language surrounding immunizations. The former Standard HW-2 asked for a “record of immunizations.” The revised Standard now directs a “statement from the custodial parent/guardian attesting that all immunizations required for school are up to date” (ACA, pg. 77) but goes on to specify that the month and year of the last tetanus immunization must be provided. This may be relieving to camp nurses who have chased immunization information when most of it—excluding tetanus status—does not impact the camp experience. On the other hand, some state regulations may still require full immunization records from campers, so check all impactful regulations before making too many changes.

While a health history is still asked of campers and staff, health exams (HW.6) are now required when *the camp* determines the exam is needed based on program offerings and camper populations. There is no longer a presumption by the Standards that a camp requires the exam (physical) for campers and staff. Standard HW.6 asks the camp director to describe the method used to make this determination. Many camp nurses have read exams that contribute no information beyond what the parent has provided via the child’s health history form. But other camp nurses, especially those working at camps serving a health compromised population, recognize the need for this exam; it does contribute to the camp’s ability to effectively care for the camper. In this latter situation, the exam can be retained. Such decisions are now at the camp’s discretion.

The tension may be for camp nurses with a majority of healthy campers but also a handful of youth with chronic health concerns for whom the medical exam would be helpful. Talk with your camp director. Some camps are providing an optional medical recommendation form and directing parents to have their physician complete it if, in the parents’ opinion, doing so would help the camp provide better care for the child. Other camps have developed special add-on health forms for more common diagnoses such as

Figure 1.

ACA's Health and Wellness Standards

NOTE: In many cases, the 2012 Standards have modified wording that makes the new Standard different from the 2007 version. Readers should refer to the actual language of the 2012 Standard to ascertain these differences. Information on this chart is based on information available online at <http://www.acacamps.org/sites/default/files/images/accreditation/standards/SummaryofChanges.pdf>.

2012 (New) Standard	Title of Standard	Written Documentation Required?	Mandatory Standard? Standard	2007 (Former)
Healthcare Personnel				
HW.1	Healthcare Provider	Yes	No	HW-11
HW.2	First-Aid and Emergency Care Personnel	Yes	Yes	HW-11
HW.3	Away from Main Camp	No	No	HW-14
HW.4	Staff Training	Yes	No	HW-13
Health Screenings and Assessments				
HW.5	Camper Health History	Yes	Yes	HW-2
HW.6	Health Exam	No	No	HW-6
HW.7	Health Screening for Resident Camps	Yes	No	HW-8
HW.8	Health Information Review and Screening for Day Camps	No	No	HW-9
HW.9	Permission to Treat	Yes	No	HW-7
Healthcare Practices				
HW.10	Parent Notification	Yes	No	HW-19
HW.11	Healthcare Policies	Yes	No	HW-3
HW.12	Treatment Procedures	Yes	No	HW-12
HW.13	Inform Staff of Special Needs	No	No	HW-10
HW.14	Special Medical Needs	No	No	HW-15
Healthcare Center and Equipment				
HW.15	Healthcare Center	No	No	HW-16
HW.16	Healthcare Equipment, Supplies and Emergency Assistance	Yes	No	HW-16
HW.17	Availability of an AED	No	No	HW-17
HW.18	Supervision in Healthcare Center	No	No	HW-18
HW.19	Medication Storage and Administration	Yes	No	HW-20
Recordkeeping and Health Records				
HW.20	Contact Information	Yes	No	HW-5
HW.21	Recordkeeping	Yes	No	HW-21
HW.22	Record Maintenance	No	No	HW-22
Staff Health Information				
HW.23	Staff Health History	Yes	Yes	HW-2
HW.24	Health Screening for Resident Camp Staff	No	No	HW-8
HW.25	Contact Information for Staff Members Who are Minors	Yes	No	HW-5
Short-Term Residential, Family Programs, and Camps Serving Rental Groups				
HW.26	Emergency Care Personnel	Yes	Yes	HW-23
HW.27	Healthcare Planning	Yes	No	HW-24
HW.28	Health Information	Yes	No	HW-25

asthma, allergies/anaphylaxis, seizure disorders and/or diabetes. These camps direct parents to complete the appropriate add-on form if their child has one of these conditions. The bottom line: camp directors might appreciate the camp nurse's input regarding the need for a camper medical exam/physical.

Camp Staff Exams: There is no longer mention of exams for camp staff. Staff still need to complete a health history form (HW.23) but wording about a health exam for this group has been dropped. Camp nurses are reminded that some states require the employer to pay for such exams if they are a pre-employment requirement. It is this author's opinion that this change will prompt more camps to create a separate health history form for staff, one

more in line with current occupational health practices, rather than have staff complete the same form provided to campers.

Treatment Procedures: There has been significant rewording of HW.12 Treatment Procedures. Specifically, the Standard now reads:

“Does the camp utilize treatment procedures allowed under the scope of practice of the designated healthcare provider(s) for dealing with reasonably anticipated illnesses and injuries?” (ACA, 2012; pg. 84).

Treatment procedures still need to be written but they should be sensitive to the credential of the healthcare provider using them (e.g., what's provided to a first aider is different from what an

RN needs). The contextual education for HW.12 continues to recognize that some healthcare providers (e.g., nurses) must have annually signed procedures by an MD if the camp nurse's duties include tasks under medical authority (e.g., medication decisions). Other providers—such as a trip's first aider—may be able to simply use the text that complements their certificate.

Other Areas of Change: Standard HW.2 was also reworked. What used to be three tiers of healthcare providers based on distance to definitive care is now only two. The Level 2 provider has been eliminated because acceptable first aid courses are no longer widely available. The revised Standard addresses “. . . adults with the following minimum qualifications be on-duty at all times when campers are present:

“HW2.1 When access to the emergency medical system (EMS) is 30 minutes or less, certification by a nationally recognized provider of training in first aid and CPR/AED . . .”

“HW.2.2 When access to emergency rescue systems or EMS is more than 30 minutes, certification from a nationally recognized provider of training in wilderness first aid and CPR/AED . . .” (ACA, 2012; pg. 74).

Standard HW.2 is mandatory; it's intended to cover out-of-camp trips and times when the camp nurse may not be at camp (e.g., time off, at the doctor's). Given this, the contextual education for this Standard reminds camps that the risk profile of a given program may be such that the provider should have more than this basic credential, but this is a camp decision. The Standard states minimum expectations. HW.2 is complemented by HW.1 which still directs that, at minimum, a nurse be on-site daily at a resident camp and a nurse or physician be available by phone for a day camp.

The revised standard about healthcare policies (HW.11) has been simplified and it includes the review process (from old Standard HW-4). Applicable to day and resident camps, the Standard directs written information about the following:

- A. Scope and limits of camp healthcare services provided, including qualifications and locations of personnel;
- B. Authority and responsibilities of the camp healthcare administrator and provider;
- C. Authority and responsibilities of other camp staff to provide health and emergency care;
- D. Guidelines for when to access additional external medical and mental health resources.” (ACA, 2012; pg. 83)

Several organizational changes are evident. For example, Standards pertaining to staff health are grouped under the “Staff Health Information” (HW.23 through HW.25) rather than embedded in Standards pertaining to campers. This enables an approach that complements occupational (employee) health practices. References to medication administration are all in HW.19 Medication Storage and Administration, and the Health Center's Standard (HW.15) exclusively addresses the physical environment of that space.

What's not in the Standards?

Camp nurses are reminded that ACA's Standards do not describe the scope of camp nursing practice; that is described by ACN's Scope & Standards of Camp Nursing Practice (2005). Rather, the ACA Standards primarily exist to “educate camp owners and directors in the administration of key aspects of camp operation, particularly those related to program quality and the health and safety of campers and staff . . .” (ACA, pg 12). With this in mind, there is an area not addressed by the ACA Standards which is impactful from a nursing perspective. That area has to do with documenting the health status of campers and staff when they leave camp (go home). The Standards ask for baseline documentation of arrival status via the screening standards (HW.7, HW.8, and HW.24). That would be followed by entries for a given person as they seek care from the Health Center during their camp stay. But there is no direction for documenting health status when people leave. This has particular impact for nurses because professional standards direct that nurses inform an appropriate person when an individual leaves their care with unresolved health issues. This is commonly called discharge planning in clinical settings. The problem is noted and the name of the person assuming responsibility for follow-up is documented. A way to rectify this—and beef up the camp's risk management practices—would be to add an “exit note” to the Health Center's documentation system.

Conclusion

ACA accredited camps will be adopting the revised Standards starting this summer as they go through the accreditation process. It will take two additional years for all currently accredited camps to come into compliance with the 2012 version of the Standards. Regardless, camp nurses might want to assist their camp director insofar as the Health and Wellness Standards are concerned, so talk with this person. Offer assistance and/or in-put, especially as each camp makes a decision about exams for campers. Also think about what's right for your camp. Remember: as a general rule, ACA Standards set minimum expectations. What's appropriate for a given camp may well be beyond what a given Standard requires and/or is best for another camp.

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- 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.

– People in Practice –

Meet Outdoor School Nurse Jane McEldowney

Susan B. Baird, RN, MPH, MA

Abstract: Many school districts across the United States offer an experience that takes students from the traditional classroom to an outdoor setting for a focus on science and interpersonal skills. Summer camp sites are commonly the setting and a nurse is frequently on staff to provide care for injuries and illnesses. Outdoor school nurse Jane McEldowney shares her experiences and provides insight into the challenges and rewards of providing care in this setting.

Seasonal camp schedules are fairly predictable. At the end of the summer season, camp nurses head back to their “regular” jobs, many to school where they are teaching nursing students or working as school nurses. For retired school nurse Jane McEldowney, the schedule is the opposite; fall finds her heading to camp. Jane is the nurse at one of Oregon’s outdoor school programs. Finding herself in interesting situations is not new to Jane and she has created some “outside the box” experiences to use her many talents. How many nurses do you know that can fill in for Florence Nightingale at a moment’s notice (See *CompassPoint* 20(4), p.14)?

Background

Jane’s rich career has mostly been in school nursing, but she has also had experiences in obstetrics, medical-surgical, public health, and some occupational Health nursing in Thailand, Singapore, Iraq, Saudi Arabia, England and the US (OR, NY, VA). What took her to these intriguing locations? “Do you really want to get me started? I have so many wonderful, touching memories. Art, my dear husband of going-on-48 years, worked for the U.S. Dept. of State, and every two or three years, from 1964-89, we moved from country to country so that he could work in the U.S. embassies. Through our Thai landlord, I was a volunteer nurse at a local public health clinic in Bangkok. I rolled cotton balls, repackaged powdered milk from the 50 lb. bags sent by the US government into 1 lb. baggies, administered immunizations, and gave brief educational talks to the waiting patients. These talks were translated by one of the Thai nurses. My Thai was rudimentary (!), and the Thai nurses could have given the same talk, but they said that the patients paid more attention because the “farang” (foreign) nurse was speaking. My favorite opportunity at the clinic was to accompany a Thai nurse on home visits to assess infants delivered by lay midwives and reported to the department. I was always received with bashful but gracious hospitality and neighborhood curiosity.”

In Iraq, there was a fledgling school of nursing at the University of Baghdad. Two very fine American nurses with the World Health Organization had been brought in to help with administrative challenges and teaching. “I helped as a volunteer assistant instructor to supervise the students on the wards. Conditions and attitudes about nursing in the mid 1960’s made me think of the struggles Florence Nightingale, Clara Barton and other pioneers in nursing.” Jane adds.

In Jidda, Saudi Arabia, Jane filled in for the full-time embassy nurse when she was away. That meant having an out-patient clinic caring for embassy staff and families. She also provided care to local employees ill or injured on the job providing some wonderful opportunities for health education for the employees and then for them

to share at home. “I also had the chance to meet some of the American nurses who were recruited to staff the impressively large King Faisal Hospital in Riyadh (the capital) just before it opened. Another unique experience was being called in by an American doctor in local practice to “special” an Italian patient gravely injured from a motor vehicle accident. Fortunately, he had with him a fellow worker who spoke Spanish, and with my “poquito Espanol” we three communicated through a rough night.”

When Jane and Art settled their family in Oregon after their State Department experiences abroad, Jane worked as a school nurse from 1989 until her retirement in 2003. Her school district had an Out Door School (ODS) program for sixth graders and she had accompanied her school’s students there for one to two weeks each spring. Two years later, after her retirement, friends in Oregon School Nurse Association who worked for the Multnomah Educational Service District (Portland, OR area) asked if she would like to work at their ODS spring and fall.

Life at Outdoor School

Oregon’s Multnomah Educational School District (MESD) rents four “summer camps” for 6 weeks in the fall and 8-9 weeks in the spring. The outdoor program provides innovative and collaborative leadership which enables students to learn science and interpersonal skills in non-traditional setting. Jane works most of each session and a good friend, also a former school nurse, usually works three weeks of each session. The sixth graders and their high school “Student Leaders” (SLs) come mostly from city schools, and Jane notes that, “ODS is often their initial exposure to living in the out of doors. It is a week of in-the-woods science classes, one day each of botany, wildlife, water, and geology studies. Teachers attend the classes and help students but do not lead the classes. Recreation sessions are included each day after the classes. Students meet with their teachers for an hour each evening; that is followed by traditional campfires with skits and songs.” In addition to the sixth graders and high school SLs, other groups may need the assistance of the camp nurse: the seasonal program staff of 13 (nurse included) plus 6-8 kitchen staff, the camp’s year-round plant manager, Field Instructors who teach the classes, and Program Leaders. These leaders are responsible for the recreational events, mentoring Student Leaders, and leading students in camp chores from table setting and hosting to flag ceremonies to latrine cleaning.

The MESD Outdoor School Program provides innovative and collaborative leadership which enables our Districts' students to learn science and interpersonal skills in order to meet the diverse needs of a changing world. ODS hosts four classes each week, one from each of four schools so that the 120-130 students are meeting and getting to know students from other schools. If a school has multiple classes of 6th grade, the other classes are sent to alternative sites. A very few schools opt to come as a school and be the only school that week. Jane notes that, "That has some advantages, but they do lose the benefit of meeting and mixing with students from other demographics. Great effort is put into placing school classes as Portland has many immigrants from Russia, Laos, Cambodia and Viet Nam plus central Africa, the South Pacific and many Hispanic countries. This provides a good ethnic, social, economic and cultural exchange, and some will meet again in high school. I love it when students come from places I have lived or visited, and they do too."

Meeting Special Needs

Because Jane's camp site is relatively new and not as hilly as some of the camps, most paths are paved and they are ADA accessible so that students in wheel chairs and on crutches can participate. The camp also has deluxe ATV wheel chairs available from the district. Because ODS is part of the public school system they accommodate students who are visually or hearing impaired. Students with physical or emotional challenges so severe that they cannot attend full-day classes may come for parts of the day. Jane explains that, "We also gratefully utilize adult volunteers who come to be 1:1 or 1:2 assistants with special needs students who are attending full time or part days. These volunteers make the difference in success of these students and their classmates in the program. We may have 1-6 of these volunteers each week depending on student needs." There is a coordinator of support services for special education students who works at the ODS office in the district. She does much of the logistical coordination and briefs the nurse in the middle of the week preceding the student's arrival.

Documentation and Record Keeping

Record keeping and documentation at ODS is similar to that of many summer camps. Health record keeping is by hand on forms provided by the school system. "A tremendous help is that health histories are previewed by a nurse at the district office and delivered to the site the Wednesday of the week prior to the students' arrival. That nurse contacts parents for major concerns and documents the results into the charts so that I have that information in advance. When I receive the histories, I make medication and treatment cards and schedules, contact parents, alert the kitchen to special dietary needs, make birthday lists and "bottom bunk" lists of students who have enuresis, seizures or any reason not to be in upper bunks. I use the same SOAP format form the school nurse uses. I chart scheduled and prn

meds on a medication page of the health history form. The district has a form for almost every contingency!" Jane explains. At the end of the week, the forms are returned to the nurse in the office where they are reviewed and stored. The respective school nurses are notified if there is need for follow up.

"Although we work alone at each site, we are well supported by a Supervisor and a nurse who does records and logistics at the district office. We can call any time for reference or advice. They provide a good orientation, 1:1 for new nurses on the first day of their first and second weeks. We get a half day for all the nurses to meet with those two nurses. We call each other prn but do not see each other again during the season." Jane notes.

Jane shares a few tips, "I create computer-generated labels for things I chart often such as: "Ibuprofen 200mg. ___ tab. p.o." Return address labels work well. I'm required to use clear labels to clearly indicate that I am not concealing prior charting. I also have a signature rubber stamp (most office supply stores, about \$14.). With a name as long as mine, this is a time saver."

Coverage and Facilities

Jane explains that, "I work from Sunday noon until 4:00 P.M. Friday with no time off-up at 6:40, down by 11:30. I'm on call through the night and average one nightly interruption every other week. The work schedule and the commute to and from camp each week account, in part, for sharing the season with my friend."

There is a meeting Sunday as soon as staff arrives when Jane goes over rosters and briefs staff about students with health concerns. We meet again nightly after students go to bed to update health, behavior and schedule info. When students arrive, Jane does a welcoming talk about the facility and her services as a part of their camp orientation tour. "While I am doing the small group talks, two of the staff members are meeting with the teacher(s) to receive medications and any updates about students. Those staff members coordinate with me after all tours are completed." Jane adds.

"Facilities are really nice." Jane says, "A new building came into use in the fall of 2007 and meets our needs well. It has a spacious room as nurse quarters, a large work room with a counter, sink, cabinets, large table and two beds for campers to rest. We also have storage tubs with loaner clothes and sleeping bags. The bathroom is shared by nurse and students. The Wellness Center is conveniently located. Before this facility, I lived and worked in a 10x10 room in the corner of the main lodge. I know and appreciate how fortunate I am to have the newer, larger facility!"



Jane waves a final good-bye as she starts off to camp, an over-Mt. Hood-commute of 150 miles that takes approximately 3 hours each way.

The Work Scope

Unlike many summer camps, Jane is not very involved in staff orientation. First Aid and CPR courses for employees are provided at district office and employees must complete on-line classes in recognizing and reporting possible abuse, sexual conduct regarding students and blood borne pathogen management. Jane does reminders about common issues such as seizure protocols or recognition of diabetes problems the weeks there are have students with those concerns.

Commonly encountered health and safety issues are the same as those seen in most summer camps such as turned ankles from field games. A problem that may not be as common is Nettle irritation. Jane explained that, "Stinging Nettle (*Urtica dioica*) is an herbaceous perennial flowering plant that grows abundantly in many parts of the US and has hollow stinging hairs on the leaves and stalk. Brushing by them provides skin contact, and spots touched feel a burning sensation and a raised rash but often not until an hour or so later. That sensation comes and goes, but it usually wears off completely within 24 hours. I treat the histamine-caused discomfort with soap and water washing and applications of aloe jell but might use hydrocortisone or calamine."

She relates other common issues, "Laryngitis from loud singing. It seems to be a badge of valor for some of the boys to lose



Water field study is a popular class but also requires some caution.

their voices shouting songs. Chapped lips are also common—from failure to drink sufficient water and not being allowed to wear make-up at outdoor school. I encourage water drinking and provide Vaseline on q-tips in lieu of Chap Stick. Swimming is not a

part of our program, but the water field study is done at the river's edge. Caution is the byword. Hypothermia can be a risk as our spring sessions start early, and fall sessions go until early Nov. We are in a



Hanging a colored flag near the Wellness Center door that corresponds to that day's alert level is one of Jane's health promotion ideas.

rainy area and are in the woods. This risk is heightened if it is a beautiful day when the students leave home and they fail to bring enough warm and dry clothing. We have disposable ponchos, produce baggies to wear between socks and shoes, and warm loaner clothes."



Sixth graders enjoy a variety of educational and recreational activities during their week at outdoor school.



Students enjoy non-traditional approaches to learning.

"Each day's weather forecast includes UV risk, temperature and moisture predictions so that the kids know whether it is a 1, 2, 3, or 4-layer day. The forecasts are updated prn at lunchtime. Thanks to EPA, ACN and my cooperative site supervisor, I was able to integrate UV teaching into our program within six weeks of the ACN Symposium where the Sunwise program was presented." Jane notes.

Some issues Jane sees are similar to those seen at summer camp and some relate to camper anxieties, "Helicopter parents are often behind students' anxieties. Some of these parents are concerned about the menu because their kids are picky eaters. Others are concerned about medications being given discretely or about separation issues. Kids who are homesick usually convert by Tuesday or Wednesday then cry at departure

because they don't want to leave. When kids come to me with somatic complaints but I see homesickness, I treat the verbalized complaint and acknowledge the real cause on the second visit. I don't let them linger for a pity party but get them back and active with their cabin mates. Many of the ones who have the hardest time are students' whose parents have offered to come get them if they want to come home. I feel that this sets an anxious kid up for failure. Almost all overcome and succeed and are justifiably proud of themselves. I've had some pretty frank conversations with parents who had separation issues of their own."

Meaningful Memories

Talk to Jane for awhile about her outdoor school years and she's sure to share some good stories. She'll match your best Epi-pen incident and she'll share some other "war stories" like the one about the boy who had jumped into a bush in a version of Hide and Seek in the woods, "He said his ear felt funny but did not hurt. There was dirt in the canal and a twig piercing the ear drum. The student was quite calm and sat still while I extracted it with a Kelly forceps. Parent communications were frequent and he was closely observed between the incident and departure. Fortunately there were no residual effects."

"Because I am older and going gray, I get to be the Camp Grandmother." Jane laughingly shares. "This creates a comfort aura and mentoring opportunities to sixth graders, high schoolers, and staff. When I do health education, it often is what students already know, but coming from a new source is heard and has new credibility. Some homesick kids even admit to feeling better having a grandmother-type there. This is work with a high gratification level." Jane acknowledges. "Some of my favorite things are the kids and co-workers, meals shared, and campfires. I get satisfaction from seeing people stretch and grow, increase their environmental awareness, and enjoy their exposure to the out-of-doors. For many it is their initial nature experience. I've made many dear friends and helped a few with some decisions."

Would Jane recommend this type of work experience to others? "Yes, if you like older kids, erratic schedules, autonomy, sleep deprivation, and camp life!" Jane says, and then adds. "Why? It's a great way to work with sixth graders, high schoolers, and 20-somethings, be in the out-of-doors, enjoy a nice room and good board, and even earn a modest salary."

Outdoor School photos courtesy of Multnomah Educational School District.

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



Super Sleuth

Janice Springer, RN, PHN, MA

Scenario 1: On a warm summer afternoon, the counselor runs up to the health center from the beach saying that one of the teen boys cried out in severe pain while kayaking. They have him sitting by the beach house holding his arm, "Could you please come?" When you arrive you see the shoulder in this photo:

What history taking questions might you ask?

What will be your exam?

What do you think has happened?



Scenario 2: John is one of the favorite counselors. Big and strong and never gets hurts. This afternoon, he is out on the volleyball court and after spiking a ball, he drops to the ground holding his left arm, which he can not move. He tries to keep the children from worrying, but clearly with pain in his face, he comes into the health center for help. He is holding his arm away from his torso, as you gently remove his shirt, this is what you see:

What was the mechanism of injury?

What questions will you ask John?



The answer is on page 22.

– Perspectives Worth Sharing –

Nursing Education Research in the Camp Setting

Ellen Buckner, DSN, RN, CNE and Kim Norris, MSN, RN

Abstract: Recent work by Vogt, Chavez and Schaffner (2011) provided much needed educational research into the experiences of students in a camp nursing clinical setting. This work, recipient of Special Recognition for 2011 for Excellence in Nursing Education Research in a Camp Setting by ACN, provides the basis for looking at nursing education at camp. Additional perspectives include curriculum elements, teaching-learning strategies and instructor views of the worth of the experience. Future research in nursing education in the camp setting is suggested.

We were all students once! In between doctors' orders, tubes and counts, swooping instructors and uncertainty of inexperience, didn't we all just want to see the positive effect of a healing environment on a child? The answer is not only "yes" for our patients but "yes" for us. Nursing education in a camp setting can be all that and more. As a lifetime nurse educator, I found there was never a more valuable setting for learning than camp. There was never more genuine care than when the nurse was *the* healthcare provider. There was never more healing in the heart of care—the novice nurse—than when it was exercised and applied at camp. What made that experience so surprisingly effective? In the description that follows we draw on the excellent educational research by authors earning Special Recognition for Camp Nursing Research in Education by Drs. Marjorie Vogt, Ruth Chavez and Barbara Schaffner. We describe curriculum elements and teaching-learning strategies that converge to make camp nursing work as an educational setting. We describe the instructional experience that speaks as a powerful reminder of why we became nurses. Finally we propose future research that is needed to support camp nursing as an evidence-based setting for nursing education.

Baccalaureate nursing student experiences at a camp for children with diabetes: The impact of a service-learning model.

Nursing Education Research in a Camp Setting authors Vogt, Chavez and Schaffner (2011) report on the student outcomes following a service-learning immersion experience in a camp setting for children with diabetes. These authors developed a camp nursing elective based on a service-learning model. In service-learning, these authors identified key elements of intentional community-student collaboration, collegial relationships and civic responsibility. The experience engages the student in "real world" experiences while serving the needs of the community partner. It intentionally emphasizes reflective process in which the students gain critical understanding and awareness of the interaction. Authors identify literature supporting service-learning as demonstrating increased knowledge of social justice, community activism and impacting students' post-graduate activities. In their study students participated in an online didactic semester course followed by the immersion service-learning experience for one week at a summer residential camp for children with diabetes.

Beyond development of the curricular model, however, the authors sought to measure its effects through an educational research

framework. Following IRB approval for the study with students, 26 senior baccalaureate students were recruited to participate. The purpose of the descriptive study was identified by authors as to, 1) "examine the impact of service-learning immersion project on nursing students' knowledge of childhood diabetes" and 2) "describe the experience of student nurses...through reflective journaling." This focus on measurement of student experiences is particularly noteworthy since little educational research literature currently exists on student experiences at camp. Students participated as cabin counselors but also provided daily medical team updates, collaborated in nutritional consultation, made daily and night rounds, monitored blood glucose, administered exogenous insulin, and provided educational classes.

Results from their study revealed increased knowledge in the areas of carbohydrate recognition and counting, symptom management, and appropriate/inappropriate treatment of low blood sugar. Journals were rich with students' reports of themes of initial anxiety in anticipation of the immersion experience through development of a sense of responsibility for their cabin and ending with personal transformation. Some students adopted diabetic lifestyles voluntarily in order to "walk the walk." Students felt they were taken seriously by other providers, played a significant role in assisting individual camper's management, and gained confidence in caregiving. The research blended quantitative and qualitative approaches to begin to document the change in students through educational processes in the camp environment.

Significance of the research

Why was this research initiative so significant? It was precisely because the camp setting is uniquely an immersion into a campers' adaptive experience across a 24/7 residential environment. Clinics and hospitals do not provide a window into the child's total function in relation to their normal social and personal life as well as camp. Although camp is a new and novel setting, children at camp are in a social environment with peers, moving from sleep to wake to meals to activities to fatigue to rest and to group bonding in their cabins. No other experience captures the child with diabetes in the adaptive responses to changes in blood sugar, prevention of highs and lows, effects of exercise and heat, self-management and coping. No other experience reveals the forces of child development interacting with the individual and groups. No other experience includes the opportunity to see children learning from each other and learning

the normalcy of life beyond chronic illness. No other experience utilizes the nursing students as collaborators with medical staff to detail those responses across the camp day, providing an exceptional opportunity for developing nursing identity in the professional role. The service-learning model further attunes the students to the community-based orientation of the camp as a provider and a community promoting these opportunities for children with diabetes. Hence the experience itself, especially one based in service-learning, was an optimal one for evaluation of student learning outcomes beyond achievement of course objectives.

Curriculum elements and teaching learning strategies

Camp Health Content: A course in camp nursing may be live or online for pre-camp content. Objectives cover common developmental aspects of child health as well as specific illness and first aid treatment. Resources may include readings in *The Basics of Camp Nursing* (Erceg & Pravda, 2009) and articles in professional literature on camp nursing, children with special conditions, etc. The didactic content may also be integrated into the experience and students look up information on medications, illness processes, symptoms, and supportive care such as special treatments or diets. Student use of the literature supports assignments described below. The opportunity to collaborate with others in camp nursing opens another venue for building a knowledge base specific to the setting (Buckner & Miller, 2002).

Assessment: The benefits of a camp nursing experience for nursing students does not end with didactic content and clinical experiences are the gold standard for all nursing education. Assessment in the camp setting includes history-taking and physical assessment. It includes intrapersonal, interpersonal, social, and environmental assessment. The context of the residential camp experience is similar to the home with camp supervision taking on the role of parent-away from home (in loco parentis). Thus many elements converge that students would be expected to integrate. This type of assessment experience is also grounded in the unpredictability of campers' experience. I well remember assessments with students of possible lightning strikes in a child who was talking to me (no strike!) and the effectiveness of a student's history in identifying a case of cabin bullying. This level of critical thinking can be transformational as students acquire hands-on experience in integrated physical-psychosocial assessment, and consider the complete range of nursing interventions which could be applied.

Developmental considerations: Key topics in camp nursing courses must include developmental implications, including separation anxiety (homesickness) and preparation for the camp experience. Peer and group relationships are essential as children negotiate Erikson stages of Industry vs. Inferiority or Identity vs. Role Confusion. The usual best outcome at camp is an active re-engagement into the camp daily activities.

These activities are developmentally appropriate and peer-focused, evidence of both physical and psychosocial health. One example of a student application of developmental considerations is discussing with a craft staff member improved age-appropriate safety following several injuries from a wood-burner.

First aid and safety assessment: Many nursing students have not taken a first-aid course! Their knowledge of first-aid and emergency protocols is limited, especially early in the curriculum. To be immersed in the day-to-day safety management at camp is a window into the prevention nurses often take for granted. Learning selected "standards" about two exits in case of cabin fire, use of helmets in horseback riding, and other basic principles, sensitizes them to look for the gaps in prevention. A formal safety assessment of a program area brings this home as they intentionally gather national standards then do the walk-through and observation of the program in action, bringing the words of safety to their consciousness. The "drill" of a pool incident and the importance of a thorough assessment of a hurt ankle will etch in their minds the importance of looking above and below the injury for problems, the decision-making of whether RICE (rest, ice, compression and elevation) is sufficient or is a trip to town for an x-ray needed. American Camp Association (ACA) Accreditation Standards are an invaluable source for this assessment (ACA, 2011).



Figure 1. EpocratesRX® for Blackberry is pictured as an online accessible way to locate immediate drug information at camp!

Used with permission of Epocrates, Inc.

Medication administration, monitoring, privacy, and education:

The ever-increasing list of medications brought to camp is a pharmacology final exam! Students now bring hand-held reference software—EpocratesRx® (Figure 1), or online resources by iPhone, Palm Pilot or Blackberry. They can access dose for age, interactions and precautions. They can apply educational information and relate to the camper's experience such as increasing activity level or excess heat. For campers on psychiatric medications, the camp nurse can reinforce principles of non-disclosure and appropriate health-care seeking if needed.

Camper management of chronic conditions: Invariably, whether it is the management of diabetes as described by Vogt and colleagues, or the lone camper with an inhaler for occasional asthma episodes, the camp setting requires students to apply larger content areas to specific camper needs and rein in the broader

knowledge base to be relevant to campers here and now. The student must collaborate with leaders and other staff to assure effective support for the camper, allowing the most independence and self-care management as is possible for age. The camp setting allows students to understand how a week-long immersion experience with camper education such as described by Vogt and colleagues (2011) and others can be formative in improving camper self-management.

The role of camp nurse in promoting a healthy camp community: Students gain a level of autonomy and collaboration in the camp setting which not only serves them well in practice as a beginning graduate, but in life when they become parents or relate to children in other ways. Taking on the advocate role is a natural outcome of best practices and whole communities benefit from their involvement. Our renewed emphasis on the healthy community of camp, to include diet, exercise, structure and interpersonal relationships strengthens many of the community based perspectives we seek to teach. The healthy camp community is a laboratory for learning on every level (Lishner & Bruya, 1994)!

Instructor perspectives

Kim Norris, MSN, RN, a pediatric nursing instructor at the University of South Alabama, regularly involves students in camp for clinical experiences. This placement is not always available based on institutional constraints and summer schedules. However, she describes the importance of the experience for education of students.

“Because I valued the camp experience, I sought out and was able to secure a specialty camp setting for two consecutive days for undergraduate students. The camp experience provided the students an opportunity to see children with various health issues (cancer, cerebral palsy, autism, Down’s syndrome, arthritis, lupus, and diabetes) and allowed them to interact with children outside of an acute care environment. The students were able to assess growth and development, engage in different forms of communication, administer and/or learn medications specific to certain disease processes, discuss pathophysiology, and observe children in a camp environment versus a hospital bed. The students were able to gain a different perspective through the camp setting and the opportunities that it provided.” Some examples of these rich student experiences described by Norris are:

1. Children with autism on check-in day were dealing with a new environment and being separated from their parents. Nursing students proved invaluable to that adaptation. One child was placed in a golf cart and driven around the camp grounds by the student for the majority of the check-in process to help her adapt. In another instance, some children did not want to observe the Coast Guard helicopter performance due to the loud noise, so students went with them to their cabins. The camp setting allowed a more responsive and sensitive approach to individual needs and students could see how their ability to adapt procedures to those needs mattered

2. The students were able to communicate with children that have cancer or are in remission through interaction at the arts and crafts room. The bonding which occurred went beyond helping them not only with the tools of art but also with the self-expression. The relationships built between camper and nurse (who was not wearing white, nor carrying a syringe) was also significant. As described by Vogt and colleagues, students were sad to leave!
3. The students were able to witness a child with rheumatoid arthritis running, jumping and being very active, only to return the next day and see that child in a wheel chair due to over exertion. Student-faculty discussion centered on the recognizing the balance between competing principles of activity and protection. The role of limits, precautions and compliance was a critical understanding. How to help a child understand was an even greater challenge!

Figure 2.

Sample teaching-learning strategies for a camp nursing course

1. Conduct initial health screening and document on camper record
2. Review medications with parent on admission and set up Medication Administration Record
3. Conduct a safety assessment of a program area with reference to nationally recognized standards (e.g. Safety tips for horseback riding) and develop a plan for improvement
4. Contribute to a threaded discussion (TD) of case reports of camper responses to illness or injury
5. Post question on CampRN Listserve
6. Develop a paper integrating evidence-based practice with the camp setting
7. Provide a camper health-related session which is both fun and educational
8. Lead a health and safety issues discussion with cabin leaders
9. Provide free-time counselor support group in cabins
10. Participate in an online forum on a case-based discussion of a camper experience
11. Assess the camp nutrition including meal plan evaluation and description of campers’ choices during a meal
12. Create a reflective journal of own experiences in role of camp nurse
13. Accompany a camper to the emergency room for evaluation of an injury and discuss comfort and supportive care
14. Evaluate system response to camper injury to include immediate care, parent communication, legal issues (consent, in loco parentis), and nursing actions
15. Participate in a threaded discussion (TD) on the role of the camp nurse
16. Interview camp stakeholders including camp director, board members, and donors for their perspective on camp health

4. Students also had to learn the basics of diabetes and how to apply them in novel settings. Children with diabetes with insulin pumps were participating in the ropes course and counting carbohydrates for snacks while up in the trees. The students were amazed that young children could so quickly calculate their needs and know exactly which type of snack they needed. One student commented that the camp setting made the Diet Therapy Course come to life through utilizing previously learned knowledge in the camp setting.

These examples are only a few of the many educational opportunities in the camp setting! What though of the difference that these experiences make in our students? What is the future for educational research in camp nursing?

Future Research in Camp Nursing Education

Vogt, Chavez and Schaffner (2011) suggest future research of nursing undergraduate and graduate students in camps for children without chronic illness. Pediatric nurse practitioners have contributed significantly to camp development and student experiences in these programs could help to identify emerging and needed competencies. They further recommend evaluation studies of the service-learning model for required and elective student experiences.

Numerous educators have suggested nursing education be transformed in ways that provide more meaningful integration of classroom and clinical educational experience. The community-based setting of camp can provide those transformational experiences. As nurse educators, there are burning questions that need to be asked in such a framework.

1. What measurable concepts indicate transformational learning working with children at camp?
2. What instruments best document educational progress with relevance for nursing competence and confidence in camp setting?
3. Do camp nursing educational experiences strengthen nursing student skills in cognitive domain of autonomy, critical thinking, decision-making, and self-efficacy?
4. Do camp nursing educational experiences provide opportunities for psychomotor skills development in administration of topical medications (otic, optic, skin), orthopedic (splints, ace bandages), neurologic (cervical immobilization), and assessments (otoscope exam, abdominal assessment, injury assessment)?
5. How can we assess nursing students' development in the affective domain such as awareness and promotion of camper resilience, courage and bonding?
6. What is the transference of educational principles to camp settings in areas of medication administration, safety, hygiene, symptom management, and strengthening independence in self-care?
7. How do nursing students apply principles of mental health in the camp setting?
8. How does the camp setting assist students in recognizing the effects of activity and exercise on health and adaptive responses?

9. Do camp experiences encourage nurse practitioners to advocate for camps as one component of child health care?
10. What educational strategies enhance students' understanding of the effect of the camp community on health and adaptation?

There is increasing interest in provision of relevant clinical experiences in non-traditional settings such as camps. As educators our next challenge is to document the effectiveness not only for the campers but also for our novice nursing students. Vogt, Chavez and Schaffner (2011) have set the bar high! Get ready to run toward it!

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Ellen Buckner DSN, RN, CN is a member of the faculty at the College of Nursing, University of South Alabama and is a member of the ACN Board of Directors and serves as ACN Research Chair. Kimberly C. Norris MSN, RN, is an Instructor and coordinates nursing student experiences in summer camps at Camp Grace for campers with diabetes, rheumatoid arthritis, cerebral palsy, autism and cancer.

Subscribing Information



Using Camp RN
A computer listserv for
camp nurses

CampRN links camp nurses across the country via computer, providing a way for nurses for ask a question, seek or share information, and communicate with others. It is free and easy to use. All you need to do to be part of the listserv is subscribe—that gets you in touch with the list. You can post questions or answer the questions of others or just enjoy the communication that comes to you. ACN member Kris Miller manages the list from Washington State University.

Subscribing to the CampRN mailing list

Go to the following web site and follow the instructions to subscribe:

<http://lists.wsu.edu/mailman/listinfo/campnrn>

- Keeper of the Kits - Off-Site Trips: Preparing the Campers

Part Two of a Three Part Series on Off-site Trips

Mary Marugg, RN

Inhalers in their pockets, backpacks slung over one shoulder and their excitement barely contained, the campers charge towards the van for their off-site trip. The details of pre-trip organization contribute significantly to the success of the trip. Actively including the campers in planning for safeguarding their health and safety can have a major pay-off. Simple guidelines from the nurse will prepare the campers for an off-site trip.

Early Preparation Pays Off

Pre-trip information sharing should begin before the camp session starts. Parents should be informed of off-site travel and what the camper needs to provide for the trip. Once campers are on site, they should be informed about trip details: when it is, where they are going, and how long they will be away from the main camp. A “what to bring” list should be available for the campers well in advance of the trip so leaders have adequate time to gather needed items campers may be lacking. Have a plan for how to provide needed items, such as a raincoat or water bottle, if campers did not bring them from home. Out on the trail is not the place to find that essential items were forgotten.

Allow adequate time for packing. Camps vary in their oversight of packing with some checking each camper’s pack in order to avoid problems off-site that may be harder to remedy. Scurrying around on the day of departure for extra needed supplies adds unnecessary stress.

Trip-Specific Health and Safety Planning

During a pre-trip planning session, the nurse or healthcare staff should have an opportunity to orient campers about safety and healthcare on the trip. Asking campers to think about safety concerns, and sharing their ideas with the group allows all campers to be more aware of sun, altitude, terrain, water hazards, fatigue, hydration or weather hazards. Some areas of concern will be common to all trips and

others are trip specific. Getting camper to think of potential issues for their trip is helpful. A canoe trip will generate different issues than a hike or a mountain biking trip. Campers need to watch out for each other and can sometimes recognize a potential problem in another before that person may acknowledge it themselves. A group neck massage (or foot massage for the very brave) is a good way to remind staff and campers of the benefits of watching out for each other during the trip.

Review specifics with the campers

Campers preparing for a trip are eager and excited. For some, the trip is their main motivation for coming to camp and they may be far more interested in packing gear or planning their food than they are in your message. It will challenge your creativity to come up with the best ways to get your message across. How much information you include and how you do it also depends on the age and experience of those traveling. Seasoned campers who have done previous trips may do best by your posing some potential issues and asking them how they would respond. Less experienced younger travelers may do best with key messages. Regardless of how you package your information, be sure to include the basics you want them to know:

- What to bring (hat, sunscreen, water, snacks, raingear, warm clothes or protective gear)
- Medication and treatment routines on the trip:
 - o Who is giving medications and treatments
 - o What is the schedule for medications/treatments
 - o Where medications/treatments will be given
 - o Who is the ‘go to’ staff member for first aid needs
 - o What medications or safety equipment they should carry with them (inhalers, snacks for diabetics, warm clothes, hat and sunscreen)
- How to watch each other for signs of fatigue, hypothermia, heat exhaustion, sunburn

The Bottom Line

Including the campers in preparing for the trip and ensuring that they are oriented is a solid step towards a safe trip. You may not be going with them but your well-placed messages can serve them well.



Photo courtesy of Sonlight Christian Camp

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

■ **Celox First Aid**, granules that help form a clot with 30 seconds, can be put on wounds to control bleeding. Granules that are not removed are able to be absorbed by the body. Originally used for large trauma situations, Celox Home was created for home first aid kits. A pack of 10 2 Gm. packets is approximately \$30. A 2 gm package could be used in off-site or hiking first aid kits when care of an injury may be delayed and bleeding needs to be controlled. Celox also has gauze with the granules and gauze specific for nose bleeds. Go to www.celoxmedical.com/ for more information about this product.



Resources

■ American Camping Association Resource

CampLine is the ACA newsletter full of camp-specific information on legal, legislative and risk management issues. It is published three times a year. The Fall 2011 issue has a review of Crises Hotline from summer 2011 and includes case studies that could be used in staff training. It also reviews the revised ACA Accreditation Standards and lists initiatives discussed in the 112th Congress. Other past newsletters offer a wide variety of subjects that may be of interest and can be found at www.acacamps.org/campline.

■ AHA Pocket First Aid and CPR App

A phone app for iPod Touch and iPhone has latest up-to-date emergency information from the American Heart Association and can be used by staff to review first aid and CPR instructions or to be guided in an emergency. It contains videos, articles and illustrations. This app also works even when out of cell phone range. It also stores medical information for an unlimited number of people. There is a one time charge of \$3.99, but any new upgrades are free. Check it out at www.jive.me/apps/firstaid/ to learn about this technology. This service has been available for a few years but was recently updated, so for those of you already aware of this service, you may want to investigate to check out what is new.



■ National Poison Control Information

Keep the national poison control number within easy reach while at camp. Poison Control materials like stickers and magnets with the National Poison Control number can be obtained by calling 1-800-222-1222. When calling this number, ask for an educator and you will be directed to the appropriate department. Poison control website is www.aapcc.org/.



■ National Prescription Drug Takeback Day

this year will be April 28, 2012. This designated day provides an opportunity for people to properly dispose of prescription medications that are no longer needed or are expired. There will be locations in each state. The Drug Enforcement Administration will post a listing of “take back sites” in March. Go to www.dea.gov/ for the take back site nearest you.

■ **More options for those with gluten allergy** can be found at a website with the largest collection of gluten free recipes. Go to www.Glutenfreeda.com.

New vaccination recommendations

- The American Academy of Pediatrics is recommending all boys between 11 and 12 years old receive the three dose vaccine of human papilloma virus. Previously, this vaccine was limited to girls.
- The meningococcal booster is now recommended at age 16. Previously, the meningococcal vaccine was thought to last 10 years, but effectiveness is now shown to wane after 5 years. This additional vaccine will protect young adults. For further information, go to the February issue of *Pediatrics* or online at www.nlm.nih.gov/medlineplus/news/fullstory_121448.html

CEU Opportunities

Medscape provides the following educational opportunities at www.medscape.com

Go to the education section:

- Updated Guidelines For Field Triage of Injured Patients: CDC. This program covers the CDC 2011 guidelines for field triage of injured patients; is an update of the 2006 version and includes revisions and modifications. Provides 0.5 ANCC Contact hours upon completion. Valid for credit through 1/23/2013.
- Influenza Clinical Challenge: This program tests your knowledge of influenza prevention and management. Provides 1.5 ANCC Contact hours upon completion. Valid for credit through 1/19/2013.

I am always looking for new products, research or resources. But wait.....camp nurses also like to relax. I am in search of some good books you want to recommend to your colleagues for summer enjoyment. If you have any suggestions, please send the title and author to dmn53@roadrunner.com by May 1. Be looking for some “good read” recommendations in the June *CompassPoint*.

~ Doris Nerderman

Association News

❖ ACN Clothing Available from Land's End

ACN has forged a partnership with Land's End, a premier provider of quality, camp-comfortable clothing. Members can order a variety of items with the ACN logo by going to www.acn.org/store/acn.php and clicking on the Land's End logo found on that page. Consider adding some polo shirts, a fleece vest, sweatshirt, jacket or hoodie to your camp wardrobe this year. A small percentage of your purchase is returned to ACN. This is a win-win for everyone!



❖ Gehring Wins CompassPoint Writing Award

Patsy Gehring, PhD, APRN, was selected by *CompassPoint's* Editorial Board to receive the 2011 *CompassPoint* Writing Award for her paper, Concussion Management at Camp (21[4] 12-14). Editorial Board members vote for the winning paper based on criteria that



Editorial Board member Doris Nerderman presents *CompassPoint's* Writing Award to Patsy Gehring, (Rt.).

include: originality and timeliness of the subject, relevancy to camp nursing practice, value to increasing the understanding or refinement of camp nursing, and quality of the article. Certainly Patsy's article met those criteria well. How exciting that this year's winner was present at the ACN Symposium to receive the award in person. The winner's name is a well-kept secret until the Symposium and the occasion was even more special because Patsy's camp nurse daughter was also there.

The *CompassPoint* Writing Award was established several years ago to recognize achievement in writing, acknowledge a contribution to the camp nursing literature, and stimulate authorship. Surprisingly, winners have often been first-time *CompassPoint* authors.

❖ Dallas, TX: Location of 2013 Camp Nurse Symposium and Annual Meeting

The excitement over ACN's Atlanta-based Symposium has yet to settle but plans are already being made for 2013 when the Association will be in Dallas, Texas. Following the model of the past two years, ACN will co-locate with the American Camp Association conference. This allows both organizations to enjoy a day of overlapping conference sessions. Currently ACN plans to host its Annual Meeting on Monday evening, 11 February 2013. Symposium events will surround that meeting and go through Wednesday, 13 February. The conference planning team anticipates providing more details in the next *CompassPoint* but mark your calendar now!

❖ Research Committee Awards

ACN Research Committee recognitions were announced at the 2012 ACN Symposium by Chairperson Ellen Buckner. These awards included:

2011 Special Recognition—Long term Contributions to Camp Research in Multi-Camp Studies: Barry A. Garst, Laurie P. Browne, & M. Deborah Bialeschki; *Youth development and the camp experience. New Directions for Youth Development, 2011(130), 73–87.*

2011 Excellence for a Dissertation in Camp Setting: Teresa W. Tucker; *"First we crawled, then we walked, now we want to run": An examination of the transition processes used by inclusive camps. Dissertation Abstracts International, Clemson University, United States -- South Carolina.*

2011 Excellence in Nursing Education in Camp Setting: Marjorie A. Vogt, Ruth Chavez, & Barbara Schaffner; *Baccalaureate Nursing Student Experiences at a Camp for Children With Diabetes: The Impact Of a Service-Learning Model. Pediatric Nursing, 37(2), 69–73.*

2011 ACN Research Award for Best New Published Study in Camp Setting: Anne Bakker, Peter G.M. Van der Heijden, Maarten J.M. Van Son, Rens Van der Schoot, & Nancy E.E. Van Loey; *Impact of pediatric burn camps on participants' self esteem and body image: An empirical study. Burns, 37(8), 1317–1325.*

All awardees will receive a single complimentary ACN one-year membership for an author or colleague.

❖ Seeking Candidates for the Board Election Process

ACN has initiated the process that will result in Board elections later this spring and early summer. Might this be something you're interested in doing? Serving on ACN's Board is a volunteer position, one that asks the individual to use their leadership skills to move the Association forward while also monitoring the progress of ACN initiatives. Board members serve three-year terms. When the current Board retires in December 2012, ACN's new Board – the one for which we are currently seeking candidates – will serve from January 2013 through December 2015.

What does it entail to be an ACN Board member? It means that you have a personal commitment to ACN's mission: working toward healthier camp communities through the practice of camp nursing. It means you are willing to work toward accomplishing that mission by fulfilling Board duties. Elected Board members attend an autumn strategic planning session, the Board Advance, with the out-going Board. This event, financially supported by ACN, transitions leadership and shapes ACN's agenda for the next three years. In addition, the Board meets every 6-8 weeks via phone conference call. The one exception to this is the face-to-face Board meeting that takes place in conjunction with the annual Camp Nurse Symposium and Annual Meeting. The cost for attending the Symposium, Annual Meeting, and Board meeting is paid by each Board member.

Who can be a Board member? ACN By-Laws direct that there are 5-8 nurse members and 1-2 non-nurse members on the Board. To be eligible as a candidate, a person must be a member of the Association, have a demonstrated commitment to camp nursing and/or camp health, and be capable of signing the Board Ethics statement. Board members contribute to the Association in time, talent and/or resources throughout their tenure.

Might this be of interest to you? ACN invites you to consider candidacy for the Board. Should you be interested, please submit a written application (see content below) to the ACN office by 1 April 2012. You will be contacted by ACN's Executive Director to discuss your interest and complete the vetting process. Candidates who progress to the voting process will be asked to submit a photo that will be used to inform ACN members about each candidate.

2012 Application for Board Candidacy

Directions: Send a letter or email to ACN's office that includes the following elements.

1. Your name, preferred phone number, email, and snail mail addresses.
2. If you are a nurse, list your nursing credentials. If you are a non-nurse, describe what your background brings to camp nursing.
3. Provide written statements that address the following:
 - a. Describe your affiliation with and contributions to camp nursing practice and/or the camp health arena.
 - b. Describe your relationship to the Association of Camp Nurses. Include articles written for CompassPoint, Symposium presentations, and/or participation on ACN committees.
 - c. Describe the scope of your camp work; how long have you worked with camps and in what position(s)? Are you a member of other camp organizations?
 - d. Provide a statement that explains why you want to serve as an ACN Board member.

Super Sleuth Answer – Shoulder Dislocations

Each of these individuals has had an anterior dislocation of their shoulder where the humerus separated from the scapula at the glenohumeral joint. This joint is particularly susceptible to dislocation and subluxation because of the great range of motion. Mechanism of injury is often very telling, and one of your first questions should be, "What were you doing when the pain or feeling came on?" A high brace in kayaking, spike of a volley ball, too much rotation and force in a tennis serve or skiing, any of these can be the setting for raising the arm with velocity past the point of staying in place.

Symptoms: The upper arm is usually held away from the body as it is more painful to lay the forearm against the abdomen. Check circulation, motion and sensation of the hand.

Reductions: Wilderness First Aid or higher trained individuals can often reduce this in the field, however, you may need to "go to town" for advanced support for the reduction. Some people have chronic dislocations and can often either put it back themselves, or guide you through the reduction.

Once reduced: Stabilize the shoulder with a sling and swathe, don't forget to pad the under the arm with a pillow or similar support between upper arm and chest. Treat the pain. Do not raise the arm above the head. After reduction—notice changes in symmetry, definition of deltoid and red marks in the arm-pit (from the reduction strategy).



Janice Springer RN, PHN, MA, DNP(c)
Nurse Manager, Concordia Language Villages
Disaster Health Services Advisor, American Red Cross

Photo credits

Scenario 1 www.ski-injury.com (permission requested-not received at submission)

Scenario 2 (no author identified with photo, on a public site) <http://www.wikiradiography.com/page/Imaging+Shoulder+Dislocations>

Content credits:

Wilderness First Aid: Emergency care for remote locations. 3rd edition. Jones and Bartlett: Sudbury, MA. 2008.

Association of Camp Nurses
 8630 Thorsonveien NE
 Bemidji, Minnesota 56601

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ACN's Board of Directors

ACN's Board of Directors met recently in Atlanta during the Association's Symposium. Within their three year terms, Board Members volunteer their expertise in guiding the growth of the Association and monitoring its initiatives.

Board elections are coming soon. Learn more about the role and election process on page 23. Contact any current board member (see page 2) to get an insight of that member's experience on the board.



ACN's Executive Director Linda Erceg poses with Board Members Ellen Buckner, Jill Ashcraft, Tracey Gaslin, VJ Gibbins, Bill Jones, Lisa South, and Cheryl Bernknopf. (Member Ed Schirick was not present).

Coming in the June 2012 CompassPoint Issue

Highlights from
 ACN's Camp Nurse Symposium 2012

- Annual Meeting
- Educational Sessions
- CDC Tour

