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June 2014 volume 24, number 2

– My View –
What on Earth is MESH?

MESH is the acronym that stands for Mental Emotional and Social Health. One does not have to be a psychiatric nurse to understand the profound impact MESH has on the life of campers and counselors. In my role of nurse educator, I routinely share with students that they will encounter and manage MESH issues no matter their preferred nursing specialty. The same is true for camp nursing professionals. MESH issues at camp probably account for a large portion of the camp nurses' activity. "MESH is the area of health that includes the ability to express needs, wants, and emotions in positive ways; manage anger and conflict; and deal with frustrations. It involves practicing life skills, making responsible decisions, developing good character, following a plan to manage stress, and being resilient during difficult times." (www.casrc-chkrcetrainings.org/newlook/trainings/MESH/...). Some tips for addressing MESH issues of campers and counselors:

1. Everyone has needs, wants, and emotions that impact their life on a daily basis. Try to look out for ways to assess and address those needs. Try to determine if out of the ordinary behavior may be linked to an alteration in MESH.

2. Help campers and counselors reflect on ways to overcome common frustrations. Assist campers in naming their frustrations, brainstorming how to handle frustrations in a positive manner, and distinguishing what they have control over and what they do not have control over.

3. As campers practice life skills, praise positive decisions. Help campers see how their decisions can positively or negatively affect others in the camp community. Praise positive decisions and help campers (and counselors) reflect on how a "not-so-positive" decision could be altered for a different outcome.

4. Assist campers and counselors in assessing stress levels. Help the camper or counselor who is approaching their personal stress maximum to disengage from the situation, engage in refreshing activities, and re-engage in the camp community.

By being aware of MESH needs, nurses can better assess and intervene to maintain a positive camp milieu. Utilize resources on the internet to investigate MESH and gather educational resources for campers and staff.

Resources: www.helpguide.org/mental/mental_emotional_health.htm
www.mentalhelp.net
http://www.mentalsupportcommunity.net

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In This Issue...

– Editorial –

How about a Learning Goal This Season?

It's that magic time of year again. Spring has finally arrived, everything is predictably green and camp nurses everywhere are eagerly anticipating a new season. "What kind of summer will it be?" is a question I always pondered right about now, followed quickly by another, "What challenges will it bring?" I hope you will keep *CompassPoint* in mind as the season progresses. We do a feature in the September issue called "It Happened This Summer" where camp nurses share their experiences—serious, humorous, cautionary, or insightful. Keep that in mind, just a paragraph or two to let your fellow readers learn from your experiences. For those who have been waiting to try a little writing for *CompassPoint*, here's a chance where just an e-mail does well.

While you are waiting for that sharing experience to occur, here's another idea. Perhaps for this summer you might want to plan a learning activity for you and your Health Center staff. Pick a topic with broad appeal and try to include all levels of staff. It can work well to use an article to read and then discuss. With the magic of internet available at many camps, you can ask the eager beavers in your group to read an additional article on the subject or locate a related resource to share. Even the busiest of Health Centers can find a half hour somewhere in the week to designate as a learning time.

This *CompassPoint* issue offers a few great topics for your group to tackle. The Perspectives Worth Sharing feature on bullying is a great topic for discussion and the resource list contains some readily available additional sources. The Continuing Education feature on addressing MESH needs is very timely and would offer the extra bonus of letting the licensed staff obtain CE units. The research article exploring the extent of implementation of the Scope and Standards of Camp Nursing Practice might be the stimulus for you and your staff to review your own camp's use of these materials. Alternatively, look at ACN's Ends Statements (page 24) and stimulate discussion about how your camp is working to meet or expand upon those statements. There are lots of topics to explore together. All alone? Self-study is good diversion on a rainy day.

Regardless of the experience your collective staff brings to camp, the sharing of perspectives is always a learning experience. Make the most of your time together!

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— Contact Hours for Camp Nurses—

Addressing MESH Needs of Children through Camp

Jeana Wilcox, PhD, RN, CNS, CNE

This educational activity is 1 contact hour. The expiration date for this activity and for receiving contact hours is 1 year from publication. The expiration date is June 30th, 2015. In order to complete this continuing education activity, the participant must:

1. Read the article
2. Answer the questions achieving an 80% or better pass rate
3. Complete the evaluation questions
4. Submit payment of $10.00 with evaluation questions.

Disclosures:

1. There are no identified conflicts of interest on the part of any planner or author of article.
2. There are no financial relationships disclosed by author.
3. No sponsorship or support was received for this activity.
4. There is no discussion of label use of products or endorsement of products.

Purpose: The purpose of the learning activity is to enable learners to evaluate for MESH needs of campers and demonstrate the benefits of traditional camp environments on such needs.

Objectives:

Upon completion of this article, the reader will be able to:

1. Define MESH needs.
2. Describe therapeutic benefits of camp environments on MESH.
3. Apply knowledge of the interaction between MESH needs of campers and therapeutic benefits of nature to develop purposeful camp activities.

Addressing MESH Needs of Children through Camp

Jeana Wilcox, PhD, RN, CNS, CNE

Abstract: *Mental, emotional, and social needs exist on a spectrum and within every person's reality. Addressing mental, emotional, and social health (MESH) needs at camp is an important, yet often overlooked, responsibility of the camp health team. Establishing baseline data and monitoring camper behaviors and responses to camp can be quite enlightening. In recent years, camping-related literature has revealed the positive impact camp can have on MESH needs. Using this information to strategically plan camp activities and nursing interventions will assure that a greater percentage of camper and staff MESH needs are appropriately addressed.*

Every human being exhibits mental, emotional, and social health (MESH) needs. Mental, emotional, and social health needs require two major assessment components, signs and symptoms the individual exhibits. According to Nussbaum (2013), signs are subjective statements from the person regarding MESH needs and symptoms are objective observations of the practitioner regarding a person's MESH needs. The responsibility of the nurse is to, "…understand the relationship between the signs you observe, the symptoms you elicit, and their effect on the person you meet." (Nussbaum, 2013, 4). Mental, emotional, and social needs exist on a spectrum and within every person's reality.

MESH Needs

Several things may impact the MESH needs of an individual. Table 1 outlines categories of MESH that might be assessed in campers and staff either before arrival at camp (through screening health documents) or upon arrival at camp. Campers and staff members who have chronic illnesses are at greater risk of having heightened MESH needs (Simons, Gilleland, McDanel, Blount, & Campbell, 2008). The stress of chronic illnesses and disabilities, even if not psychiatric in nature, significantly impacts one's ability to manage mental and emotional stressors. Pain is a particularly strong influence on MESH needs of individuals. Thompson, Zemen, Fanurik, and Sirotkin-Roses (1992) estimated that the risk of increased MESH needs for chronically ill children is 1.3 to 3 times greater than for healthy children. Anxiety and depression symptoms have been regularly linked to chronic illnesses in pediatric literature for decades (Holmes, Respess, Greer, & Frentz, 1998; Pine et al., 1994; Silver, Westbrook, & Stein, 1998).

During adolescence, "maturational changes, shifting societal expectations, and conflicting role demands" create significant challenges for MESH in this population (Maldonado, Huang, Chen, Kasen, Cohen, & Chen, 2013, 287). Many teen campers are in the process of exploring their place in the world and may exhibit signs that may be confused for depression. The astute assessment of the camp nurse is necessary to distinguish between an emerging mental illness and difficulties experienced during the normal maturational processes. During adolescence, campers rely heavily on peer feedback related to their mental and emotional function and well-being (Meltzer & Rourke, 2005).

Being aware of normal developmental processes will assist the camp health team in identifying and addressing MESH needs

Table 1: Impacts on MESH Needs of Campers and Staff

- **LIFESTYLE**
  - How a person lives
  - Significant relationships-marital status
  - Available support system
  - Occupation
  - Religion
- **NORMAL COPING PATTERNS**
  - What coping mechanisms does the person use when under stress?
- **PERSONALITY STYLE**
  - Tendency toward dependence, hostility, dramatic, critical, upbeat, etc.
- **HISTORY OF PSYCHIATRIC DISORDER**
  - Is the person currently taking psychiatric medication? For what diagnosis/reason?
- **RECENT LIFE CHANGES OR STRESSORS**
  - Traumatic events in past year?
  - Major changes in last year?
    - Moved, changed schools, got married or divorced, parents got married or divorced, death of close family member, job change, birth of child or sibling
- **SPIRITUALITY**
  - What role does spirituality or religion play in the person's life?
  - HOPE Assessment
    - H: What are your sources of hope, strength, or comfort?
    - O: What role does organized religion play in your life?
    - P: What personal spirituality practices do you engage in?
    - E: How does your spirituality impact your medical care or end of life decisions?
- **MENTAL STATUS**
  - Assess cognitive and behavioral spheres

(Gorman, L.M. & Sultan, D. F. (2008). *Psychosocial Nursing for General Patient Care.* Philadelphia, PA: F.A. Davis Company.)

in the camp population. MESH needs occur on a spectrum. Every individual at camp (owner, director, counselor, health team, camper, staff member) has MESH needs somewhere on a spectrum from the need for love and belonging to the need for professional mental health assistance. The camp nurse is situated to provide valuable feedback to teens about normal maturational processes, doubts and feelings, while simultaneously evaluating potential issues that may indicate the need for a mental health referral. Being aware of normal developmental processes will assist the camp health team in identifying and addressing MESH needs in the camp population.

Therapeutic Benefits of Camp

Several authors have addressed the therapeutic benefits of camp on MESH needs. Simons, Gilleland, McDanel, Blount, and Campbell (2008) noted that parents have identified camp as an important environment to help their children learn to cope with new experiences and learn social skills. Impacts may range from helping special needs/chronically ill campers "feel as normal as possible" to allowing children and teens to address MESH needs and meet developmental tasks. Several studies have noted decreases in anxiety and loneliness symptoms of chronically ill children or their siblings while in the camp setting (Ehrenreich-May & Bilek, 2011; Hamma, Ronen, & Felgin, 2000). Self-reported anxiety of chronically ill summer campers "showed an overall significant decrease over the course of camp" (Briery & Rabian, 1999, p. 188). Meltzer and Rourke (2005) noted this decrease in anxiety may be related to adolescents with chronic illnesses feeling more similar to peers dealing with similar issues than they do to a mixed peer groups in their home situation. Experiencing a new environment with a group of individuals who struggle with similar issues can be normalizing and empowering.

In addition to helping to normalize the condition of chronically ill children, camp provides an opportunity to establish MESH prevention programming. One inner-city camp provides psychosocial competency skills as a regular part of camper activities. These skill sessions, provided to all campers, assisted at-risk youth who were experiencing multiple life stressors, learn to manage that stress in healthy ways. The skills taught resulted in increased "hopeful thinking" in the youth. Instruction and experiential activities provide psychosocial training, cognitive reappraisal of situations, prevention of emotional avoidance through emotion identification, and modification of initial behavioral tendencies (Ehrenreich-May & Bilek, 2011). Psychosocial training teaches youth about normal thoughts and feelings and helps them learn appropriate coping mechanisms for difficult emotions. Cognitive reappraisal assists youth in looking at their personal situation from a more positive lens. Emotional identification educates children about the differences among feelings, helps them label their own feelings, and validates the existence of each feeling as legitimate and acceptable. These processes help at-risk youth see their situation in a more positive light while enabling them to take control of their reaction to many different situations. If such a program can work with at-risk youth, certainly providing psychosocial skills training to all youth at camp can only enhance the coping skills necessary to survive childhood and adolescence in the current environment.

For instance, in a regular camp setting, there are often opportunities to embrace teachable moments. The camp nurse is leading a camp session on wellness. During the session the nurse provides multiple case scenarios for campers to ponder. In each scenario, the nurse asks campers to identify the feelings elicited by the scenario and leads a discussion about feelings; how similar situations can elicit different feelings for each camper; and various healthy coping mechanisms for managing a variety of feelings.

All youth, whether chronically ill, at-risk, or healthy; experience intense emotions related to everyday living. The camp setting provides a wonderful opportunity to teach positive mental and emotional skills that will benefit them throughout their lifetime. For example, when fishing line gets stuck on a log, campers are assisted in decision making about options to address the problem instead of just getting mad or when someone accidentally spills their drink at lunch, the table is encouraged to help clean up rather than making fun of the child. The benefits of interacting with others in an outdoor setting while learning valuable life lessons is paramount to healthy coping in a world filled with crime, stress, and pressure.

Many traditional camp settings are located in natural

environments, often isolated from much of the "hustle and bustle" of everyday stress. In his book, *The Nature Principle*, Louv discussed the therapeutic benefits of nature and camp. One study he noted looked at two groups of walkers. Each group walked the same distance but in different environments; one group walked in a wooded area while the other walked in a local shopping mall. The results of the study were stunning. Upwards of 80% of the nature walkers felt less depressed, less angry, less fatigued, and less tense than the mall walkers. The only difference was the environment in which the exercise occurred. Louv went on to note the results of exposure to nature are almost immediate. "Even exposure to dirt may boost mood, along with the immune system" (2011, pg.60). Louv, in his national bestseller *Last Child in the Woods*, reported studies that indicated exposure to nature may reduce symptoms of attention deficit disorder in children, can improve their cognitive ability, and reduce stress. Though not all camps are set in a natural setting, many are and provide the unique benefits Louv addresses. Louv's ideas stimulate curiosity about how nurses can utilize natural camp environments to enhance camp programming.

Program Development to Address MESH Needs of Campers

Applying Louv's Nature Principle to camp programming can further impact the benefits of the camp experience for children. The Nature Principle is based on "seven overlapping precepts: a) The more high-tech our lives become, the more nature we need to achieve natural balance; b) The mind/body/nature connection, also called Vitamin N (for nature), will enhance physical and mental health; c) Utilizing both technology *and* nature experience will increase our intelligence, creative thinking, and productivity, giving birth to the hybrid mind; d) Human/nature social capital will enrich and redefine community to include all living things; e) In the new purposeful place, natural history will be as important as human history to regional and personal identity; f) Through biophilic design, our homes, workplaces, neighborhoods, and towns will not only conserve watts, but also produce human energy; g) In relationship with nature, the high-performance human will conserve and create natural habitat – and new economic potential – where we live, learn, work, and play" (Louv, 2011, p.5).

The nature precepts, available in many camp settings, can impact the MESH needs of campers by providing a relaxed environment conducive to the thoughtful reflection necessary for MESH improvement. Allowing campers and staff time to reflect on their lives, problems, and situations in relation to the bigger universe is often therapeutic. Seeing one's problems in relation to "the bigger picture" and in contrast to those of peers often allows one to gain valuable and needed perspective necessary to improve outlook on life and humanity.

The key to using the nature principle of camp to impact MESH needs of campers is developing age appropriate activities that impact the mental, emotional, and social health needs of both children and staff. Table 2 outlines characteristics to consider when developing programming with positive MESH impacts. Table 3 provides some age appropriate programming guidelines to positively impact MESH needs while children are at camp. For instance, preteens coming to

Table 2: Understanding Age Group Characteristics

YOUNG CHILDREN (AGES 7-9)	OLDER CHILDREN (AGES 10-12)	YOUNGER YOUTH (AGES 12-14)	OLDER YOUTH (AGES 15-18)
• Learn best by doing • Short attention span • Think in concrete terms • Seek out heroes • Want to master skills, but still need to be cherished for who they are and not what they can do • Are usually very active but unable to manage their own rest • Have a silly sense of humor • Beginning to define themselves outside their family of origin	• Very active but need help slowing down for rest time • Have a deep need for fairness; developing a keen sense of right and wrong • Thrive within same gender friendships • Girls begin maturing physically much earlier than boys • Need same gender role models • Beginning to learn fundamentals of abstract thinking	• In the midst of a great deal of change physically, emotionally, and socially • Girls tend to be more mature emotionally and socially than boys • Need to be accepted and feel a sense of belonging • May experiment with drugs, alcohol, sex and cigarettes or be thinking about it • Focus on the "now" and have very little ability to look to the future. • Need very clear boundaries that allow for a sense of freedom while allowing them to develop responsibility skills • Developing abstract thinking skills • Very idealistic	• Seeking to form identity separate from family of origin • Can use abstract thinking skills • Almost fully developed physically but are still quite self-conscious about appearance • Very concerned about weight • Need lots of sleep and rest but are able to plan it without external reminders • Many may have experimented with drugs, alcohol, sex, and smoking… need to be able to discuss their choices in a nonjudgmental environment • Under tremendous pressure to succeed • Want to belong

National Council of Churches. (2009). Outdoor Ministries 2009: Breakthrough. United Kingdom: New Earth Publishers.

Table 3: Age Appropriate Programming Guidelines

CHILDREN (AGES 7-12)	YOUTH (AGES 13-18)
• Support families and children hesitant about camp. o Provide day camp options o Provide shorter camp options o Provide Parent/Child camp options • Share information with parents about psychosocial and emotional benefits of emerging independence on the child's emotional health. • Focus camp activities in a way to raise the self-esteem of all campers involved. Utilize games and activities where everyone can feel positive about the experience and use fewer activities with defined "winners and losers". • Help children name and experience ALL emotions.	• Do not age out campers. Allow them to stay in programming based on developmental level and regardless of chronological age. • Focus camp activities in a way to raise the self-esteem of all campers involved. • Teach youth to see situations from multiple perspectives. This helps develop flexible thinking skills that minimizes cognitive distortions. • Help youth name and experience ALL emotions. While emotional avoidance works in the short-term, it can lead to a lifetime fear of certain emotions and distress when one is confronted with an emotionally charged discussion or situation.

Be sure to incorporate age appropriate strategies in all programming and not just with children who appear to have MESH issues. Often times, emerging MESH issues can be hidden from the casual observer.

camp are often dealing with new thoughts and feelings as they enter a stage of developing personal identity. Developing an identity while navigating constantly changing thoughts and feelings, fluctuations in self-esteem, and a desire for belonging make the world of a "normal" pre-teen. Camp provides an environment of independence. For example, allowing pre-teen or teen campers opportunities to mentor younger campers and help with activities supports development of confidence and self-efficacy. Setting up camp to allow free-time decision making, flexible scheduling/activity choices, and available space and time for privacy and reflection allow teens to practice being independent while having the safety net of the camp nurse and other staff. For example, instead of having every camper slotted into specified camp schedules, perhaps there is an opportunity to offer multiple nature-related activities and allowing the camper to choose the one that matches their personal interests.

Camp represents a sheltered environment where children and adolescents are able to spread their wings, make decisions, and encounter natural consequences for behaviors. Nurses have the opportunity to guide young campers through difficult psychosocial times (either of normal maturation or psychological alterations). Assisting campers to reflect on daily activities and major accomplishments, process decisions, and negotiate interpersonal situations provides a way for them to manage the barrage of feelings and situations that will continue to be experienced outside the camp setting.

Conclusion

Assisting children and adolescents to manage everyday stressors in healthy ways will have a positive effect on how they integrate into society and manage everyday life. The keys to maximizing the positive effects of camp on MESH needs are to focus on age and developmentally-appropriate strategies and activities. Helping children and adolescents learn positive coping mechanisms will lead to healthy adult populations and be better equipped to manage in an ever-changing society.

Resources

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CE Evaluation: Addressing MESH Needs of Children through Camp

To obtain your contact hour certificate:
1. Complete the post-test questions on this page. You need at least 80% to obtain credit.
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– Post Test Questions –

Directions: Circle the best answer for each of the questions below.

1. MESH needs are defined as:
   a. Mental, external, and socially disturbing.
   b. Miserable, emotional, and sexual health.
   c. Mental, emotional, and social health.
   d. Miserable, external, and sexual health.

2. MESH needs exist:
   a. In 80% of campers.
   b. In all campers and 75% of camp staff.
   c. In 100% of people across a spectrum.
   d. In 100% of campers and staff who have a mental health diagnosis.

3. The most common mental health disorder is:
   a. Anxiety
   b. Depression
   c. Obsessive compulsive disorder
   d. Schizophrenia

4. The lifetime prevalence of anxiety and depression occurs:
   a. More in females than in males.
   b. More in males than in females.
   c. Equally in both genders.

5. Which of the following is not a significant impact on MESH needs?
   a. Family living situation
   b. Level of education
   c. Lifestyle
   d. Religion

6. Which of the following impacts on MESH needs can be affected by a camp experience? (Identify all that apply)
   a. Coping mechanisms
   b. Living situation
   c. Major life changes
   d. Support system

7. The estimated risk of increased MESH needs for chronically ill children is ___ times greater than for healthy children.
   a. 1.3-1.5
   b. 1.3-3.0
   c. 2.3-4.0
   d. 2.0-6.0

8. Which of the following provide a critical impact on the MESH needs of adolescents?
   a. conflicting role demands
   b. maturational changes
   c. shifting societal expectations
   d. all of the above

9. ACA Health and Wellness Standards provide:
   a. a framework for developmentally appropriate camp interventions.
   b. a framework of behavior modification techniques.
   c. a list of MESH-specific needs to be addressed at camp.
   d. a list of MESH-specific interventions appropriate for the camp setting.

10. Exposure to nature has:
    a. Ability to boost mood and decrease anxiety.
    b. Little to no impact on MESH needs.
    c. Difficult to apply principles in the camp setting.
    d. Positive effects on social standing and cognitive abilities.

Post Test Continued on page 8

– Post Test Questions cont. –

Evaluation

After completing this activity, I am able to:	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
1. Define culture.	1	2	3	4	5
2. Identify the importance of cultural competence in camp nursing.	1	2	3	4	5
3. Describe strategies nurses can employ to provide culturally competent care, including performing a cultural assessment and practicing cultural brokering.	1	2	3	4	5
4. List several components of the cultural assessment.	1	2	3	4	5
5. Apply knowledge of specific cultural practices to situations that could arise at camp.	1	2	3	4	5

Were the following disclosures made in writing at the beginning of the article?

Requirements for successful completion	Yes	No
Conflict of interest, or lack thereof	Yes	No
Relevant financial relationships – resolution	Yes	No
Sponsorship or commercial support	Yes	No
Non-endorsement of products	Yes	No
Off-label use	Yes	No
Expiration date for awarding contact hours	Yes	No
Did you notice any bias in the article?	Yes	No

If yes, please explain:

How much time did it take to complete this educational activity, including evaluation and post-test? _____ minutes

Please submit completed post test questions, evaluation questions, and payment ($10.00) to:

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Why Singing at Camp is Not Only Fun, But Good for Our Hearts and Our Health

Mary M. Rogers, Ed.M.

Abstract: *Singing is an important part of most camps. Camp nurses are aware of the important role singing plays in camp life and in the memories campers and staff take away with them. Singing brings them together in community in a way that nothing else could match. Drawing from personal experience and recent literature, the author provides insight on the human experience of singing together, the effects of singing on breathing and heart rates, and on strengthening vagal tone.*

When I first went to camp as a 13 year old, I fell in love with singing at campfires. The silly, loud songs were fun to sing and, even as a quiet kid, I quickly learned to join in the merriment. But it was the quiet, slower songs toward the end of the campfire that really caught my attention. I loved learning them and, joining my small voice with those of my fellow campers and the staff members to create something that sounded so beautiful, I wished the singing would never end.

Eventually, campfires burn down to embers, children get tired, and are herded off to cabins and bedtime. Summers come to an end too, and those children board buses and vans and planes for home. But if they are at all like me, they pack their favorite songs in their memory suitcases to take home with them. Then in the fall, winter, and spring, when camp seems so long away, the memory suitcase gets unlatched and the words and melodies for those beloved camp songs come out.

I used to sing those songs to myself and with my fellow camper and sister, Annie, all school year long. Whether singing on our walks to and from school or on errands in the neighborhood, while physically in the city, in our hearts we were back at camp, singing at campfires.

So what is it about campfire singing that causes so many of us to put that one experience at the top of our best camp memories list? After the October 9, 2013 blog I wrote, called **Singing and Campfires** for the American Camp Association's CEO Peg Smith, I heard from many people about their own singing experiences at campfires. Their comments echoed my experiences. Singing brought them together in community in a way that nothing else could match. Their comments also made me remember the words of the French/American Trappist monk, Henry Quinson.

The Human Experience of Singing Together

Quinson was a consultant on music and monastic life in the 2010 movie, *"Of Gods and Men."* In his March 9, 2011 interview on NPR with Fresh Air host, Terry Gross, Quinson explains, "So I think it's an experience, a human experience - not necessarily a religious one, but a human experience that people can actually share in, that if you sing together, there's a harmony, there's a unity that is physical. I mean, you are actually breathing together. And so a community is going to be stronger if every day, you're able to sing together."

It was Henry Quinson's words from that interview I referenced when I wrote in my blog, "I heard a monk once describe singing together as breathing together." I went on to say, "There is recent research that documents its effects on our heart rates and heart beats, that when we sing together, our heartbeats come into harmony with one another. For me, and for many who share my love of campfires and singing, this makes intuitive sense and helps to explain why we may feel so connected to each other when we are singing together at campfires."

The response to that blog is what led me to agree to write this article detailing more of the research on what happens physically when we sing together. For those of you who wish to learn more of the details of the research, I advise you to seek out the original source materials for the brief summaries I report here.

The Effects of Singing on Breathing and Heart Rates

Music structure determines heart rate variability of singers documents what happens to our breathing and heart rates when we sing together (Vickoff et al, 2013). In this *Frontiers in Psychology* article, Swedish researcher Bjorn Vickhoff and his colleagues described the effects of singing on breathing and heart rates in a group of teenagers in a choir.

Vickoff and his colleagues measured the breathing and heart rates of a group of fifteen teenagers, all of whom were 18 years old and who sang in their school's choir. In addition, detailed case studies with five singers were conducted to gather more precise measurements.

Vickoff noted that singing, in particular choir singing, has the capacity to promote a sense of well being. He and his colleagues had hypothesized that, "singing demands a slower than normal respiration, which may in turn affect heart activity." (Vickoff, et al, 2013)

In their two studies, Vickoff and his colleagues discovered this to be true, especially when choir members sang a type of slow song that required a strict adherence to inhaling and exhaling at the same time in order to stay on tempo and tune. By having to breathe in coordination, to sing these slow chants, the researchers found that choir members' heart rates also came into synchrony.

Another factor that the Vickoff and his colleagues examined is the role the vagus nerve has on the sense of well being. The vagus nerve is the tenth cranial nerve and connects the brain to the body. Moreover, 80% of neural traffic that takes place specifically

between the heart and the brain travels from the heart to the brain via the vagus nerve.

When the human body experiences the flight or fight in response to a perceived threat, it is the vagus nerve (and oxytocin) at work calming the racing heart. The strength of the vagus nerve can be measured by the degree to which the heart rate is affected by breathing rate. *Vagal tone* is the term given to this association of heart rate and breathing rate. The higher the vagal tone the better.

Strengthening Vagal Tone

American researcher Barbara Fredrickson, in her 2013 groundbreaking book, Love 2.0: *How Our Supreme Emotion Affects Everything We Feel, Think, Do, and Become,* describes the importance of vagal tone to human connections and to overall health. An interesting fact she reports is the way the vagus nerve, which is part of an autonomic response, stimulates facial muscles to facilitate eye contact and makes tiny adjustments in the middle ear to better follow another person's voice. The role of the vagus nerve, which we know helps coordinate breathing and heart rates within individuals, also facilitates connections between individuals.

Perhaps one way we strengthen vagal tone is by singing together. Our breathing has to come into coordination with one another which, in turn, brings our heart rates into synchrony. Both our breathing and heart rates slow down. The vagus nerve is strengthened, thus we have higher vagal tone. This higher level of vagal tone is partly responsible for the sense of well being we experience. We are, in some fundamentally human way, literally connected to one another when we sing together.

And as Fredrickson writes, "High levels of vagal tone, scientists have now firmly shown, are linked not only to greater social attunement but also to more efficient self-regulations and improved physical health." (Fredrickson, 2013).

To learn more about the connection between higher vagal tone and physical health, in particular with regard to implications for camp health professionals, I encourage you to read Bob Ditter's article, *We Knew It All Along! Vagal Nerve Tone and Health and the Lifelong Benefits of Camp in the September/October 2013 issue of Camping Magazine* (Ditter, 2013).

Summary

So it turns out that singing is not only one of the best things we do at camp, it can also be good for us as individuals and the community as a whole. When we sing together, we breathe together, and when we breathe together, our heart rates come into synchrony. This heart rate and breathing synchrony is activated by our vagus nerve and strengthens vagal tone. Strong vagal tone is associated with a sense of well being. And the stronger our vagal tone, the more we may also experience increased cardiac and overall health benefits.

As camp nurses and camp directors, who are interested in promoting the health and well-being of our campers and staff members, a regular dose of campfire singing should be in order!

Resources

Ditter, B. (2013). *We Knew It All Along! Vagal Nerve Tone and Health and the Lifelong Benefits of Camp,* Camping Magazine. 86(5) p. 30-35.

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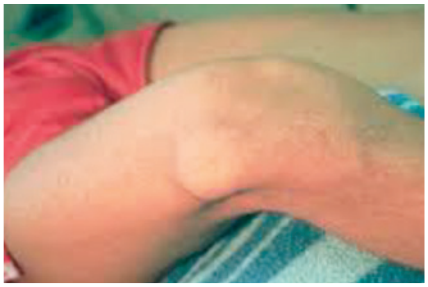
Super Sleuth

Barbara Hill, RN, MSN, CNE, CMSRN

Dilemma:

Toni was a camper with "high energy" levels. The night before camp ended he was involved with a horseplay incident. He arrived at the Health Center at midnight with the injury seen below.



What might be the problem?

Now what?

What's next?

The answer is on page 20

Nurse's Self-Report of the Extent of Implementation of the Scope and Standards of Camp Nursing Practice

Beth Schultz, DNP, RN, Cindy Powers, DNP, RN-BC, CNN, NEA-BC and Patty-Jeanne Slaughter, PhD

Abstract: *There are more than 10,000 camps in the United States, yet there are only 359 camp nurses who are members of the Association of Camp Nurses (ACN). Often, a nurse works in the camp setting for a short length of time and the nurse may not realize there are specific standards for camp nursing. Nurses practicing in traditional health care settings have established policies and procedures that have been written and revised based on evidence to guide their practice. Nurses working in a camp setting may be unaware of the resources available to guide their practice. The rationale for conducting this study is that the ACN is not a widely known organization and thus the ACN Standards that have been written may not be followed, possibly putting campers and staff at risk of inappropriate or inadequate care in the camp setting and potentially placing nurses at risk for litigation. The aim of this study is to provide baseline information for the ACN, i.e., to what extent camp nurses self-report use of the Scope and Standards of Camp Nursing Practice. This study looked at the frequency nurses practicing in the camp setting apply the Scope and Standards of Camp Nursing Practice established by the ACN with the intent of answering the research question, "Do camp nurses use the ACN's Scope and Standards of Camp Nursing Practice to guide their practice in the camp setting?"*

Camp nursing is a unique specialty nursing practice, requiring a skill set that is specific to the camp environment. Nurses who choose to spend a summer at camp may be unaware of the skills needed to safely practice in the camp setting. A nurse without experience as a camp nurse that enters the camp setting may be unfamiliar with the breadth of responsibilities for practice in this setting. Camp nurse responsibilities include everything from assessing sprains and strains and managing homesickness, to disaster management. The camp nurse may be expected to handle campers and staff who have come in contact with bats as well as managing an outbreak of a virus that affects the majority of campers and staff. The American Camp Association (ACA) provides members with a Camp Crisis Hotline that can be used to ask questions and get advice for challenges encountered during the camp season. Statistics reported on the ACA website showed that the majority of calls to the Camp Crisis Hotline for the last five years have been health related issues. Many of the calls are placed by health care providers who are not educationally prepared to work in the camp setting. The calls may have been placed by health care providers working at camp in capacities other than health care providers or possibly by non-licensed or volunteer personnel. (ACA, 2013)

The American Nurses Association (ANA) and Washington State Nurses Association published the *Standards of Nursing Services in Camp Settings* in 1978. However, according to Erceg (2005), these were not published after the 1990's because "no one asked for them" (p. 4). In 2001 the ACN professional *Scope and Standards of Camp Nursing Practice* were published. In 2005, according to the introduction, Erceg notes the ACN was prompted to update their professional *Scope and Standards* because of the changes the ANA had made in 2003 and 2004, redefining nursing and revising nursing *Standards of Practice*. This was done because the ACN standards were designed to parallel the ACA standards. However, the ACN standards are applicable specifically to the camp setting; and this information is significant to nurses working in the camp setting.

The American Nurses Association (ANA) has published general scope and standards for nursing practice. Specialty organizations write and publish professional standards for specific settings. Specialty scope and standards are written to be congruent with the ACA's published scope and standards. A review of literature was done which included Medline, CINAHL, limited to English only, and no studies were found to establish the extent to which nurses in the camp setting follow the *Scope and Standards of Camp Nursing Practice* published by the ACN. Although nurses recognize the importance of following standards of practice in traditional settings (e.g. emergency department, medical/surgical units, and critical care units) many nurses are unaware of the importance of following them in the camp setting. Nurses in the camp setting may also be unfamiliar with the ACA's established Health and Wellness standards. This study surveyed nurses from the United States and Canada to determine if, and how often, they adhere to the professional *Scope and Standards of Camp Nursing Practice*. The ACN (2005) reported that nurses are often responsible for handling camp epidemics and managing disasters in the camp setting. They are not only front line care providers but also collaborate with community providers such as emergency management systems, local health departments and other community resources involved in disaster management. In smaller camps, the camp nurse may be the only health care provider in the camp and must be familiar with procedures that are not commonly seen or handled by a sole provider in a traditional healthcare setting. The importance of being familiar with nursing in the camp setting is emphasized by statements made by the ACA. The ACA (2013) recognizes that a major challenge for camps is finding nurses prepared to practice in the camp setting and emphasizes the need for nurses to either receive training or have experience to work with the population being served at camps, which are most often children, adolescents and young adults.

Study Purpose

The overall purpose of this quantitative descriptive survey study was to determine the extent to which camp nurses are aware of the ACN Standards and how nurses use the professional *ACN Scope and Standards* to guide their nursing practice in the camp setting.

Background

Zander (2011) wrote about working as a camp nurse for a week during the summer and reported that she worked as a case manager and had not provided hands on nursing care for "many years". She did cite, as a reference for her article, the book *The Basics of Camp Nursing* by Erceg and Pravada but did not mention professional scope and standards or receiving any specialized training or education prior to working as a camp nurse.

Courey (2006), in the *Journal of Adolescent Psychiatric Nursing,* argued that if nurses are aware of the ACN's professional Scope and Standards of Camp Nursing Practice they are more likely to provide "the highest level of basic professional care available for the child or adolescent attending that camp" (p. 219). Furthermore, Anderson (2011) noted that the responsibility of each nurse is "to practice within the scope and standards for their specialty field and to comply with legal and regulatory requirements governing professional nursing practice" (p. 9). Finally, Wright (2008), a nurse attorney, stated that, "the most sure-fire way to navigate the Bermuda Triangle of Nursing Practice, in my opinion, is the application of nursing law, ethics and professional practice standards to routine and *everyday* practice" (p.6). This emphasizes the need to engage professional standards to guide nursing practice.

Bidigare (2006) shared a story about a camper who flew over her bicycle handle bars and landed on her head. Rather than calling for the nurse to come to the camper, the staff member brought the camper to the nurse, indicating a need for education about what to do when a camper is injured (Bidigare, 2006). Bidigare went on to recommend that if a nurse is considering accepting a position as a camp nurse, the nurse should consider becoming a member of the ACN (p. 45). However, the article did not mention reviewing or obtaining a copy of the professional *Scope and Standards of Camp Nursing Practice* published by the ACN. Howell (2003) shared her story about working as a camp nurse at a summer camp in exchange for tuition for her boys. She did provide an account of how many facets of her nursing career assisted her during the summer, but did not make reference to the professional *Scope and Standards of Camp Nursing Practice*.

Wright (2008) attempted to inform nurses of how to decrease legal risks associated with nursing, by arguing that nurses should, "have a working knowledge of the specialty association standards" (p. 15). This confirms the importance and need for nurses practicing in the camp setting to be aware of and follow the professional *Scope and Standards of Camp Nursing Practice.* These standards guide and provide a framework for the practice of the specialized role of the camp nurse. Not knowing the ACN professional *Scope and Standards of Camp Nursing Practice* exist is not defensible. Wright also reminds nursing professionals that, "You are accountable for your nursing practice" (p. 15). The nurse must understand that their professional practice is guided by the written standards of practice provided by a professional organization. In an article written in *The New Mexico Nurse* (2007) the following statement is made, "The prosecuting attorney will find an expert witness to testify against you in a disciplinary hearing. The expert witnesses are very familiar with the Scope and Standards" (p.18). Nurses need to be aware that if standards are not followed they are at risk of litigation. Boards of Nursing in each state have a prosecuting attorney who will evaluate and determine if the standards of practice are met. Wright stated, "This can make defense of your license very difficult for you and the attorney by your side, particularly if you cannot show you were aware and practicing within those standards" (p.18). Wright emphasizes that standards of practice are put in place to protect not only those who are cared for but also those who are providing the care.

The depth and breadth of challenges in camp nursing may be surprising to professionals who have never practiced in the setting. Gibbins (2013) reported about a lightning strike at a camp and the need for 45 campers to be transferred to a local emergency department for evaluation as a result. He also reported about an outbreak of a gastrointestinal virus during a camp session that required management of the virus in more than 50% of the campers and staff. Leonard (2013) reports that during the previous camp season, in one session, 57% of the campers were taking at least one psychotropic medication. These three examples show that camp nurses must be knowledgeable of disaster management, epidemiology, and pharmacology. While medication administration is a common occurrence for a practicing nurse, disaster management and handling an epidemic are not. Being aware of the risks that exist in the camp setting and having access to appropriate education, training, and resources is essential for the camp nurse.

Ingwerson (2013) discussed the importance of not being licensed in the state where the camp is located and also having "current knowledge and age-specific competencies needed to care for kids at camp" (p.6). Although being licensed in the state where one practices may seem obvious, Ingwerson explicitly stated that a nurse working as a camp nurse in a particular state must be licensed in the state. While interviewing and talking with camp directors over the past year, one camp director reported not knowing whether or not a nurse that had come to camp from the Midwest had obtained a license for the state in which the camp was located. Traditional health care settings would not consider allowing a nurse to practice without either a license for that specific state or, if applicable, a license from another compact state. A nurse seeking employment in a traditional setting would not considering doing so without having the appropriate license. Camp directors that have little or no experience may not understand the licensing process of state boards of nursing or the scope and standards nurses should be using to guide their practice in the camp setting.

By practicing according to professional standards, a nurse will also be complying with the recognized code of ethics of the professional organization that wrote them. A nurse hired to work in any other specialty setting would receive appropriate training prior to providing care, especially if the nurse had not provided hands on care for many years. The camp setting is unique in the approach that is taken or not taken to prepare nurses for practice, as well as the acceptance by both health care and camp professionals in determining who is qualified and appropriately trained to provide care. Not all camps are accredited by the ACA and thus may not be following the ACA Health and Wellness standards.

Methods

Study Population: The target population was nurses who have worked in the camp setting in the United States or Canada within the last five years. The sample included both nurses who are or had been members of ACN as well as nurses who had never been associated with ACN. In addition to distribution to all ACN members, the survey was available to non-members via the ACN website during the months of August/September. Members who received the email invitation to participate in the study were also asked to forward the information to non-member camp nurses. A computer-generated random list of 240 camp directors was provided by the ACA with a request that the survey be passed on to their camp nurses.

This study was conducted as partial fulfillment of a DNP curriculum. Because of the sequence of courses, the survey had to be completed during the fall semester. Since the majority of camp nurses work during the summer, this could have negatively impacted the number of responses received. The survey link that was sent to camp directors had to be forwarded to camp nurses, leaving the responsibility to a "middle" person to pass the survey along.

Instrumentation: A closed-ended questionnaire was developed by the primary investigator and faculty advisor, utilizing the Association of Camp Nurse's professional *Scope and Standards of Camp Nursing Practice* as a framework for item construction. Variables of interest included nurse's self-report of how each ACN standard represents the nurse's practice in a camp setting using a 7 point Likert scale of *strongly disagree, moderately disagree, neutral, agree, moderately agree, and strongly agree,* and knowledge of the *ACN Standards* prior to the study (yes/no). The questionnaire was reviewed for validity by three experts in the field of camp nursing two of them being masters prepared nurses and the third a board certified pediatric nurse practitioner with a PhD. The survey was also reviewed by a psychologist with extensive experience in research design. Adjustments were made based on the feedback from the evaluators.

Study Distribution: The electronic survey was developed in *Qualtrics*. A link to the survey was distributed by the Association of Camp Nurses to member's (N=354) e-mail on file via an electronic recruitment message. The same message, which included a link to the survey, was also published in the August/September ACN newsletter, *CompassPoint* under Association News.

The ACA ran a random sample generator computer program that selected 240 camp directors and an email was sent to the addresses for the 240 camp directors. The email asked the camp director to forward the email with the survey link to nurses that had worked in their camp within the last five years.

Human Subjects Protection: The study proposal was submitted to the Institutional Review Board of Union University, Jackson, TN for an expedited review per University protocol and was approved. Consent for participation was incorporated into the study. The study was also approved by the American Camp Association (ACA Research Collaboration Agreement). A seed grant was provided by the Association of Camp Nurses to facilitate the research.

Survey Returns: Invitations to participate in the study were sent to 354 ACN members and 240 ACA camp directors. A total of 141 camp nurses responded to the research survey. It is impossible to know if any nurses received more than one invitation, or if any of the emails were no longer valid. Based on a combined survey distribution of 594, there was a 24% return rate. Of those nurses, four were licensed practical nurses and did not meet inclusion criteria. A total of 137 respondents met the inclusion criteria. All survey responses were included in the statistical analysis. Demographic information was completed by 128 respondents (Table 1). The survey results were grouped by nurses who have or have had an affiliation with the ACN (100) and nurses who have not been associated with the ACN (28).

Survey Participants: Inclusion criteria were nurses with a valid license as a registered nurse and having practiced in the camp setting within the last five years. The majority of the participants reported more than 15 years of overall nursing experience, while only 22% reported more than 15 seasons of camp nursing experience. More than 50% of the respondents reported having a bachelor's degree or higher, not all of them being a bachelor's degree in nursing. More than 50% of the respondents have had no type of training specifically designed for providing nursing care in the camp setting. Seventy-eight percent of the nurses are currently or have been a member of ACN. The results of the demographic information are reported in Table 1.

Table 1
Demographics of ACN members and non-members

	Member*	Non-Member**	%
Type of nursing license			
RN	91	27	92
APRN	9	1	8
Years nursing experience			
0-5	6	5	8.5
6-10	12	3	11.7
11-15	8	3	8.5
≥ 15	74	17	71
Seasons as a camp nurse			
1-5	37	18	43
6-10	25	5	23
11-15	12	3	12
≥ 15	26	2	22
Highest level of education			
Associate Degree/Diploma	22	9	24
Bachelor of Science in Nursing	37	12	38
Terminal Degree (DNP, PhD)	7	1	6
Other	8	2	8
Not answered (n=30)			23

*Current or past members of ACN ** Never associated with ACN

Use of Professional Scope and Standards: There were 18 statements taken from the professional *Scope and Standards of Camp Nursing Practice.* Using an alpha level of 0.5 to determine significance, eight of the statements demonstrated that nurses who are or have been affiliated with the ACN apply the standards in their practice significantly more often than nurses who have not been affiliated with ACN. Two of the statements were approaching significance with alpha levels of 0.058 and 0.053. One of the statements had equal variances that were not assumed so an adjustment had to be made and then a difference was noted. The statements and alpha levels are reported in Table 2. The other seven statements did not show a significant difference between the two groups. The research suggests that there is a statistically significant difference in the practice of nurses in the camp setting when the nurse has or has had an affiliation with the Association of Camp Nurses they apply the standards significantly more often.

Table 2
Statements Demonstrating an Alpha Level Significant or Approaching Significance

Standard	P-Level
Standard 2 Diagnosis Analyzing and assessing data to determine the diagnosis or health issues.	0.058
Standard 3 Outcomes identification Identifies expected outcomes for a plan individualized to the camper, staff or situation (or camp environment).	0.039
Standard 4 Planning Develops a plan then prescribes strategies and alternatives to attain expected outcomes.	0.015
Standard 5 Implementation: implements the identified plan.	0.003
Standard 5A Coordination of care Coordinates the delivery of care.	0.034
Standard 6 Evaluation Evaluates progress toward attainment of goals.	0.019
Standard 8 Education Attains knowledge and competency that reflects current camp nursing practice.	0.002
Standard 9 Professional Practice Evaluation Evaluates own nursing practice in relation to professional practice standards and guidelines, relevant statues, rules, and regulations.	0.033
Standard 10 Collegiality Interacting and contributing to the professional development of peers and colleagues.	0.053
Standard 13 Research Integrates research findings into practice.	0.20
Standard 14 Resource Utilization: The camp nurse considers factors related to safety, effectiveness, cost and impact on practice in the planning and delivery of nursing services.[a]	0.026

[a] Equal variances were not assumed so an adjustment had to be made and then a significant difference was noted

Discussion and Implications for Practice

Although accreditation of a camp by the ACA holds great value, not all camps choose to seek accreditation. According to the ACA website (n.d.) one of the goals of accreditation is to provide camp directors and owners education regarding camper and staff health and safety. A camp having an ACA accreditation does not ensure that a licensed provider is manning the health care center. The ACA Standards do not specify the level of education or license needed to provide care in the camp setting. In an article published in 2008 Erceg emphasizes that the best provider would be either a physician and/or a registered nurse. Unfortunately, the ACA does not specify in its accreditation standards that the provider must, at minimum, hold a license as a registered nurse. There are certain Health and Wellness Standards that must be met and others that are expected but not required. Depending on the population served, the requirements vary from one type of camp to another. For a camp admitting campers that have no significant medical history, the only requirement is that health care personnel trained in first aid and cardiopulmonary resuscitation (CPR) must be on site at all times. Clark (1995) discussed the use of non-nursing personnel with first aid training for care in the camp setting (p. 206). The option of having a licensed provider available or one that makes daily camp visits is one of the expected standards but is not a mandatory standard. Camps can intentionally take a limited number of "no's" on standards that are not mandatory and still become accredited. Erceg (2011) stressed the importance of camp directors to determine the appropriate health care center staff by evaluating camper and staff needs. This information is beneficial to parents who are comparing overnight camps for their children. Parents need to ask the question, "Who is staffing the health care center?" The challenge for camps exists in finding nurses who are available to work in the camp setting. Camp nursing is often seasonal work, which means that nurses employed full-time need to take time off of work during the summer to work at camp. This makes finding qualified registered nurses difficult which may impact the ACA's hesitance to require that camps staff their health care centers continuously by licensed personnel. Camp nurses may volunteer to serve during a camp session in lieu of paying tuition. No matter what the circumstance, the nurse is still bound to practice within the written nurse practice act for the state in which the camp resides and should receive an orientation to the role of the camp nurse.

Future Directions

During the national ACN meeting held in Orlando in February 2014, the members of the ACN reviewed the current professional *Scope and Standards of Camp Nursing Practice* during a general membership session. An opportunity was provided for the members to give feedback and suggestions regarding the

information included in the professional *Scope and Standards of Camp Nursing Practice* document. Revision of the professional *Scope and Standards* in the near future is being considered by the board of directors of ACN.

Summary

The results suggest that being a member of ACN strengthens the practice of the camp nurse and improves outcomes in the camp setting. The study findings provide information on the importance of nurses seeking information and becoming involved in professional specialty nursing organizations and being familiar with the professional scope and standards of practice for specialty nursing practice. These principles apply no matter the length of practice in a particular setting. Nurses practicing in the camp setting, even if as a volunteer for a short time, need to be aware of and follow the established standards. The survey results indicated that 68% of camp nurses that have never been associated with ACN were unaware that there were established professional *Scope and Standards of Camp Nursing Practice.* In addition, more than 50% of the nurses surveyed reported having no training or education specific to camp nursing. Litigation often involves lack of knowledge which is not defensible in a court of law. Broussard and Meaux (2007) emphasized that "nurses considering this area of practice must be knowledgeable about the various camp settings, camp nurse responsibilities, practice issues for camp nursing, implications for education and research, and resources for the nurse contemplating a camp nursing position" (p. 238).

The importance of being familiar with professional scope and standards of practice established by specialty organizations is taught in nursing fundamentals classes to first semester nursing students. According to Potter, Perry, Stockert and Hall (2013) "There are two things that guide nursing practice, the nurse practice act, individualized for each state, and the scope and standards of practice written by a specialty nursing organization. Standards of practice describe a competent level of nursing care" (p. 4). This confirms the need for nurses in every setting to model their practice is a way that adheres to established professional scope and standards. In an article written in 2008, Austin reported that "nurses are held accountable to deliver care in a manner that any prudent nurse would render in the same or similar circumstances" (p. 38). A prudent nurse would research and understand the population they will be serving, as well as the environment and expectations and limitations of the professional scope and standards of practice established for the nursing specialty.

Additional research needs to be done regarding the professional Scope and Standards of Camp Nursing Practice. Camp nurses who have no affiliation with the ACN need to be educated about the professional *Scope and Standards of Camp Nursing Practice.* The standards have not been revised since 2005. The need for revision should be determined by the ACN.

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Continued on page 23

– Perspectives Worth Sharing –
Bullying in the Camp Setting

Ashley Marass DNP, CPNP, Susan Williams, MSN, RN, and Ellen Buckner PhD, RN, CNE

Abstract: *Camp can be a wonderful place for children to grow through new relationships and new experiences. However, unfortunately, bullying can get in the way of these benefits. In 2012, Jacobs completed a mixed methods study about bullying in a Jewish camp from the counselor's perspective. Many themes were explored through interviews and questionnaires including the prevalence of bullying, lasting effects, interventions used to manage bullying, and staff training needed. Counselors also provided real examples of their experiences. Interviews from a developmental therapist, a camp counselor, and a bullying expert provide unique perspectives on the problem and possible current approaches to bullying in the camp setting. Resources are available to intentionally address developing respect in camp settings. Further research is needed into this significant psychosocial process.*

Laughing at a child for wearing glasses, whispering at the lunch table about the child sitting across the way, tripping a child walking to the restroom, putting shaving cream on the face of the first child to fall asleep; what do all of these statements have in common? They are all forms of bullying that can be found in any setting. Bullying can occur in school settings, neighborhoods, and cyberspace social interactions; however bullying can also arise at summer camp. Children attend camp in the summer to have fun, build character, and to create meaningful relationships. Unfortunately, bullying in camp can cause quite the opposite feelings for children. It is imperative that as camp nurses, we are mindful of the prevalence of this type of behavior and what can be done to help prevent and manage this increasing trend. Aviva Jacobs performed a study in the Jewish camp setting that provides helpful information about bullying among campers.

Bullying is recognized as a world-wide problem and is defined as mistreatment by peers or others characterized by repeated physical or psychosocial aggression including "teasing, name calling, mockery, threats, harassment, taunting, hazing, social exclusion or rumors" (Srabstein & Leventhal, 2010). Many of these behaviors would result in discipline or dismissal of the bully from a camp setting. However, it is the responsibility of the counselor and others to recognize these in camp settings and intervene even when the actions are less severe.

Evidence for Practice

In a mixed methods study about bullying in the camp setting, Jacobs (2012) uses a concurrent triangulation strategy of quantitative and qualitative data to explore bullying in Jewish summer camps. The study was conducted with counselors from Jewish summer camps through the use of surveys and interviews. The topics studied include the frequency of bullying, counselor's feelings about bullying, counselor's actions following bullying, counselor's personal history surrounding bullying, counselor's insight about the lifelong consequences of bullying on a camper, and staff training (Jacobs, 2012).

In the quantitative portion of the study, Jacobs (2012) distributed an online questionnaire with 171 counselor responses rendered. The counselors were age 18-23 years and worked as a bunk counselor in 12 different Jewish summer camps for campers between grades 4-8 (Jacobs, 2012). The camps were chosen based on their mission to promote affirmative Jewish beliefs and lifestyles. The questionnaire was based on the previously stated six topics and included Likert scale- type questions, yes and no questions, and select all that apply (Jacobs, 2012).

In the qualitative portion of the study, 12 counselors from 7 different camps were included. The semi-structured interviews averaged in length at 45 minutes in duration and were recorded for later review. To unearth the themes, codes were applied to the comments by the researcher and independently reviewed again by two other officials (Jacobs, 2012).

Through the results of the study, Jacobs (2012) revealed a plethora of useful information for all summer camps to become aware of bullying in this setting and begin to create useful interventions to curtail the devastating long term repercussions of childhood bullying. Approximately 47% of the counselors reported seeing physical bullying with hitting and pushing being the most common form of physical bullying. In addition, 86% of counselors reported witnessing verbal bullying with name-calling, teasing, and put-downs being the most common. In one situation described by a counselor, a child who liked to go bed as soon as lights were out was called a baby by the rest of the cabin. Relational bullying was observed by 56% of the counselors with the most common form being exclusion (Jacobs, 2012). One counselor described an incident were a camper was tied to the bunk and shaving cream was put all over the camper. Yet another counselor described a similar situation where a showering camper only had cold water to shower with due to other campers turning off the warm water just because that camper was showering. However, counselors reported witnessing, hearing from campers, and hearing from staff most often about verbal bullying.

Jacobs (2012) reported the most common location for bullying to occur was inside the bunk (77%) and during free time (77%). The most common interventions utilized by counselors when they witnessed bullying included intervening with the bully and following up with the victim afterward. The most common intervention if the counselor received a report of bullying was talking to the bully and talking to the victim. Other common interventions were talking to the entire bunk together, gathering more information, and speaking with the supervisor (Jacobs, 2012).

As for the counselors in this study, they expressed a need for training and experience to help them deal with bullying issues at camp. Some suggested using role-play situations to help them practice how to react to these situations. Being a child is hard sometimes, but camp should be a happy place. Some camps struggle with the question "to discipline or not to discipline." One of

the counselors actually said there is a need for a better discipline system stating there is a "severe lack of a working incentive system in summer camps." Other counselors reported that the bullying campers know they will not get in trouble after they talk with the counselors, so they continue with the behavior.

As a camp nurse, how can we use this information to prevent bullying and intervene appropriately? One recommendation from the study was to include the whole camp in the effort to reduce bullying by creating anti-bullying policies and sharing it and the consequences with the parents before camp begins, no-bullying agreements, and increased specific staff training, and special attention to campers that are at high risk for being bullied (Jacobs, 2012). The study showed the most common time for bullying to occur was during free-time, therefore keeping campers busy, interested, and well supervised could help curb campers from acting out. Jacobs (2012) also advocated making the bunk a safe place through increased supervision, limiting free time in the bunk, bunk meetings, and positive bunk activities. Other recommendations included enhancing staff training, empowering bystanders, and applying consequences (Jacobs, 2012). As camp nurses, we can use these recommendations to help children create positive memories through positive relationships formed in the camp setting.

Perspectives of a Camp Counselor, Taylor McLeod, Developmental Therapist

What is your experience in the camp setting?

I worked in an all-girl's camp in Alabama with 4th and 5th graders. I also worked in a camp in Texas with 2nd through 5th graders and a camp for children with cancer. I was a bunk counselor in these camps and enjoyed every minute of this very busy job! I am University of Southern Mississippi graduate in Child and Family Studies with a special interest in child life.

What are your thoughts about the psychosocial gains of children that attend camp?

I feel like the campers, especially the younger ones, learn how to act with people they do not know and form friendships with people they are unfamiliar with from home. Many children go to school with the same people their whole lives. Camp can provide an outlet for social interactions for these children. Camp also helps children build meaningful relationships and respect for others and their differences. Of course each child has unique challenges at camp; however most children learn to form friendships with others that are very different from themselves and like them just for who they are. This is an important lesson a child needs for future relationships.

As a camp counselor, did you experience bullying in the camp setting, verbal, physical, or relational?

The type of bullying I saw the most was relational. The children would leave other children out by running away when the child would walk up or forming a clique of three kids and leaving the other one in the bunk out of activities. I also witnessed some teasing. One camper I can remember had a little trouble with bedwetting. She had to wear pull ups at night, just in case. The other girls in her cabin always asked a lot of questions about this because they knew it made her very uncomfortable. Another camper had braces that had to be adjusted nightly. The camper would only adjust it in the dark because the other girls talked about it and teased her so much about her braces.

In my experience, bullying was more common in my older campers in the 4th and 5th grades. My younger campers in the 2nd grade and my older campers in the 6th grade did not seem to have as many problems with bullying as the 4th and 5th grade campers.

How did your camp manage bullying?

If we had a bullying problem in our camp, the counselor would try talking to the bullying camper first. If that did not help, the counselor would go to the senior counselors (these were counselors that had been at the camp for a long period of time). If they were unable to manage the camper, then the director would become involved.

At one camp, we would go for a walk with the bullying camper and have them do activities on the walk to talk through why they were behaving in this way and things they could do to improve. We also talked with the victim. We made a point to talk individually with each camper at some point each day, even if it was just for a minute on the bench at snack time, just to make sure everything was going okay and no one felt left out or home sick. I feel like this made each camper feel special and allowed them time to share any concerns.

As far as training for the staff, we participated in training on this topic during our week long counselor training before the campers arrived.

As a Developmental Therapist, what is the significance of bullying on a child's development?

I believe bullying can strongly affect a child's social development. It can make them become withdrawn and be hesitant to form relationships. I also feel that, in addition to social and emotional consequences, bullying can have long term ramifications on a child's mental stability.

Perspectives of a Bullying Expert, Susan Williams MSN, RN, PhD student

What is your experience with children and bullying?

I am currently working on my PhD dissertation "Stress, bullying and depressive symptoms in 9th grade adolescents." I got into adolescent mental health due to my concern about depression in the teenage population. There was an incident in my neighborhood that involved a young teenage girl who took her own life after being bullied. The loss of life really touched me and increased my concern about teenagers, depression, and bullying. I found that most depression was caused by bullying, so I narrowed my study to this topic with a concentration on 9th grade students. I chose this age group due to the many changes that occur at this point in a child's life including the transition to high school with new friends and new situations. I am now completing data collection with a variety of variables including verbal, physical, cyber, relational, and cultural bullying; depressive symptoms; pubertal status; and perceived stress. I will also be testing cortisol levels to document a relationship between physiologic response and bullying, actual stress, and perceived stress.

How can we prevent bullying?

In my research I have found the best approach to bullying is a whole school approach. This approach should work in a camp setting, as well. In a whole school approach, everyone is involved including the teachers, the principal, janitors, the community, and the students. This technique is not as much about the consequences as it is about standing up for each other and the expectations of others; however, this is not a quick fix. Many places are hiring someone to come in and talk to the children and staff about bullying, but this is not enough. A one-time consequence, zero tolerance policies, and the victim and bully confronting each other again have been shown not to work. Confronting the bully again can be very difficult for the victim and often makes the situation worse.

How can we teach others to prevent or react to bullying in a school or camp setting?

There are bullying prevention programs available to guide schools in this topic. Olweus is one of these programs that were created in the 1960's at Clemson University. The Olweus Program (pronounced Ol-VAY-us) is a comprehensive approach for schools and communities. It creates a safe and positive climate and is designed for K-12 schools by improving peer relations. The program has been found to improve the social climate of classrooms and reduce related antisocial behaviors (OBPP, 2014). I am a member of the Mobile's Communities Against Bullying. We have currently raised enough money to help fund Olweus for our schools. We now have four people trained in this prevention method in six different schools. We have now seen improvement with the implementation of this program.

How does bullying affect children?

Bullying affects many aspects of a child's life from physiological issues to social problems. Bullying is related to depressive symptoms; however we are unsure which one causes the other. Anxiety, which leads to depressive symptoms, is also precipitated by bullying. If bullying occurs over a long period of time, the victim will eventually believe the comments are true and the problem is actually themselves leading to low self esteem and low self image into adulthood. Unfortunately this will not change without help and has the risk of becoming a true mental illness. Bullying also affects children in the school setting. They present to the school nurse with a headache, stomach ache, and a lack of participation in normal activities. Nurses should be mindful of students that show up in their office multiple times a week with generalized complaints. Also, even if there is no true evidence of the bullying, we must believe the child and look into it due to the possibility of devastating, long lasting consequences.

Approaches to Creating Respect in the Camp Setting

The psychosocial environment of camp can strengthen children's development and every interaction is important in encouraging growth. The camp nurse is instrumental in creating a setting where children learn positive behaviors. Camp is a novel environment, where children come together in new relationships. Engaging in planned activities to teach growth in respect is possible in camp settings and may transfer to future interactions. There are many resources available to teachers and camp directors about prevention of bullying. One of these, a *Teacher's Guide* (Yarrow & Lazar, 2000) is designed to provide exercises and other training material for staff and children in producing a "ridicule-free" environment. The song "Don't Laugh At Me" by Seskind & Shamblin (1998) has been used to encourage children and adults to recognize the small activities that can make a difference—including others in play activities, sharing, and intentionally spending time together with new acquaintances. These types of activities can set a positive tone for any camp and give a common frame of reference for respectful growth and development.

The American Camp Association 2012 Standards include requirements that training be provided to help staff to recognize bullying, share with campers that bullying is unacceptable, and tell campers to whom incidents of bullying should be reported (Mickelson, 2012). Going beyond these requirements to set a tone for inclusion is an important camp value. The American Camp Association website is a repository of resources on prevention of bullying. One example lists numerous camp specific activities including identification of warning signs, roles of counselors and others, and ways to create a bully-free camp (Storey, 2010).

Conclusion

Camp for most children is a place to create new and exciting memories year after year; however, with the increasing rates of bullying, camp, for some, is a place they may never return. With the high prevalence of bullying in the camp setting, camp nurses, along with camp counselors, need to be aware of the problem and ways to intervene if necessary. The bullying trend is not uncommon in the camp setting. If we are able to prevent bullying before it begins by training the staff, involving the whole camp in the common goal, teaching children the importance of being kind, and decreasing free and unsupervised time, camp can remain a wonderful respite during summer vacation for children and one where developmental growth in respect for others can occur.

Resources

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Seskin, S. & Shamblin, A. (1998). Don't laugh at me [Recorded by Mark Willis]. Retrieved from https://www.vevo.com/watch/mark-wills/i-do-cherish-you/USUV70500966.

Srabstein, J. C., & Leventhal, B. L. (2010). Prevention of bullying-related morbidity and mortality: A call for public health policies. *Bulletin of the World Health Organization, 88*(6), 403–403. doi:10.2471/BLT.10.077123

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Yarrow, P., & Lazar, F. (2000). Don't laugh at me: Teacher's guide for creating a ridicule free classroom. Retrieved from http://www.operationrespect.org/pdf/guide2.pdf.

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– Camp Health – Clinically Speaking – Dental First Aid

Doris Nerderman, RN, BSN

Dental issues at camp are an important and quite common problem. Whether it is a toothache, a loose baby tooth or a more serious tooth and/or brace problem, it is important to deal with these issues promptly so pain is alleviated and potential permanent tooth loss is prevented. Included here are practical notes on common issues. A suggestion many camp nurses have found helpful is to enlarge and print the tooth chart and the braces diagram. Tape them on the inside of a cabinet door or a similar handy place for ready reference when you are talking to the parent, dentist, or orthodontist.

Dental Care Supplies for Camp

Toothbrushes, toothpaste: Always good to have on hand for campers when ill or these supplies are forgotten, lost or damaged. The smallest size toothpaste is the most practical to have available.

Dental Floss: Not only an important item to remove an object stuck between teeth but also available to teach use of floss for basic hygiene.

Denture Cup: In case someone needs retainer container.

Salt: Salt water rinses of ½ tsp salt to 1 cup of warm water are soothing to the mouth and decreases pain from mouth sores. Warm salt water decreases ph which has shown to decrease reproduction of microorganisms, thus helpful in infection prevention as well. Mouth sores commonly appear in the camp setting due to poor oral hygiene, injury, or rubbing from braces

Anesthetic agents: Important to control pain until seen by dentist. There are several types of over the counter products available. Gels (such as Oragel ™) work well for mouth sores. For toothache pain, one of the most common agents is oil of cloves.

Cotton/gauze: Used to control bleeding and/or apply medications to area.

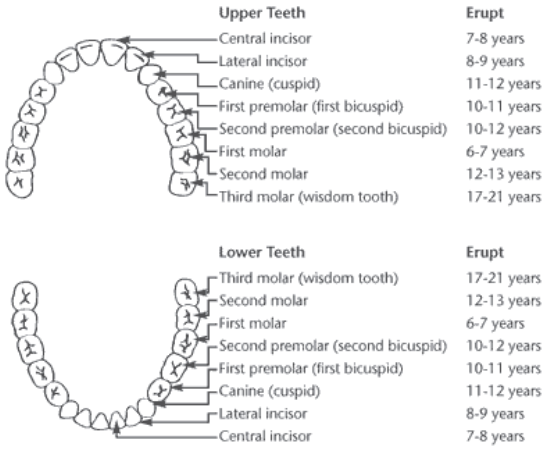
Brace wax: This is a lifesaver for campers with braces.

Wire cutters: Frequently braces break and clipping a wire can prevent the gum being cut and injury occurring.

Tips for dental care

- Oftentimes when tooth pain/injury occurs, it is important to be able to communicate to parents and/or dental practitioner the correct tooth. A tooth chart to refer to is a great resource for this. It can also be helpful in determining normal shedding /eruption schedule of teeth.

PERMANENT DENTITAION CHART

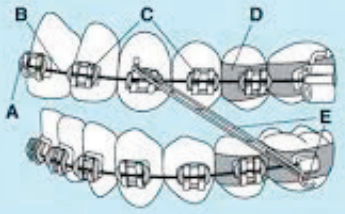


Upper Teeth	Erupt
Central incisor	7-8 years
Lateral incisor	8-9 years
Canine (cuspid)	11-12 years
First premolar (first bicuspid)	10-11 years
Second premolar (second bicuspid)	10-12 years
First molar	6-7 years
Second molar	12-13 years
Third molar (wisdom tooth)	17-21 years

Lower Teeth	Erupt
Third molar (wisdom tooth)	17-21 years
Second molar	12-13 years
First molar	6-7 years
Second premolar (second bicuspid)	10-12 years
First premolar (first bicuspid)	10-11 years
Canine (cuspid)	11-12 years
Lateral incisor	8-9 years
Central incisor	7-8 years

Source: Adapted with permission from the Arizona Department of Health Services, Office of Oral Health, courtesy of Don Altman, D.D.S., M.P.H. The assistance of the American Dental Hygienists' Association is gratefully acknowledged.

- With braces, it is also good to be familiar with the parts involved.



A. Ligsture
The archwire is held to each bracket with a ligature, which can be either a tiny elastic or twisted wire.

B. Archwire
The archwire is tied to all of the brackets and creates force to move teeth into proper alignment.

C. Brackets
Brackets are connected to the bands, or directly bonded on the teeth and hold the archwire in place.

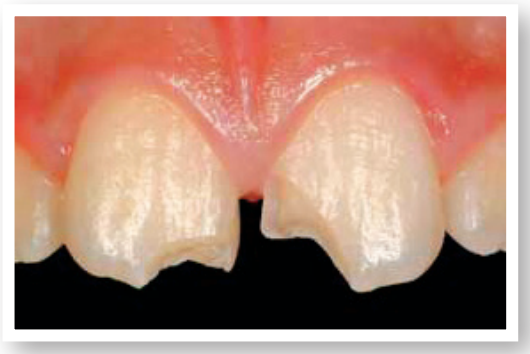
D. Metal Band
The band is the cemented ring of metal which wraps around the tooth.

E. Elastic Hooks & rubber Bands
Elastic hooks are used for the attachment of rubber bands, which help move teeth toward their final position.

Generally, local orthodontists will only repair braces so that no further injury or damage to camper's mouth/teeth occurs. Being able to explain to home practitioner what is occurring will help determine need for local follow-up before camp stay is over. Depending on the issue and the distance from camp to the camper's home, the parent may decide to come and take the camper to their usual provider.

- Solution for knocked out tooth—You want to keep tooth moist and root protected to give best case scenario to reimplant. Save-a-Tooth® is a common product for this purpose. In a pinch, you may also use milk or the victim's saliva. Another solution is to have the victim hold the tooth in mouth if you feel they would be able to do so without swallowing or increased damage to the tooth.

- A picture is worth a thousand words. If an injury such as a tooth chip occurs, it is helpful to send a picture so parents or dentist can see exactly what damage has been done. This extra step can be quite relieving to parents in understanding an injury. Hooray for our phone capabilities!



Communication

As the camp nurse, it is important to keep a good line of communication among parents, personal dentist/orthodontist and camp dental care provider. Not only is it important to communicate the present problem, but also any health history, camper behavior issues or reaction to dental care that could affect outcome of care. Knowing a camper's past experiences with dental issues beforehand could mean the difference between an uneventful appointment and one that could be very traumatic.

Health Promotion:

Take time during staff training to discuss importance of leaders to remind campers about importance of oral hygiene and first aid for mouth/dental injuries. Make sure you emphasize importance of personal protective equipment during mouth first aid. This is a good injury to do in scenario format.

Reference

www.enwikipedia.org/wiki/Dental-braces

www.ada.org/public.aspx

www.webmd.com/oral-health/guide/handling-dentalemergencies

Doris Nerderman, RN, BSN has had 28 years of camp nurse experience and is currently working for Family Care Options Inc, assisting developmentally disabled individuals to stay in their homes. She is a CompassPoint Editorial Board member and the most recent recipient of the Jean Otto Award.

Super Sleuth Answer

The injury is a dislocated patella. RICE (rest, ice, compression, elevate) is the treatment of choice until he can be further evaluated in an emergency department. Obviously, pain is an issue and immobilization needs to occur with a splint and pillows. The patient needs to go to the emergency room tonight and will be going home tomorrow with a serious injury that occurred at camp.

Beyond the immediate care for the patient, the nurse needs to consider communication and developing a culture of safety. First, let's consider communication. Communication with the camp director, the emergency department, transportation, and also the parents are all necessary. Considering that it is 12 midnight, this could be a challenge. Camp director notification and transportation happened easily in the camp setting. Written information with the emergency department was facilitated with the routine communication mechanisms. The parental notification was complex and it actually could not occur until the parents arrived to pick up their camper. It is not fun when camp ends with a camper injury. To notify parents when they arrive to pick up a camper is the worst case scenario. A nurse would like a "retake" of the night to avoid this situation, but that is not possible.

The other concept to consider is creating a culture of safety. It is obvious "horseplay" can be considered an unsafe high risk activity at times per this example. ACA has referred to horseplay as an unsafe activity when fun goes too far. "Some experienced directors might also say horseplay is an inherent risk that can be managed but not eliminated."[1] Several factors contribute to increasing the risk of injury during horseplay. These include fatigue, complacency as summer wears on, inadequate supervision, and situations aggravated when counselors lose sight of their role. Often horseplay results in a broken bone injury.[2] It is important to make counselors aware of the outcomes of horseplay that goes beyond fun. Create a culture that watches out for horseplay and address the issue during orientation, prior to injuries occurring. The other contributing factor to negative outcomes is fatigue, and the nurse needs to monitor this. What appears to be an unfortunate injury at camp can be addressed by pro-actively making a culture of safety a priority from day one of camp.

Reference

http://www.acacamps.org/campmag/1111/risk-management-why-camp-staff-hurt

http://www.acacamps.org/content/risk-management-counselor-awareness-improves-safety

For further reading consider this article at the ACA website: *Ten Ways to Reduce Injuries and Illnesses in Camp* by Barry Garst http://www.acacamps.org/campmag/issues/0903/reduce-injuries-illnesses

Our Super Sleuth is Barbara Hill, RN, MN CNE, CMSRN. Barbara is a faculty member at the Community College of Baltimore County and an experienced camp nurse. She is a CompassPoint Editorial Board member and a frequent CompassPoint contributor.

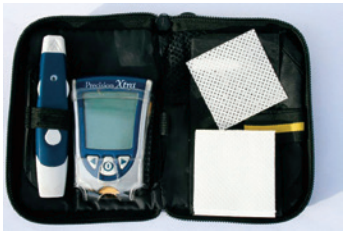
LOOK OUT for Super Sleuth in future issues!

New Products, New Ideas

Paula Lauer, RN BAN and Susan B. Baird, RN, MPH, MA

■ **Diabetic Dabs**

Diabetic Dabs are packets of fifty, small, individually-perforated sheets used to absorb the excess blood after testing sugar levels. These non-toxic packets adhere to the inside of any blood glucose testing kit, so they are always there when you need them. Simply attach, tear, dab, and dispose! So simple, yet so useful! Special pricing is available for camps when ordering. http://www.diabeticdabs.com/



■ **Handwashing Campaign**

Meet "Henry the Hand". A program started by a physician who is committed to making sure people wash hands and keep them away from their oral-pharyngeal area. The web site offers many ideas for incorporating the principles of this program into practice. www.henrythehand.org.

Mobile Apps Put Information at Your Fingertips!

■ The Centers for Disease Control and Prevention (CDC) has mobile apps for your tablet or smartphone. Check out the main agency app (includes health articles and disease of the week), the Solve the Outbreak app to help budding epidemiologists, the CDC Influenza app to track outbreaks, and the MMWR app for up-to-the-minute morbidity and mortality information. http://www.cdc.gov/mobile/mobileapp.html

■ A new game plan for concussions. Apple has developed new software in partnership with the Cleveland Clinic in Ohio for using iPads to take the mystery out of concussions with an app that lets trainers monitor symptoms moments after an even occurs. The app scores: processing speed, symptom severity, balance, simple reaction time, and choice reaction time. http://www.apple.com/your-verse/concussion-game-plan/

■ Other apps to consider adding to your resources:

- Epocraties free
- WebMD free
- The Red book free
- Photo Clinic Mobile free
- Fitzpatrick's Color Atlas and Synopsis of Clinical Dermatology $84.99
- Fitzpatrick's Color Atlas and Synopsis of Pediatric Dermatology $79.99
- Pocket Derm $0.99

FDA Drug Approvals

The FDA has recently approved two drugs that you may see at camp this summer.

■ **First sublingual allergen extract:**

FDA approved Oralair to treat allergic rhinitis (hay fever) with or without conjunctivitis that is induced by certain grass pollens in people ages 10 through 65 years. Oralair is the first sublingual allergen extract approved in the United States. After administration of the first dose at the health care provider's office, where the patient can be observed for potential adverse reactions, Oralair can be taken at home.

Oralair (Grass Pollen Allergen Extract)

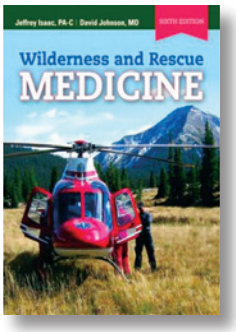
■ **Topamax approved for migraine prevention in adolescents:**

FDA approved Topamax (topiramate) for prevention (prophylaxis) of migraine headaches in adolescents ages 12 to 17. This is the first FDA approval of a drug for migraine prevention in this age group. The medication is taken on a daily basis to reduce the frequency of migraine headaches. Topamax was first approved by the FDA in 1996 to prevent seizures.

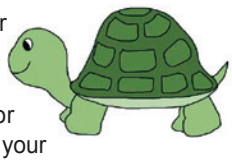
TOPAMAX (topiramate)

■ **Sixth Edition *Wilderness and Rescue Medicine* Available**

Wilderness and Rescue Medicine covers the requisite topics from altitude illness to SCUBA and snakebites to frostbite, but the text's most important features are the general principles that tie the content together. The text highlights the skills and insight needed to think critically and exercise reasonable judgment at any level of medical training. Now in its sixth edition, Wilderness and Rescue Medicine reflects the collaborative wisdom of hundreds of instructors, rescue personnel, and medical practitioners combined with the latest updates in field medicine. The content will be useful to all medical personnel, but is aimed primarily at the Wilderness First Responder and the Wilderness Emergency Medical Technicians. Camp nurses will find this resource helpful especially if the camp is wilderness oriented and the nurse is involved in preparing staff and campers for their adventures. $76.95



■ **Got Turtles?**



Turtles might have *Salmonella* germs on their bodies even when they appear healthy and clean. When people touch turtles, the germs can get on hands or clothing. This is true for any turtle—no matter if they are in a home, at your camp's nature center, or in the wild. Kids and turtles seem to attract one another. If there are turtles around your camp and especially if you have immunocompromised campers, you might want to look at "Pet Turtles: A Source of Germs" on the FDA's Animal and Veterinarian Web Site. www.fda.gov/animal/veterinary.

Are you heading off to camp this summer? If you use a new product or a familiar product in a new way and want to share that Information with our readers, we'd like to hear from you. Contact plauer@wisconsinlionscamp.com.

Association News

❖ New Benefit for ACN Members: Discounted Purchasing from Moore Medical

Over the years, ACN members have asked their camp to purchase Health Center supplies from Moore Medical. The company's ability to deliver across the U.S. as well as their broad inventory of supplies has made Moore Medical an attractive provider.

Moore Medical now offers ACN members and their camps even more incentive to purchase from them: discounted prices on hundreds of top-selling items through a purchasing program that has been set up exclusively for the Association of Camp Nurses.

To take advantage of this member benefit, contact one of Moore Medical's designated ACN Account Managers to link your existing account – or set up a new account – to ACN's program. The ACN Account Managers at Moore Medical are:

- Steve Serben:
  - 800-234-1464 (ext 5591)
  - steven.serben@mooremedical.com
- Mike Gilhuly
  - 800-234-1464 (ext 5395)
  - Mike.gilhuly@mooremedical.com

Steve and Mike will also be able to provide Moore's price list either as a PDF or a link to a new ACN – Moore Medical web page. Linking your account to the ACN program will also trigger a 15% discount on any item you may need that is not included on the standard ACN top supplies list.

Once you have your account linked to ACN's Moore Medical program, you'll be able to enjoy the special pricing regardless of how you prefer to order:

- By phone 800.234.1464 with any Moore rep;
- Online at www.mooremedical.com (the log-in with your account number and password); or
- Email to ACN@mooremedical.com.

If you need items now and don't have time to call and get your account linked to the ACN program, you may temporarily use ACN's promo code (Z347EHC2). Note that using this code will give you the special pricing on the top selling items list but not the 15% off on other items.

Preliminary review of Moore Medical 's program indicated good savings for ACN members, especially for items commonly used by camp Health Centers. Take advantage of it for your camp; get your account connected to ACN program today!

In addition, please tell the ACN office (erceg@campnurse.org or 218-586-2633) about your experience with this program. ACN remains interested in providing this kind of member benefit but only if it truly meets our needs.

❖ Join us on Facebook!

ACN is now on Facebook! You can find us at: www.facebook.com/AssociationOfCampNurses. Please give us a like and interact with us. The more you interact with us on Facebook, the more ACN will show up in your news feed. We are looking forward to having a good stream of information about camp nursing. ACN Board Member Paula Lauer, creator of ACN's link reports, "People have already started asking questions and sharing information. Come on over and join the fun!"

❖ *ACN's Research Seed Grant Program*

Members are reminded that ACN's Research Committee accepts proposals for its Research Seed Grant program. Guidelines are posted on ACN's website; awards vary from $100 - $1000. Recent Seed Grant recipients have included DNP projects and support for studies associated with either under- or post-grad research. Eligibility includes ACN nurse membership for the researcher.

Interested? Visit www.ACN.org and follow the research link and/or contact Dr. Ellen Buckner, PhD, RN, CNE and ACN's research chair at ebbuckner@gmail.com.

❖ ACN Board Endorses Certificate in Camp Nursing from Bemidji State University

- Looking for a way to boost your professional portfolio while developing a deeper understanding of camp nursing practice?
- Interested in adding graduate credits to your professional development plan?
- Want a learning experience that complements your schedule?

We're celebrating a milestone in nursing history! Bemidji State University (BSU, Bemidji, MN) has partnered with ACN to develop a Certificate in Camp Nursing. This is the first – and only – such program in the world. Designed as a post-baccalaureate experience that can be delivered in both the U.S. and Canada, focused learners can complete the certificate program in one calendar year. However, the first two courses will be offered at both undergrad and graduate level; that means that current seniors and people in RN-to-BSN programs can participate. The entire program is designed for online delivery; there is no requirement to be on-campus but, as one might suspect, some program assignments require that the learner has access to a camp community.

Although still subject to change, the certificate's course outline has been developed. All courses are required for the certificate but the first two can be taken to explore interest.

- Introduction to Camp Nursing (3 credits) presents the basics of camp nursing including the various roles of the nurse at camp, scope and standards of camp nursing, camp accreditation, clinical needs assessment, and camp nursing resources. This course will be offered in the autumn and spring.
- Roles and Responsibilities of Camp Nursing (3 credits) deepens the student's knowledge of professional camp nursing attributes. This course links concepts associated with nursing professionalization for the purpose of initiating change and improving camp nursing practice. Successful completion of Introduction to Camp Nursing is a pre-requisite.
- Professional Camp Nursing (3 credits) emphasizes the nursing process as a framework for providing care of campers and staff members. The content focuses on knowledge and practice related to holistic assessment strategies, medication administration, and common illnesses and injuries in the camp setting.
- Camp as Community: Epidemiology & Care of Camp Populations (3 credits) develops skill in assessing and analyzing camp health needs using epidemiology to improve a camp's health outcomes through reduced injury-illness events, communicable disease control measures, expanded emergency preparedness, and collaborative work with non-nurse professionals.
- Camp Nursing Capstone Experience (3 credits) is designed for the student to demonstrate attainment of programs outcomes by participating in "at camp" nursing experience. Completion of this course requires a two week commitment at a camp selected by the student with faculty approval.

As you might suspect, many details are still being worked through. And yes, BSU has a process that students can access if they believe their camp nursing experience meets course objectives. Because these are university courses, cost for the Certificate will be based on BSU's price per credit.

Interested? If you'd like additional information or to be placed on BSU's mailing list for the Certificate in Camp Nursing, please send an email to Dean Jeannine Gangeness (JGangeness@bemidjistate.edu) or Linda Erceg (erceg@campnurse.org).

❖ Hiring Update for Executive Director Position

ACN continues to move its Executive Director search forward. Following a plan developed by the Board, the ED Search & Screening Committee – Susan Baird (chair), Cheryl Bernknopf (Board representative) and Bill Jones (member) – have reviewed applications and, as *CompassPoint* goes to press, are moving forward with interviews for selected candidates. The committee will soon bring their recommendation(s) forward to the Board, the group that holds responsibility for making this hire. Assuming things continue as planned, we are hoping to announce ACN's next Executive Director by early autumn. If you recall, Linda Erceg is stepping back from the position at the end of this calendar. The new ED will assume the role by 1 January 2015.

❖ OCA Camp Nurse Conference a Success!

Chaired by Bev Unger (see photo; Bev's in the red t-shirt), the Ontario Camping Association's (OCA) Healthcare Committee held its annual spring training on Saturday 3 May, in the Toronto area. Eighty-one healthcare professionals attended and enjoyed a day immersed in getting updated for the soon-to-arrive summer camp season. Like ACN's Camp Nurse Symposium, this conference moved camp nursing forward. Sessions included anaphylaxis update, MESH topic, documentation tips, insurance information for the camp nurse and various "Lunch & Learn" table topics. Board member Cheryl Bernknopf as well as several other ACN members attended; they included people like Pearl Bell with her 52 years of camp nursing experience. Pearl is wearing the black hoodie in the photo and is seated in front of Bev.

Nurse's Self-Report of the Extent of Implementation of the Scope and Standards of Camp Nursing Practice

Continued from page 15

Wright, L. (2008). Top 10 risk management strategies for Kentucky nurses. *Kentucky Nurse, 56*(3). Retrieved from http://ehis.ebscohost.com/ehost/pdfviewer/pdfviewer?sid=2c8e0a51-64c1-4067-89c1-499a8966a2cf%40sessionmgr110&vid=14&hid=109

Zander, K. (2011). Everything I learned from case management I used….. as a camp nurse!. *New Definition, 26*(1), 1-3.

Beth Schultz, DNP, RN is the Co-Chair of Undergraduate Studies and Associate Professor of Nursing, Anderson University School of Nursing. She maintains an active nursing practice in the acute care setting and has extensive experience as a camp nurse in various camp settings. Contact Dr. Schultz at bschultz@andersonuniversity.edu.

Cynthia F. Powers, DNP, RN-BC, CNN, NEA-BC, is Associate Professor and Chair, Nursing Administration, Nursing Education, and Executive Leadership Tracks, Graduate Nursing Programs of School of Nursing, Union University, Jackson, TN. In addition to teaching she has extensive experience in nephrology and has served at a summer camp for children with CKD. Contact Dr. Powers at cpowers@uu.edu.

Patty-Jeanne Slaughter, Ph.D. is an Associate Professor of Psychology and Chair of the Department of Behavioral Sciences at Anderson University. She is a licensed psychologist (NC and NY) and worked in community mental health and private practice prior to entering full-time teaching. Dr. Slaughter can be contacted at pslaughter@andersonuniversity.edu

2013 Annual Report
of the Association of Camp Nurses

The Association of Camp Nurses (ACN) exists to improve the health of the camp community by supporting the practice of camp nursing. With a focus on the camp nurse and recognition that the concept of camp health is shared among many camp professionals, the Association has stated that it'll know its mission has been accomplished when:

- There is an appropriate healthcare provider(s) at every camp;
- A body of knowledge exists that directs camp health services; and
- The camp experience is intentionally designed to improve wellness.

These statements, known as ACN's Ends Statements, guide the Association's decision making. Everything the Association does should contribute to advancing – if not accomplishing – at least one of the Ends Statements. This Report provides testimony of that effort. It describes how the Association of Camp Nurses progressed toward meeting its Ends Statement during 2013.

Marking 2013's Progress toward Accomplishing the Mission

Appropriate Healthcare Provider at Every Camp

- Camp nurse ads on ACN's website directed interested nurses to camps that needed them.
- An updated grid of healthcare professionals who work at camp helped camp leaders determine the best mix of providers for their program.
- Expanding member involvement in committees and the Leadership Team built capacity.
- Expanded presence in Facebook enabled connections among camp healthcare professionals.

The Body of Knowledge

- The Hallmarks of a Healthy Camp Community was revised and published.
- Practice Guidelines in screening, documentation, medication, delegation and communicable illness were released.
- A series of webinars, articles and presentations – including those done in collaboration with ACA and the Healthy Camp initiative – expanded the practice toolbox of camp nurses.
- Continuing education units were available for a *CompassPoint* article and Symposium sessions.
- *CompassPoint's* peer review process strengthened published articles and contributed to professional indexing for retrieval of information beyond ACN's circulation efforts.

Camp Experience Improves Wellness

- The Healthy People 2020 objectives were shaped for the camp community and a data collection process initiated to measure the wellness profile of the camp community.
- Camp Nurse of the Year Award drew focus to how nurses improve the health profile of their individual camps.
- ACN members presented at conferences, developed webinars and wrote articles that were used by camp professionals to improve their camp's injury-illness profile.

Awards Highlight Achievement

2013 Research Awards: Best Published Study and Best Dissertation

Woods, K., Mayes, S., Bartley, E., Fedele, D., & Ryan, J. (2013). An Evaluation of Psychosocial Outcomes for Children and Adolescents Attending a Summer Camp for Youth With Chronic Illness. Children's Health Care, 42(1), 85–98. doi:10.1080/02739615.2013.753822

Jacobs, A. L. (2013). An Exploration into the Phenomenon of Bullying in the Jewish Residential Camp Setting through the Perspective of Bunk Counselors (Psy.D.). Alliant International University, United States -- California. DAI-B 73/11(E), May 2013.

The award was determined by a panel of reviewers from the ACN Research Committee. Over 35 articles and dissertations published in 2013 were reviewed for the award. The award includes a certificate of recognition and one year membership in ACN The committee would like to congratulate all those who have contributed to the knowledge of camp nursing and effects of camp on child, adolescent, and adult health.

Respectfully submitted,
Ellen Buckner PhD, RN, CNE
ACN Research Chair

Schultz Receives Research Seed Grant Award

Beth E. Schultz RN, MSN, with faculty advisor Cynthia Powers, BSHA, DNP, RN-BC, CNN, from Union University in Tennessee received the 2013 Research Seed Grant for her study, "Do camp nurses follow the scope and standards of camp nursing practice?" The $1000 Award covered expenses associated with her research. This proposal was the second by a DNP student. The study examined nurse perceptions of practice based on Camp Nursing Scope and Standards. The Schultz study will bring awareness to the importance of camp nursing's Scope and Standards, a professional measure of the practice.

Gaslin Receives Camp Nurse of the Year Award

Cited for her outstanding contributions to improve the health profile of her campers and staff, Tracey Gaslin, PhD, CRNi, CPNP, FNP-BC was the first recipient of ACN's newest award, Camp Nurse of the Year. Tracey went above the required elements of her job description by figuring out a way to bring healthcare to her medicallly compromised campers so they could stay engaged in their activities, adding a nursing credential to better serve her clients, developing a camper acuity measurement scale to more appropriately determine staffing needs, and implementing a special camp session just for kids with severe food allergies. The award, one ACN looks forward to giving on an annual basis, honors the exceptional work some camp nurses provide. Because of their efforts, their campers and staff are, indeed, more healthy.

Kassels Recieves the *CompassPoint* Writing Award

Many *CompassPoint* readers recall Stephanie Kassels', DNP, FNP-C, CDE, instructive article, "Campers with Diabetes: Understanding Management, Asking the Right Questions and Preparing a Plan" (23:4, 3-6). Stephanie was honored with ACN's Writing Award for that peer-reviewed article. It presented information about diabetes that was usable for any camp nurse working with campers who had diabetes. Stephanie's charts made the information extremely useable. Her content will guide many camp nurses this summer!

Table 1.
Statement of Financial Activities
1 January – 31 December 2013

REVENUE	
Dues and Fees	$ 23,055.00
Advertisements (web)	$ 12,270.00
Money Market Interest	$ 159.69
Conference Income	$ 17,912.50
Sale of Publications	$ 1,111.50
ACN Identity Clothing Sales	$ .00
Camp Nurse Store Sales	$ 2,476.20
Miscellaneous	$4,532.88
Total Revenue:	$ 61,517.77
EXPENSES	
Board Events	$ 473.62
Books & Memberships	$ 204.00
Camp Nurse Store:	
Cost of Sales	$ 967.70
Sales Tax	$ 231.00
Merchant Fees	$ 4,034.56
CompassPoint Expenses	$ 11,994.63
Conference Expenses	$ 7,945.25
Continuing Education Expenses	$ .00
Depreciation	$ 226.74
Insurance	$ 1,194.00
Member Recruitment	$ .00
Miscellaneous	$ .00
Office Expenses	$ 376.42
Payroll Taxes	$ 913.57
Postage & Freight	$ 2,916.90
Professional Fees	$ 1,830.00
Research Committee	$ .00
Telephone	$ 395.00
Travel	$ .00
Website Maintenance	$ 987.50
Wages & Salaries	$ 10,503.96
Equity to 2014 Conference + Advance	$11,322.92
Deposit to Money Market Savings	$5,000.00
Total Expenses:	$ 61,517.77
ASSETS	
Cash in Checking	$ 3,385.03
Cash in Money Market	$ 100,637.94
Cash in Certificate of Deposit	$ 2,851.47
Cash in Merchant Account	$ 33,042.52
Store Inventory	$ 716.58
Total Assets:	$ 140,633.54
LIABILITIES	
Prepaid Memberships	$ 3,600.00
Sales Tax Payable	$ 231.00
Accrued FICA and Federal W/H	$ 382.50
Accrued Federal & Sate US Tax	$ 60.02
Total Liabilities:	$ 4,273.52
Total Net Assets:	**$ 136,360.02**

A Vibrant Association

While making progress in accomplishing ACN's mission was evident, attending to operational matters lays the groundwork for continued Association existence. Toward that end and like other years, ACN reports a strong financial profile. The Association has adequate dollars to both sustain initiatives as well as provide a reserve (see Table 1).

One of the Board's critical concerns focused on succession planning for the Executive Director (ED). The current ED will step back at the end of 2014; consequently, the Board refined the ED job description, laid out a recruitment plan, and appointed a screening committee. 2013 brought implementation of this plan, an initiative that will bridge into 2014. ACN members Susan Baird (chair), Bill Jones and Cheryl Bernknopf (Board) sit on the ED screening committee.

As many members have already discovered, ACN's social media presence expanded when Board member Paula Lauer developed ACN's Facebook page. In Paula's words:

"ACN's Facebook page is here! Our Facebook page is up and rolling. We are trying hard to continually stay up-to-date with technology to meet the needs of our members. We have heard loud and clear that you want to be in community with other camp nurses. Check out our Facebook page, give us a like, leave a comment, and share your camp nursing experience. And let me give you a hint of what is coming in 2014: tweet tweet!"

Paula Lauer monitors ACN's Facebook page and plans for more social media presence.

ACN Members Make the Experience

Members make ACN function. It's that simple. With one very part-time paid staff member, it's ACN's community of camp professionals – especially the camp nurses – that makes the organization hum. Whether donning weird hats during the Symposium's Exhibit Hall (top photo), practicing how to make and use Pinocchio Sticks for bloody noses at an educational session (middle), or consulting one another – as (L to R) Board members Tracey Gaslin, Lisa Cranwell-Bruce and Paula Lauer are doing in the bottom photo – member interaction, discussion and work are responsible for ACN accomplishments.

❖ ACN's leadership team – a group of 36 members with deep camp nursing experience – collaborated to create five Practice Guidelines. These are available online at www.ACN.org.

❖ ACN established a relationship with Bemidji State University to develop a post-baccalaureate Certificate in Camp Nursing. Members Tracey Gaslin, Jeana Wilcox, Lisa Cranwell-Bruce and Linda Erceg wrote the Certificate's syllabi. The program will be adapted for Canadian camp nurses to access. The program's first students will start in September 2014.

❖ Fourteen ACN members presented at the 2013 Camp Nurse Symposium and 23 members contributed articles to *CompassPoint*, still ACN's top-ranked member benefit. Whether indexed in CINAHL or proving contact hours, knowledge sharing among members is highly valued and responsible for advancing the practice.

❖ Continued collaboration with the American Camp Association's Healthy Camp initiative resulted in ACN members contributing to webinars, conference presentations and articles as the concept of a healthy camp took deeper root within the larger camp community.

For what was accomplished in 2013, thank you!
For what is to come - yes!

Association of Camp Nurses
8630 Thorsonveien NE
Bemidji, Minnesota 56601

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Bullying in the Camp Setting

Continued from page 18

Additional Resources

http://www.campparents.org/understanding-bullying-tips-for-parents
http://www.eyesonbullying.org/camp.html
http://www.stopbullying.gov/what-is-bullying/
http://kidshealth.org/teen/school_jobs/bullying/bullies.html
http://www.who.int/bulletin/volumes/88/6/10-077123/en/
http://www.hazelden.org/web/go/olweus

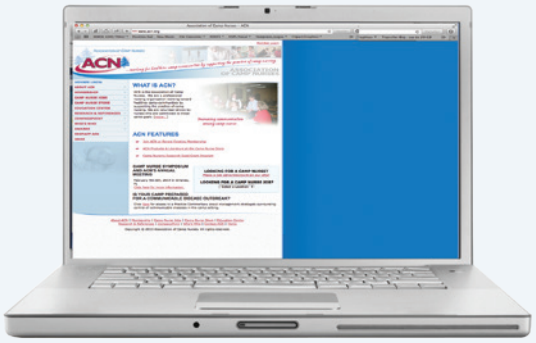
Acknowledgements: The authors would like to thank the many camp directors, counselors, campers, and colleagues who have contributed to our growth in these areas over the years. We would like to invite others to share training materials that can be incorporated into camp settings to teach and reinforce positive camp environments.

Ashley Marass DNP, CPNP is an assistant professor in pediatric nursing at the College of Nursing, University of South Alabama. She has extensive experience in camp nursing including work with a camp for children with HIV. Contact Dr. Marass at amarass@southalabama.edu. Susan G. Williams MSN, RN has been full time faculty at the University of South Alabama since 2005 teaching in the Traditional BSN, Accelerated BSN and RN to BSN program in Community/Mental Health. She is actively involved in the Mobile Communities Against Bullying and works with this group of concerned citizens to help prevent bullying in school using the Olweus Bullying Prevention Program. She has helped to develop a High School Climate survey which inquires about issues such as stress, bullying, depressive symptoms, anxiety, and general school climate. Susan is a 4th year PhD student at the University of Alabama at Birmingham and a Fellow in the Leadership and Education in Child Health Nursing Maternal Child Health trainee grant. Her area of research is on stress, bullying, cortisol, and how these issues relate to depressive symptoms. Ellen B. Buckner, PhD, RN, CNE is Professor, College of Nursing, University of South Alabama, and chairs the Honors in Nursing track. She serves as ACN Research Chair in addition to her faculty responsibilities. Contact Dr. Buckner at ebuckner@southalabama.edu.

ACN Seeking Input from Camp Nurses

ACN is revising its Camp Nurse Interview Tool. This tool is made available to camp professionals who place their Camp Nurse Ad on ACN's website. In doing the update, here's our question to you:

what one question do you wish a camp director would ask prospective camp nurses?



Send your suggestions to Executive Director, Linda Erceg, at erceg@campnurse.org — today!