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– My View –
Camp Nurses Are the Ultimate Experiential Marketers

Kelley Freridge

In the marketing world there's a specialty, or focus, called "experiential marketing." Some folks may also refer to it as "field marketing," "event marketing," "on-ground marketing," or "live activation marketing." The purpose of experiential marketing is to create an impactful and lasting impression to increase brand awareness and build brand loyalty — through experience.

While I have never been a camp nurse, I do remember the way the camp nurse was celebrated at the camp I grew up attending in Bloomingdale, Michigan. Being able to recall how an individual was celebrated 30+ years ago helped me connect the dots and reflect on how the camp nurse is the ultimate experiential marketer.

Here is one of my favorite examples of exceptional experiential marketing:

> **The American Red Cross and Game of Thrones collab at SXSW in 2019**
> *Together, to celebrate the final season of* Game of Thrones*, HBO and the American Red Cross asked fans if they would literally bleed for the throne by asking all eligible individuals to help alleviate blood shortages and donate blood. Heeding the call, fans entered a real-life Westeros-inspired experience built by creative agency Giant Spoon. Entering the fictional world, fans were fully immersed into the culture and asked to bend at the knee and pledge to the ruler that you would bleed for the throne. The end result: more than 3,000 blood donations in three days and a boatload of media coverage.*

Photo by Willian B. on Unsplash

The team that built the set has a case study here if you want to learn more: https://accpl.co/case-studies/hbo/. And *Adweek* coverage can be found here: https://youtu.be/KfohIny5C1Y.

The reason this example is so excellent in my mind is that it challenges the way we think about something — in this case giving blood — through a truly immersive experience. Let's be honest, for most nonmedical professionals, giving blood makes you feel a little queasy, and there's nothing glamourous about the experience. Yet, through experiential activation the general public is asked to frame giving blood as something you would do out of allegiance, for the greater good — something with purpose. So,

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– Editorial – What's Your Ism?

There are a lot of isms out there. Racism. Ageism. Sexism. Author Hank Davis, PhD, said, "For better or worse, our species has evolved with a pervasive need to classify and judge" (Davis, 2019). That means there is frequently an us-versus-them scenario at play.

Davis says, "Keep in mind that as long as there's an 'us and them,' there's going to be trouble eventually. Being one of the 'us' can feel dandy. You've got support. A group. A tribe. Somebody's got your back. But wherever there's an 'us,' there's a 'them.' And being a 'them' doesn't feel so good. It means being excluded, demeaned, ostracized. Put down. Disempowered" (Davis, 2019).

According to *Greater Good Magazine* writer Jill Suttie, Author Dolly Chugh, who wrote *The Person You Mean to Be: How Good People Fight Bias,* said, "Noticing differences between people is a natural part of being a human being. But, because society so often marginalizes certain groups of people — such as women, transgender people, or the differently abled — we are all swimming in a 'soup' of bias that enters our brains and is hard to dislodge. Even people with very pronounced beliefs in equality and social inclusion will carry bias, often at an unconscious level (Suttie, 2018).

So, what do we do about all this judgment — intentional or otherwise? Chugh has some suggestions, including keeping a growth mindset, so we don't lose sight of being learners. Suttie relays, "When we remember that we are learners and don't have to be perfect, we are more open to understanding our biases and engaging with others around 'isms' like racism and sexism. People who believe in a growth mindset — that learning comes through effort — feel less need to be right, rebound better from mistakes and persevere, and are more willing to take responsibility for transgressions (Suttie, 2018).

And we have to engage with the people and system around us. While we may believe that teaching kids not to notice difference will help them avoid prejudice, research actually suggests that children will notice difference from birth and create their own narratives regarding race, gender, and disabilities if adult guidance from parents and caregivers is not given (Suttie, 2018).

It seems to me, then, that camp is an excellent environment for combating those detrimental isms. Camp fosters a growth mindset and encourages a whole lot of community engagement. With some effort, we can all help make camp an us *and* them

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COVID-19 Considerations for Summer 2021

Alexandra Dubin, MS
Tracey Gaslin, PhD, CPNP, FNP-BC, CRNI

Summer 2021 has arrived, and the lessons learned from summer 2020 offer insight into promising practices for this camp season. The Association of Camp Nursing (ACN) collected data in the fall of 2020 from a sample of 181 ACN members who completed a survey regarding health-care practices in the summer of 2020 after the onset of the COVID-19 pandemic. A smaller sample of this group was also recruited for one-on-one interviews to gain more in-depth knowledge about camp health care.

Most camps used a layered approach to safety, employing a variety of nonpharmaceutical interventions (NPIs). These NPIs included prescreening, cohorting, hand hygiene, ventilation, social distancing, sanitizing, and face masks. The use of many NPIs in tandem affirmed that no one NPI is fully effective at mitigating the spread of COVID-19, but fuller coverage from disease spread can be achieved by implementing a variety of NPIs. These NPIs will be critical as the current summer progresses, in addition to new health-promoting strategies that were not as readily available in summer 2020: testing and vaccinations.

Widespread testing provides camps another tool to help make sure individuals arrive to camp in a healthy state and a means to monitor those who might develop illness symptoms. Vaccinations have been approved down to 12 years of age (approved May 10, 2021). Having fully vaccinated staff at camp can be a significant benefit to not only mitigating COVID-19 risks, but also allowing for opportunities to address the social and emotional needs of staff (i.e., fully vaccinated staff able to come together indoors, unmasked, and not physically distanced on their days off).

Beyond NPI usage, summer 2020 highlighted many insights into safe camp operations. ACN found that prescreening procedures not only acted as a tool to monitor symptoms, but the process also promoted self-awareness of personal health status. This was important because individuals developed a daily awareness of health and were able to carry that self-care forward and more quickly identify when their personal health was deteriorating. If we can identify illness early, we can speed prevention of transmission to others.

ACN learned that creating access points to handwashing was key to encouraging individuals to wash frequently. Handwashing that was only available in certain camp buildings made it much more difficult to encourage frequent hand hygiene. Therefore, camps created simple, inexpensive hand-washing stations at multiple locations (i.e., fishing dock, archery range, climbing wall), allowing campers and staff to perform hand hygiene prior to and after participation in activities.

Physical distancing, despite its importance, was a challenge for many camps. The CDC continues to encourage physical distancing this summer, and we learned that using strong visual aids was a great tool to help remind everyone about proper distancing. Many camps used duct tape and spray paint to mark areas and support efforts to keep cohorts separate and individuals spaced apart.

Ventilation was encouraged early in 2020, but only a sparse amount of data was available to support guidance in this area. After summer 2020, ACN qualitative research identified that camps that moved all activities, health services, and food service outside had no cases of COVID. This did reinforce the importance of finding ways to add ambient air movement to any and all activities when possible — and the best way identified was to move camp operations outdoors. The CDC camp guidance reinforces our findings in their recommendations for this summer.

Camp health services had to make changes to more effectively incorporate NPIs in their operations. Camps moved their health services outdoors to add ventilation and distancing to their existing NPIs (i.e., masking, hand hygiene, sanitizing). Health-care providers began mobile services to take health care to the cohorts to prevent congregation of youth at the health center. A third activity was the introduction of "drive-through check-in" procedures to limit the number of ancillary people on camp grounds and further limit potential exposure.

Many creative steps were initiated to promote the use of NPIs at camp. We hope this brief summary will provide some insight regarding steps that camps can consider for sessions going on now. Follow your state requirements, review the CDC guidance, and, as always, do your best to care for youth and staff in your care. Camp is critical for youth development and for all of us who love and value this experience. We hope these NPIs and considerations will continue to improve the health and well-being of camp communities long after the COVID-19 pandemic subsides.

Ongoing Efforts for COVID-19 Prevention: What About Face Masks

Laura Blaisdell, MD/MPH, FAAP, and Tracey Gaslin, PhD, CPNP, FNP-BC, CRNI, RN-BC

Used with permission from the American Camp Association (July 2021)

When camps receive negative COVID-19 screening tests, it is a result of deliberate planning, excellent communication, earned compliance, diligent execution — and a little luck! The situation of achieving negative tests is reflective of the multiple layers of nonpharmaceutical interventions (NPIs) your camp has employed and program changes that come as a benefit of these layers. Camps with lower degrees of protective layers are at greater risk of COVID-19 transmission. Many camps ask what can be changed or loosened in their programs after negative testing. Can they remove masks? Can they stop cohorting? Do they still have to encourage physical distancing?

Points to Consider

A major consideration prior to changing policies is the degree of **migration in and out of camp**-— especially by those unvaccinated to COVID-19 or those persons engaging in high-risk activities regardless of vaccination status. Why? These individuals are the most likely in your community to bring COVID-19 into camp. Day camps by definition have migration in and out of camp and, as such, should be wary of loosening other NPIs such as cohorting, distancing, and masking. Camps can lower the risk of migration in and out of camp by insisting that ***all staff regardless of immunization status*** do only low-risk activities when off camp, such as those that can be done masked and distanced, and only remove masks when outdoors (i.e., eating). Overnight camps can further minimize their migration risk by keeping *unvaccinated or partially vaccinated staff on camp* or taken off camp through supervised low-risk activities. Vaccination continues to protect against circulating COVID-19 strains, but as the delta variant becomes the dominant strain, its “hyper-transmissibility” is of particular worry for non-fully vaccinated individuals who go off camp or for day camps. If non- or partially vaccinated persons must leave or have high-risk exposures, camps should be careful to minimize their exposure to your unvaccinated campers and consider a screening testing cadence for these individuals. Day camps, especially in areas of higher COVID-19 transmission, should consider screening testing akin to the testing programs of many schools with regular weekly or biweekly screening testing.

Another consideration is that if we remove our masks and expand our cohorts, many other viruses will take advantage. Many camps have already experienced the rise in non-COVID-19 colds and strep throat triggering isolation and COVID-19 testing. Your camp health center needs to be prepared to evaluate and manage symptoms as they arise and be able to ensure that the symptoms are not COVID-19, if necessary. The NPIs of masking, distancing, hand hygiene, daily health screenings, early identification, and isolation help keep respiratory illnesses, not just COVID-19, at bay.

If you have protected your camp “bubble” and have negative post-arrival screening tests, what now? First and foremost, camps should adhere to their state and local public health guidance. If allowable, camps could consider collapsing smaller cohorts into larger ones that allow for expanded programming opportunities. Could your bunks be made into an age group cohort? Could vaccine-eligible age groups with higher vaccination rates be made a single cohort? Maintaining firewalls between cohorts decreases risk of infectious spread across cohorts if COVID-19 (or other viral illnesses) spreads. Therefore, if considering expanding cohorts, consider enhancing other NPIs (handwashing, ventilation, screening) to help minimize spread of respiratory illnesses.

What changes could be considered in your masking policies?

The federal Centers for Disease Control and Prevention (CDC) camp guidance recommends masking indoors for unvaccinated persons and masking outdoors for unvaccinated persons if in an area of high transmission where distancing cannot be done. Additional guidance about cohorts indicates that they are living units of permissible maskless/nondistanced interaction. What are the impacts for face masks if you decide to collapse or change your cohorts? Consider the implications

for not only COVID-19 but transmission of other respiratory conditions. Your local and state public health guidance may have different instructions; therefore, be sure to follow their requirements.

However, when camps have done due diligence as mentioned above and have negative tests from all in the community, they might consider allowing campers and staff to not wear a mask when outdoors, regardless of vaccination status. While the transmission rate of COVID-19 is lower outside, camps must know that the definition of prolonged contact remains the same whether indoors or outdoors. We know that COVID-19 and other respiratory diseases spread more easily indoors, and camps are strongly advised to maintain masking for unvaccinated persons in this setting, particularly if multiple cohorts are using a crowded indoor space. *The decision to not mask indoors or outdoors after testing essentially results in a single cohort for camp.* If camps choose this route, they must consider their capacity related to contact tracing, isolation, and quarantine, and what it would mean for their camp in terms of numbers, severity of infected individuals, facilities, and end of the program.

Camps must balance multiple concepts when making the decision to not mask:

1. The exceedingly low risk of COVID-19 in camp after a lengthy and diligent multi-layered NPI approach including testing, time, and migration in and out of camp
2. The desire and/or need of the camp program to allow unmasked activities
3. The impact of contact tracing, isolation, and quarantine capacity should COVID-19 occur
4. The use of other NPIs that are in place to address transmission risks

Determining your camp's path forward may look different or nuanced from other camps. Ultimately, camps must balance tolerance for small, but real and non-zero risks, with the unique and individual needs of our camp programs. As we each decide on our goals for the summer, most of us would include "no COVID-19" in that list. How the diverse and creative camp community works toward layering NPIs to achieve that goal will look different — yet we must learn from prior outbreaks that negative tests alone may not sufficiently help us meet that goal.

Laura Blaisdell, MD/MPH, FAAP, is the medical director at Camp Winnebago in Maine. She has worked with camps at the state and national level to consider best communicable disease practices in the camp setting.

Super Sleuth

Karen DeDominicis, BSN, RN

A camp counselor approaches you with one of her campers to show you a "spot" on her camper's arm that has her concerned. The camper denies injuy, a bite, or itching. You do not see any drainage, simply a circular patch. The camper states it has been there "for a while," but it does not really bother her. You ask her if she has any other places like this on her body, which she denies. What is the probable diagnosis?

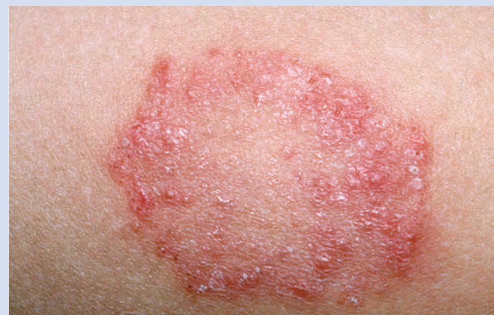

Image from: https://www.webmd.com/children/ss/slideshow-common-childhood-skin-problems

The answer is on page 23

Immunization Requirements, Policies, and Practices in US Summer Camps

Carissa Bunke, MD, Tracey Gaslin, PhD, Andrew Hashikawa, MD, and Barry Garst, PhD

Abstract: *This article reviews key findings and implications of an assessment of the current state of summer camps' immunization requirements, policies, and practices.*

Research shows that vaccine-preventable outbreaks are on the rise. With more than 20 million children attending summer camps every year, there is an increasing need for research on immunization policies and practices in the summer camp environment. While all 50 states require immunizations for children attending public schools, most do not mandate immunizations for campers.

The American Academy of Pediatrics (AAP) and the Association of Camp Nursing (ACN) recommend all campers and staff receive vaccinations, but despite this, camp leaderships' immunization practices and perspectives have not been well characterized. Our goal was to assess the current state of summer camps' immunization requirements, policies, and practices by surveying a large, national cohort of camp leadership. In April, we were able to publish our research findings in *JAMA Pediatrics*. Here, we will review key findings and implications from our study.

What We Did:

We partnered with CampDoc.com, an online camp electronic health record system, and the Association of Camp Nursing to conduct a 20-question online survey of camp leadership (camp directors, nurses, office staff, physicians, owners, emergency medical technicians) about current immunization requirements, policies, and beliefs at their camps. One response was chosen from each camp by predetermined criteria, and data were analyzed using a mix of descriptive statistics and regression analysis. We were able to recruit 343 individual camps to participate in our study between November and December of 2019.

Vaccine	Required	Not Required	Unsure
MMR	52%	23%	26%
DTaP	50%	22%	27%
Tdap or Td	50%	22%	28%
IPV	41%	27%	32%
Hep B	39%	28%	33%
Varicella	29%	29%	34%
Hib	28%	37%	34%
Hep A	28%	37%	34%
Meningococcal A	26%	36%	37%
Men B	21%	41%	38%
PCV13 or PPSV23	18%	43%	39%
Rotavirus	18%	44%	38%
HPV	12%	51%	37%
Influenza	11%	53%	36%

Table 1. Percentage of camps requiring various immunizations.

What We Found:

- Many camps did not have written immunization policies: Only 50 percent (n=174) of camps reported having an immunization policy for campers and 39 percent (n=133) for staff.
- Many camps did not require important immunizations: Table 1 shows the percentages.
- Leadership had concerns: Most leadership, (80 percent (n=276), agreed that campers should be fully immunized before attending camp. However, 20 percent (n=68) responded that camps might lose significant numbers of campers by requiring immunizations.
- Many camps allowed nonmedical vaccine exemptions: Fifty-four percent (n=181) allowed unvaccinated children with nonmedical exemptions to attend camp.
- Some camps reported experiencing vaccine-preventable outbreaks: Three percent (n=10) of camps experienced a vaccine-preventable outbreak, and 14 percent (n=47) were warned of potential county exposures within the past two years.
- Camps most likely to have immunization policies: Using regression analysis, we found that camps were more likely to report having a policy requiring immunization for campers if camp leadership believed all campers should be immunized or if camps were located in states requiring immunization. Camps were less likely to have a policy when accepting nonmedical immunization waivers.

Summer camps are often overlooked environments when considering the spread of vaccine-preventable diseases. Our study was the first to look at a national sampling of camp leaderships' views on immunization policies. Despite a widely

disseminated AAP policy, a substantial proportion of camp leadership reported not having a written immunization policy, and over half of camps allow unvaccinated campers with nonmedical exemptions.

While 100-percent vaccination rates in camps may not be possible, an improvement in vaccine policies may lead to enough of an increase in immunization rates to achieve herd immunity. Reasons for the lack of policies among camps are multifactorial and highlight challenges camp leadership face, including lack of legislative requirements for vaccine documentation, difficulty obtaining accurate immunization records, and concern for losing participants and business. However, given the ongoing COVID-19 pandemic and the importance of immunizations, camp leadership must reexamine their vaccine policies and collaborate with pediatricians and public health experts to advocate for immunization policies that optimize the health of all children in camps.

You can find the full research article with recommendations for practice at JAMA: https://jamanetwork.com/journals/jamapediatrics/fullarticle/2755831.

– My View –
Camp Nurses Are the Ultimate Experiential Marketers

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that's it. Great experiential marketing can turn your average Joe attending SXSW into a brave knight kneeling before the queen and pledging his allegiance and brand loyalty.

So, let's circle back around to the marketing impact a camp nurse has on the camp experience. In your role as the camp nurse, you encounter campers in various states of vulnerability and health. Your ability to build surprise and delight into a camper's experience when they encounter you or visit the medical facility at camp is important. You know that a visit to the camp nurse for a sprained ankle can be scary, or a visit for necessary meds at bedtime frustrating. So we must ask how the experience can change the camper's perception from scary or frustrating into a magical and whimsical part of a great camp experience. What's the opposite of a cold, sterile medical experience?

Taking inspiration from our excellent Red Cross / Game of Thrones example, here are some ideas to consider:

- **Music and Sounds** — What could the camp medical facility sound like? What kind of music could you play when campers are around that would alter the experience? What if the doorbell sounds like a hundred frogs or moos like a cow?
- **Facility Build-out** — What role could the structures in the facility play to alter the experience? Could the door be built and painted to look like a castle door or a mountain hut? Is there an opportunity to have a faux balcony with Rapunzel's braid hanging down to the ground? Could seats be toadstools or a VW bus cut in half? What about a spaceship or a room that looks like it was built with LEGO bricks?
- **Costumes and Lighting** — What if everyone is required to wear a crown or a tiara when they enter the building? What if you had a collection of hard hats and safety vests to be worn by counselors when they bring kids in? What if you covered your smocks in rhinestones, glitter, and sequins?
- **Scripts and Passwords** — What if you must knock on the door three times and sing a song in a nonemergency trip to the nurse? Consider the magic words of Harry Potter, "I solemnly swear I am up to no good," and ask how you can make play and theatre requirements of the experience.

Every nurse I know understands the role experience plays in health outcomes. But you can expand those outcomes beyond health by considering ways to foster brand loyalty through the experience campers have with the camp nurse and health facility and word-of-mouth referrals to the program based on that experience.

Camp nurses have a remarkable opportunity to be the best experiential marketers we know.

Kelley Freridge is chief marketing officer for the American Camp Association.

The Diversity of COVID-19 Impacts

Association of Camp Nursing

The year 2020 was one that none of us will likely forget. We walked through significant changes in almost every aspect of our lives: closure of schools and universities, little to no interaction with peers, separation from family, working from home, and wearing masks in all public settings have had a deep impact. As we launch into summer 2021, let us focus on some key considerations for the health and welfare of our communities. We are hopeful that you can check each of the following boxes to gauge your preparation for summer.

- ☐ Continue to use all of the Center for Disease Control and Prevention (CDC) recommended nonpharmaceutical interventions (NPIs) as outlined in the newest guidance (April 24 and 27, 2021). There are now eight NPIs:
  - screening
  - cohorting
  - face masks
  - hand hygiene
  - sanitizing
  - ventilation
  - physical distancing
  - testing
- ☐ In addition, we now have vaccinations as a prevention measure. We encourage all camps to have a well-established communicable disease plan (CDC calls an emergency action plan) that outlines prevention activities (NPIs) and outbreak management.
- ☐ ACN strongly encourages all staff to be fully vaccinated for the safety of the camp community. Consider ways to incentivize staff to get vaccinated. The CDC states that individuals who are fully vaccinated can be together indoors, unmasked and without physical distancing. This is a win for staff because they can be together in a staff lounge and enjoy the company of peers.
- ☐ Some staff and youth may be entering camp this summer (2021) as one of their first congregate experiences since the COVID-19 pandemic began. They may approach the experience with fear and will need reinforcement of the many NPIs put in place to promote wellness and risk mitigation. Can you provide visual reminders of the NPI activities? Might you consider printing many of the free posters available on the CDC website to use as visual support for staff and campers?
- ☐ Physical abilities may have deteriorated because of prolonged, sedentary COVID-19 lifestyles. Campers and staff may not recognize a diminished physical stamina in abilities, such as endurance for distance swims, ability to repetitively carry heavy loads, and general fatigue. Consider how you might adjust your schedule to allow for more time to travel between activities, or opportunities to progressively reengage with physical activities. Camp should be healthy and not high risk for injuries. Consider how you might accommodate with less-strenuous opportunities leading into more physically demanding experiences.
- ☐ Social-emotional skills may have deteriorated because people have had limited engagement with school and peers. Making friends, navigating new social experiences, and general "small talk" skills have all been touched by the COVID-19 experience. Not only are we eager to promote physical activity, but camp has a significant focus on connecting people with one another. Might you consider some "night chats" or other opportunities to promote conversation in a safe and organized manner? What are some conversational games or "learning to listen" opportunities that you might promote in your cohorts?
- ☐ Camp has long been identified as a safe space to share, to learn, and to heal. Because youth and their caregivers have largely been at home, there is a potential for increased abuse (mental, emotional, and maybe even physical). Staff need to understand the potential for abuse disclosure(s) and note behaviors associated with abuse or neglect. Are you providing additional training about trauma during staff orientation? What mechanisms do you have in place to support staff who encounter youth who have experienced adverse childhood events? Do you have designated behavioral health support?
- ☐ Camp 2021 looks different than camp 2019 did. Updates to the schedule, removal of certain activities, the addition of safety practices, and changes to health services can make camp look very different. How have you prepared, staff, families, campers, and other stakeholders for this "new" camp? Can you share information in a timely way on the camp website, eblasts, and emails? Have you considered using the "Healthy Camps Start at Home" document on the ACN website to promote parental discussions with campers before arrival?

As the situations above illustrate, COVID-19 means we need to consider more than just containing that virus. It has touched other aspects of life and all of us have been impacted in different ways. Consider and plan for the lived experiences that may arrive with your campers and staff as you navigate this season of summer camp.

Can You Understand Me?

Tracy Canales, MSN, RN

Abstract: *Every year camp nurses provide care for more than 18 million children with a wide spectrum of health concerns, both acute and chronic. The treatment of physical ailments is expected — but what is often not considered is the nurse's role in ensuring that social needs are met. Nurses play a large role in ensuring that children with special needs get the most out of the camp experience. This article focuses on ways to communicate with children who have aphasia. Communication tools and ways to help ensure that social needs are met will both be discussed.*

Introduction

Communication is a basic human need. It is necessary to express ideas, wants, and desires. It is a critical part of the socialization process (Franco, et al., 2015). According to the theory of communication, all that is needed to communicate is a sender and a receiver, but to communicate effectively requires that words are coded and decoded. The sender communicates a code (vocabulary) which then must be decoded (understood) by the receiver. If communication is to continue, this process must repeat itself. When there is a break in the process such as with receptive or expressive aphasia, communication may come to a halt.

What Is Aphasia?

The National Aphasia Association (2020) defines it as an impairment of language that is caused by injury or underdevelopment of the left hemisphere of the brain. Causes include:

- Autism
- Cerebral palsy
- Stroke
- Traumatic brain injury
- Genetic disorders

Impairment can range from mild to severe, so it is important for nurses to determine the level of receptiveness. Aphasia is broadly defined as either expressive, commonly known as "Broca's aphasia," or receptive, commonly known as "Wernicke's aphasia." With expressive aphasia the child has trouble producing speech, but reading is usually not affected. If able to speak at all, speech will be very limited. With receptive aphasia the child has no problem producing speech but has trouble understanding and processing speech, therefore it is common for the child to say words out of order or that are irrelevant to the conversation. Furthermore, the ability to read and write may be severely impaired with receptive aphasia.

How Is This Relevant to Camp Nursing?

Communicating with a sick or injured child can be difficult in normal situations, but when the child cannot express themselves clearly, they may become frightened and have increased anxiety, which can jeopardize safety. A break in the communication process can lead to frustration for both the nurse and child, and it can severely compromise peer-to-peer relations.

Tips for Effective Communication

- Get the attention of the child before speaking.
- Keep eye contact and watch the child's body language and gestures used.
- Remove as many distractions as possible.
- Speak slowly and keep tone at a normal level.
- When possible, ask "yes" and "no" questions.
- Give the child adequate time to respond.
- Avoid correcting their speech
- Keep it simple!

Summer vacation means freedom to most children. They are free to hang out with friends, play sports, and have fun. Unfortunately, children with special needs may not have the same positive outlook on summer. School may have been the only place they were able to socialize with peers. To them, summers may seem bleak and boring.

Camp can be a life-changing experience for all children, but especially memorable for those who have felt isolated in summers past. Camp encourages participation of all children, although it is important to note that simply being invited to participate does not guarantee inclusion. The quality of the participation must be considered as well as the interaction with peers. All campers — with or without disabilities — should feel a sense of belonging and social acceptance (Siperstein, et al., 2019). Communication is a key factor to socialization, so communication barriers must be recognized and modifications made so that all children have a way to communicate with each other. This promotes an atmosphere in which social skills can be learned and friendships can form.

Augmentative and Alternative Communication

Augmentative and alternative communication is any type of communication that is used in the place of talking. This can include, but is not limited to:

- Gestures
- Facial expression
- Stance or body language

- Writing
- Drawing
- Symbols
- Communication boards
- Sign language (ASHA, 2021)

Having simple and accessible tools at camp can aid in reducing communication barriers. Evidence shows that two very effective communication tools are picture cards and puppets. Both are easy to make and inexpensive. Better still, campers can be involved in making them, creating an atmosphere of inclusion.

The Use of Puppets

Puppets are an innovative and fun way to break roadblocks to communication. While the children realize the puppets are not real, they will still look directly at the puppet when they are "talking" and even call them by a given name, connecting the children on an emotional level with the puppet. Through puppets, children can express their emotions and decrease fears and anxieties. Children with aphasia can be shy and awkward around others but come alive when they are controlling a puppet. Even without words, the puppet can provide a way for these children to express themselves to their peers as well as adults. Communication is enhanced by the puppets because the children are able to momentarily detach from their reality and live vicariously through the puppets (Tilbrook, 2017). The children can make the puppets themselves, providing the puppet with any personality or mood they choose — and this can change as often as the child wishes.

Puppetry is a great resource for nurses as they help bridge the gap between how children are feeling inside and how they are presenting themselves in reality. They also have a calming effect on children who may be feeling anxious or scared — and, of course, puppets are fun.

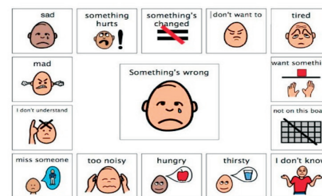
Picture Exchange Communication System

One of the most useful and easy-to-use communication aids is picture cards. The Picture Exchange Communication System (PECS) was initially developed to assist with the communication of preschool-age children with autism (Bondy & Frost, n.d.). Since that time, the cards have been converted to fit the communication needs of many different age groups in multiple populations.

It has been said that a picture is worth a thousand words, and that is never truer than when communicating with an aphasic child. Through pictures, children with expressive or receptive aphasia can express their thoughts, emotions, needs, and desires.

Each card has a picture and the word it represents. Communication cards can be designed using any picture or symbol. This may be a photo, a cutout from a magazine, a drawing, or an image that is downloaded from the internet. Whenever possible, it is even more effective to use an image of something the child is familiar with (Franco, et al., 2015). For example, if the child uses PECS at home and the parent is willing to bring the cards to camp, this is ideal because the child is already accustomed to using these cards. Another option is to take pictures of key locations around the camp, such as the lake, cabins, recreation area, and campfire, as these will quickly become familiar areas. This can be very time-consuming though, and time is a luxury most camp nurses do not have — so at the end of this article are links to resources, including camp-themed picture cards, that camp nurses can use to assist in communicating with aphasic children.

To make picture cards all that is needed are pictures, a poster board or construction paper, glue, and Velcro. Simply save the pictures on a blank document such as Microsoft Word and type the word that the picture represents immediately above or below it. Laminate each sheet, and cut them into small squares a child can easily hold in their hand. To make a picture board to hang in the nurse's station, glue strips of Velcro to a large poster board, then glue small strips of the opposing side of Velcro to the back of each card. Now simply attach the cards to the poster board. The child can point to the appropriate picture or take one down to enhance communication. To confirm understanding, the nurse can point to the picture and say the printed word.



Another great option is to make a communication book. Follow the same steps as above, but instead of attaching the cards to a poster board, attach them to pieces of laminated construction paper. To make a book, glue two to three strips of Velcro on each sheet of prepared construction paper, punch holes on one side, and insert the sheets into a three-ring binder. Now the cards can be carried to all activities throughout the day. To make it easier to carry, slip a piece of fabric or even a long piece of yarn through the binder to make a strap that can be thrown over the child's shoulder.

If the cards are made while camp is in session, consider involving campers in their creation. This group activity is a good time for the campers to ask questions and get to know the child(ren) who will use the cards. An understanding of what the cards are, why they are needed, and how they work encourages autonomy, acceptance, and inclusion (Siperstein, et al., 2019).

Communication cards are an effective and low-cost method to reduce communication barriers, and they can be used so many ways at camp. For example, instead of the schedule listing events by chronological time, consider listing them by times of the day (morning, afternoon, and evening) — and instead of using words, use pictures. If the scheduled morning activities are music and crafts, then show a picture of music and crafts on the schedule under morning. If the plan for the afternoon is canoeing on the lake, put a picture of children canoeing under the afternoon heading.

Another great way to use pictures is through family communication cards. When camp is over and parents pick up their children, the first question typically asked is "What did you do at camp?" Children with and without aphasia often have a hard time answering this, because so many activities take place that it is difficult to explain the experience. However, if the children paste pictures of the day's activities on a piece of paper that they hand to their parent or guardian, a conversation can be initiated from the pictures (Siperstein, et al., 2011).

Many children with aphasia are now utilizing speech-generating applications on electronic devices such as tablets. This technology provides a voice for the child, and they have access to language practice at any time. When a picture is touched, the device will audibly say the word. Once downloaded, most of these apps do not require an internet connection. If the parent or guardian sends a device with the child, it is very important that it is accessible and utilized by the child while at camp.

Some of the more advanced apps can even simulate a virtual environment such as school or the store. Here they can practice not only communication skills, but also socialization (National Aphasia Association, 2020). Unfortunately, apps with these advanced capabilities usually require an internet connection, which may not be available at camp.

Conclusion

Children with aphasia often have many people in their lives setting goals for them. Physical therapists will set goals on gross motor skills; occupational therapists will set goals for fine motor skills; speech therapists set goals for communication; and teachers set learning goals. Goals are good. They are needed for continued advancement and self-proficiency, but it is important to remember that communication is not an end goal in itself. One can easily get caught up in individual disciplines and overlook the overall development of the person. (Light & McNaughton, 2015).

To be active and productive members of society as adults, children must first learn to be active participants in their current environment. The ability to communicate is not an effective tool if a child never learns how to socialize with others. Camp provides the opportunity for the development of psychosocial skills such as motivation, confidence, and resiliency. At camp, children can develop the most important life skills of all: happiness, friendship, and the ability to dream big. The greatest gift we can give campers is the opportunity to make and develop friendships — because this is where children discover love, happiness, and acceptance.

Tracy Canales is a registered nurse with a specialty in neurology. Although she finds this field very fulfilling, her true passion is pediatrics. When the opportunity arose to care for two children in a private duty home health setting, she quickly accepted. One of these children was aphasic and physically unable to perform traditional sign language. She made it her mission to find strategies to help him communicate and, in doing so, realized these strategies could help many other children as well.

Printable Resources — https://www.aphasia.org/helpful-materials/

- Picture Board for Camp Nursing: https://bit.ly/3gY4WnI
- Aphasia Poster - female: https://bit.ly/3A1LfDf
- Aphasia Poster - male: https://bit.ly/2SCC5MA
- Dysphasia Acronym: https://bit.ly/3hjM6Xo
- Dysphasia Caregiver Guide: https://www.aphasia.org/aphasia-resources/aphasia-caregiver-guide/

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Experiences of Youth with Food Allergies at Summer Camp

Savannah C. Garst

Abstract: *Childhood food allergies are an increasingly common condition facing children. As food allergy prevalence intensifies, the need to understand how youth experience food allergies within specific settings has become critical, particularly within the context of away-from-home experiences, such as summer camp, in which food access and choice may be different than at home. This exploratory cross-sectional study examined the personal experiences of youth with food allergies at summer camp. Forty-seven youth ages 8–18 completed a postcamp online survey about their experiences. The study findings indicated that one out of three campers with a food allergy was anxious about their food allergy during camp mealtimes, suggesting the need for camp administrator intervention to increase camper security as campers continue to manage their food allergies away from home.*

Introduction

Childhood Food Allergies

In the past few decades childhood food allergy rates have increased dramatically (Hadley, 2006). One explanation for this increase is the epidemiological theory called the "hygiene hypothesis" (Okada et. al, 2010), which describes the influence of improved sanitation practices in developed countries (like the US) on reductions in germ exposure among children. The hygiene hypothesis suggests that the lack of exposure to certain germs at a young age does not allow children's immune systems to learn the difference between what is *helpful* and what is *harmful* (American Academy of Allergy Asthma and Immunology, 2020).

As the percentage of children with a food allergy has risen, so has interest in understanding how youth program providers can meet the needs of children with food allergies (Redmond et al., 2016). Some studies have identified the most common food allergies, which includes milk (dairy), shellfish, wheat, soy, eggs, peanuts, tree nuts, and fish (Mayo Clinic, 2019). Of these food allergens, researchers and practitioners have been most concerned about those that may cause an anaphylactic, life-threatening reaction. For example, Schellpfeffer et. al. (2014) found that the most common anaphylactic food allergies in summer camps are nuts, which include both peanut and tree nuts. Other studies have targeted the benefits of providing training to frontline camp staff in anaphylaxis and food allergies, including the need for preventive anaphylactic management policies at summer camps (Schellpfeffer et. al. 2020). Although these studies have provided a good foundation for understanding camp-related food allergies, the literature is limited by a noticeable gap in studies based on the perspectives of children experiencing food allergies.

Personal Connection to Food Allergies in Camp

This topic was personally relevant for me because of my experience with chronic food allergies. In the summer of 2018, I attended overnight camp at a time when I was suffering from an allergy to several foods and food additives, including corn, soy, and dairy products. I had to provide much of my own food there due to being allergic to at least one ingredient in almost everything being served in the camp dining hall. After experiencing a multiweek camp session while managing my food allergies, I gained a greater appreciation for the obstacles youth with food allergies may face at camp — as well as the challenges camp providers may need to overcome. Because of my personal experiences with food allergies, I designed a research project to provide camp providers and parents with insight into what children think and feel about having food allergies at camp. This study was conducted as part of my senior research seminar while attending Daniel High School in Clemson, South Carolina.

Purpose

The primary purpose of this study was to explore the experience of having a food allergy while attending summer camp from a youth perspective. The study research questions were: "How secure do youth feel when attending camp with a food allergy?" and "How does having a food allergy at camp impact youth participation in camp activities?"

The secondary purpose of this study was related to measurement. Because few studies of youth perceptions of food allergies at camp have been conducted, and no related measures exist specific to the camp setting, this study sought to build on previous research to develop a new measure of youth perceptions of food allergies at summer camp named the Child Food Allergy Safety and Security Scale. Thus, this exploratory study sought to understand youth experiences at summer camp when enduring a food allergy and also to make a methodological contribution to the existing literature associated with measuring such experiences.

Method

The target population for this study was youth ages 8–18 attending summer camp (i.e., overnight camp, day camp, or both) who have at least one food allergy, as the American Camp Association found that campers start camp around age 9 (American Camp Association, 2018). From this group, a

convenience sample of youth were recruited through allergy-focused and camp-focused Facebook groups. This recruitment approach using social media was deemed necessary as camp directors would be unwilling to provide camper and parent contact information, as well as to release medical information related to food allergies, because it violates HIPAA laws that protect the confidentiality of one's health information (Center of Disease Control and Prevention, 1996). Therefore, parents who were contacted provided consent for their child's participation in the study.

Using a cross-sectional design, 47 youth completed a postcamp online survey within a few weeks following their camp experience. Survey questions included demographics and participant descriptives, including camp type, previous camp experience, current food allergies, and total number of current food allergies. One item was used from the Child Attitude Toward Illness Scale (CATIS; Austin et al., 1993), which was "How fair is it that you have a food allergy?" Five items were used from the Food Allergy Quality Of Life Questionnaire (FAQL; Flokstra-Blok et al., 2008), including, "How troublesome do you find it, because of your food allergy, that you must always watch what you eat?" The four-item Child Food Allergy Safety and Security (CFASS) Scale was developed for this study. CFASS items included "How anxious are you about having an allergic reaction during meals?" The survey also included open-ended questions to provide qualitative data to bolster evidence from the CFASS, including, "How does having a food allergy at camp impact youth participation in camp activities?" with the second open-ended question being less structured so that campers could describe any other experiences (positive or negative) they had by having a food allergy during summer camp.

Quantitative data were analyzed using Google Forms and SPSS version 26 (IBM Corp, 2019). Qualitative data (from the open-ended questions) were analyzed using an inductive coding process to develop themes representative of the data (Ryan & Bernard, 2008).

Results and Discussion

Participants were primarily female (72.3 percent). Their ages ranged from 8 to 18 years old with an average age of 14.72 years. Most participants were from the South (85.1 percent), had attended overnight summer camp (68.1 percent), and had, on average, 5.17 years of summer camp experience. In addition, most participants had attended a religiously affiliated summer camp (59.6 percent). Participants were found to have 2.18 food allergies on average with 48.9 percent having an anaphylactic (life-threatening) allergy, but the majority of anaphylaxis participants have not had a reaction at summer camp (95.7 percent).

It is important to note that approximately half of the participants had an anaphylactic food allergy, meaning they would most likely need more resources from the camp than someone who doesn't have a life-threatening allergy. In addition, participants, on average, had more than one food they had to avoid.

Related to the research question about food-allergic campers' experiences at summer camp, the quantitative data indicated that campers do not feel a sense of ease by having a food allergy at camp; this was particularly true for overnight campers. Participants who attended overnight camp were significantly more likely to be anxious about their food allergy. This is most likely because they were with the same people 24/7 for at least a week at a time. Living in close quarters with people who could be eating something that one is allergic to can be very anxiety-producing because of issues with cross-contamination, as indicated in my qualitative results.

Related to the research question regarding the connection between involvement in camp activities and campers with food allergies, one out of every three participants were limited in activities because of their food allergy. Many participants indicated that their food allergy resulted in a lot of time spent in the camp health center and less time spent in camp activities. Some participants shared that they had to leave their activity because of certain foods being used or eaten at their designated activity area.

Some findings were encouraging. While participants were asked to describe an experience they had with their allergy at camp, about one out of every four participants did not have any notable experiences with their allergy at camp, maybe because of camp-specific allergy interventions, or even the severity of the camper's food allergy. In other words, some participants had food allergies that were less severe and therefore experienced few (if any) food allergy-related concerns while at camp. In addition, a few participants went into detail about how great their camp was at working closely with campers who had to manage food allergies, sharing, "I felt safe and comfortable," "I did not have to worry," "[I did not have] anxious thoughts," and "[The camp staff] take[s] good care of me." A notable response was, "My camp tries to make me food similar to what others are eating," because many other participants noted in their responses that they felt called out by their allergy, either because of what they had to eat compared to their peers, or the fact that they had to sit away from their cabinmates at mealtimes, a crucial interaction period at many camps.

Implications for Practice

Based on the results of this study, camp directors, camp health-care providers, and frontline staff need to be more aware of campers' food allergy needs and concerns — especially because campers are more likely to have more than just one allergy (most had two food allergies on average). Staff should be trained on how to manage their campers with food allergies,

and also on what to do in case of an anaphylactic or any allergic reaction, which supports recommendations by Schellpfeffer et. al. (2020) and Redmond et al., (2016). Furthermore, camps should have a designated on-site person who is responsible for handing out food for people with allergies, as some already do, to eliminate confusion with allergens and to ensure all campers get to eat safely and comfortably.

Aligning with the literature, the current study found the most common food allergies to be tree nuts and peanuts, which accounted for almost one out of every four participants. This is exactly why many camp providers, especially those geared toward youth with food allergies, report they are starting to completely eliminate major allergens (such as nuts) from their camps to decrease the number of allergic reactions. The next two most common allergies are dairy and soy, which are very hard to eliminate from camp because these allergens are in most foods.

The study findings can inform camp staff training in several ways. Staff need to understand how campers with food allergies feel about participating in camp activities. Many campers feel anxious when around other people who are not as cautious and safe as they are. All camp staff need to provide a support system for campers with food allergies, as they may need someone to talk to about their feelings regarding their surroundings or the impact their allergy has on their camp experience.

Implications for Research

Replication of this study with a larger, more representative sample of youth campers would be useful for verifying this study's findings. More representative or diverse samples of youth with food allergies may have different perspectives on having a food allergy at camp than those that were expressed in this study. Future research focusing on measuring youth perceptions of food allergies is warranted. The measurement model used in this exploratory study with items from the CATIS, the FAQL, and the CFASS provided an operable approach for measuring child perceptions of food allergies within the context of summer camp. While the measurement model was not validated in this study, future validation research on the measures would be appropriate.

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An Allergy to Exercise: Know the Facts

Lisa Sparacino, PhD, RN, CNE, CHSE, and B. Suzy Diggle, PhD, GNP, ANP, B-C

Abstract: *An anaphylactic or anaphylactoid reaction can happen at any time. While nonimmune anaphylactoid reactions are less common than anaphylactic reactions such as bee stings and food allergies, they produce the same reactions and must be treated urgently. Of the non-IgE mediate reactions, an exercise-induced anaphylactoid reaction is the most common. This article discusses diagnosis, treatment, and offers patient education tips.*

Introduction

Anaphylactic episodes appear to be increasing in developed countries, as well as in developing countries as their adaptation to a Western lifestyle increases (Leung, Wong, & Tang, 2018). The incidence of hospital admissions along with allergen-specific immunoglobulin E (IgE) measurements in populations has provided evidence that food allergies are on the rise in Western countries. One study reported allergy triggers were never found in 39 percent of anaphylaxis cases. The occurrence of anaphylactic reactions in the United States is as high as one in 50 people (Cleveland Clinic, 2021).

Because many patients do not recall their first exposure to an allergen, they may not be prepared for an anaphylactic reaction in subsequent exposures. Quick emergent treatment is a must to prevent mortality (Delves, 2019). Although not considered common, exercise-induced anaphylaxis can occur without warning (Huynh, 2017). Clients develop anaphylaxis during exercise that takes place within a few hours of ingesting a specific food. The attack is caused by the combination of the food and exercise. Each component, food and exercise, is tolerated individually, however, when put together an anaphylactic reaction occurs (Feldweg, 2016).

Case Study

Mrs. A. was a 20-year-old athletic female with no prior history of allergies. After eating, she went for a jog with her husband. Shortly after starting the jog, she noticed her throat felt unusual and her hands were itchy. She went into a nearby pharmacy to ask for advice. By the time she got to the pharmacy she could feel her face was swollen. The pharmacist called an ambulance. She has no further recollection of the incident before she woke up in the hospital.

Mrs. A had two subsequent similar incidents, having ingested various types of food followed by exercise. She also reported having reactions following the ingestion of margarine and soy. The reaction following eating margarine and soy are not associated with exercise. The administration of an EpiPen followed by antihistamines counteracted the anaphylactic response.

Diagnosis

Anaphylactic and anaphylactoid episodes have similar signs and symptoms, but they do not have the same etiology. An anaphylactic episode is an allergic reaction where IgE) is the cause of an individual's signs and symptoms: an example being food allergies. It is a massive release of mast cells and basophils in response to an allergen (Lagopoulos & Gigi, 2011). Some common signs and symptoms include:

- urticaria,
- pruritus,
- nasal congestion,
- cough,
- laryngeal edema,
- wheezing,
- hypotension
- tachycardia
- nausea,
- vomiting
- diarrhea.

These symptoms usually occur immediately after exposure, but can occur up to one hour after exposure (Fischer, Leek, Ellis and Kim, 2018). An anaphylactoid reaction produces the same symptoms but is not IgE mediated. Mast cells and basophil mediators are released through a nonimmune response. It can also occur from direct complement activation (Lagopoulos & Gigi, 2011).

Exercise is a type of anaphylactoid reaction, where exercise triggers the reaction without IgE. Typically, IgE is present for the food and other allergies such as bee stings. However, an anaphylactoid reaction only occurs in the presence of an amplifying factor. Exercise is the most common augmenting factor (Feldweg, 2016). Research findings suggest evidence of mast cell degranulation and an increase of plasma histamine as a possible cause of exercise anaphylactoid reaction. With these exercise-induced reactions, symptoms may be vague at first. Mrs. A described the initial symptoms as "feeling unusual or strange." This quickly progressed to dizziness and tingling of her hands and feet. Often symptoms begin as pruritis, hives, flushing, and gastrointestinal (GI) symptoms. If the physical activity continues, severe symptoms, such as angioedema, laryngeal edema, hypotension, and eventually cardiac collapse, may develop (Huynh, 2017).

Treatment

The treatment for an anaphylaxis or anaphylactoid reaction is the same. Prevention is always the goal. Clients who are exposed to an allergen need to be carefully monitored. If a reaction occurs the immediate administration of epinephrine is vital. When an allergy is known to cause anaphylaxis an EpiPen should be readily on hand. In the case of hypotension from an anaphylactic reaction, 5 to10 micrograms of epinephrine IV should be administered. If cardiovascular collapse is present, the client should receive 0.1 to 0.5 mg IV. Two to four liters of IV crystalloids is recommended to maintain peripheral vasodilatation (Lagopoulos & Gigi, 2011). Other treatments include histamine 1 and 2 blockers, as well as bronchodilators and corticosteroids. Cetirizine (Zyrtec) is a common histamine H1-receptor antagonist used for allergic reactions. Levocetirizine (Xyzal) is a second-generation antihistamine that relieves more common allergic reactions such as itching of the throat (NIH, 2017). It is essential that nurses are aware of the signs and symptoms of anaphylactic and anaphylactoid reactions. A quick response in initiating treatment is essential to save lives.

Outcome and Follow-up

Mrs. A has had multiple visits to several allergists. She has learned that she cannot eat before exercising. As long as she exercises vigorously prior to eating she does not have a reaction. She has also experienced an increase in the number of food allergies she has. She has become very consciences of what she eats. She no longer eats out at restaurants. Mrs. A. and her family and friends are educated on how to recognize early symptoms and what to do when they occur. It is as important for the client and public to be educated as it is for health care professionals. As nurses, education is a major role.

Patient Education Tips

- Know what your triggers are.
- Alert family, friends, and others around you as to what triggers a reaction.
- Keep an EpiPen on hand at all times. Always carry two auto epi pens. Epinephrine has a shorter half-life than the time it takes for the mast cells to stop reacting to the allergen.
- Teach significant others how to use the EpiPen and the necessity of calling 911 when an EpiPen is used
- Know what dosage works best for you. Mrs. A. developed arrhythmias with epinephrine dosages of 0.5mg/0.5 ml or higher.
- Wear a bracelet that identifies your allergies.
- Go to the emergency department even if symptoms have subsided.

Conclusion

An anaphylactic or anaphylactoid reaction can happen at any time. Most clients have very little warning because many cannot ever recall their first encounter with an allergen. Common anaphylactic reactions include bee stings and food allergies. Nonimmune anaphylactoid reactions are much less common; however, they produce the same reactions and must be treated urgently. Of the non-IgE mediate reactions, an exercise induced anaphylactoid reaction is the most common.

Educating the public on allergic reactions and anaphylaxis is an essential role of the nurse in any setting. Clients need to be familiar with their triggers and know how to avoid them. Having epinephrine on hand when there is a high suspicion of an allergic reaction is another way to prevent serious complications.

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– Editorial –
What's Your Ism?

Continued from page 2

kind of a place. Which brings me to two of my favorite isms: optimism and altruism — also both in abundance at camp.

Marcia Ellett, MA
Editor

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New Products, New Ideas

Paula Lauer, RN, BAN

Training Wheels for Life: Motion-activated handwashing wheel. This easy-to-read light-up wheel will instruct correct handwashing technique. An adhesive sticker on the back makes it easy to place around camp. They come with the option of batteries or a plug-in cable, letting you decide which you would prefer. Each step is shown with a picture and words to show exactly what to do, and it is very easy to follow along. https://trainingwheelsforlife.com/

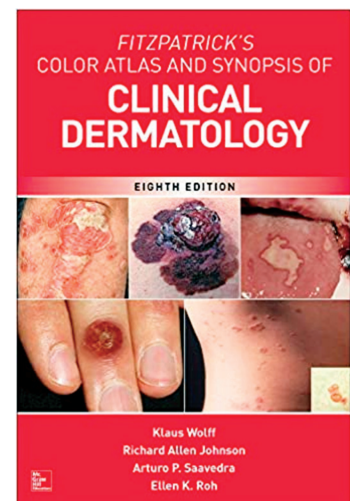
1. Rinse
2. Soap
3. Palms
4. Fingers
5. Nails
6. Back of hands
7. Thumbs
8. Wrists
9. Rinse & Dry

Gvoke: Gvoke HypoPen is the first autoinjector for very low blood sugar. It is premixed and ready to go, with no visible needle. Gvoke has a 24-month shelf life and is a simple, two-step administration with no refrigeration required. Gvoke comes in two premeasured doses for adolescents and adults greater than 100 pounds (1.0mg) and kids less than 100 pounds (0.5mg). It is dispensed in a two-pack. www.gvokeglucagon.com

Baqsimi: Baqsimi is a prescription nasal medicine used to treat severe hypoglycemia in people with diabetes ages 4 years and above. Baqsimi is ready to use and comes in a precise and premeasured dose. It is compact and portable. Stores at temperatures up to 86°F. https://www.baqsimi.com/

Handwashing Posters: CDC has an extensive library of handwashing posters available for you to post around camp. Let's keep those hands clean this summer! https://www.cdc.gov/handwashing/posters.html

Fitzpatrick's Color Atlas and Synopsis of Clinical Dermatology 8th ed. Author: Klaus Wolff: An updated version of this book is now available. More than 1,000 full-color photographs speed the diagnosis of the dermatological conditions more often encountered in primary care. Many images highlight skin diseases in different ethnic populations. This book is a real gem to have at camp.



ACN does not endorse or recommend specific products.

ACN

Member's Corner 2021

SHINING STAR

Camp Illahee | Associate Camp Director | Camp Nurse

Favorite Memory

She was challenged to a watermelon eating contest by 2 counselors. The only hiccup was it was a quarter of a watermelon & you couldn't use your hands. They competed in front of the whole camp.

Favorite Camp Meal

Enchiladas

Favorite Camp Song

Roots

Message to the ACN

Don't be afraid to ask for help. There are so many members willing to share ideas and resources. There is no need to re-create the wheel. The forum is a great spot to ask questions and share ideas. She really enjoys the community ACN brings (especially this year). She found the ACN during an ACA conference.

Years with ACN

Since 2016, 5 years.

Lindsey Guye

She started working at her residential all-girls camp in nursing school. Her nursing background was in ICU before she made the switch to being a camp director. She loves that her campers aren't afraid to visit the health center (affectionately referred to as the Wishing Well). The campers and staff love visiting the Wishing Well because they always know they will be greeted with a smile, hug and usually cold Gatorade.

Why you love being a camp nurse?

She loves having the knowledge of healthcare as a camp director. It comes in handy with trips to the doctor or hospital with campers. She finds herself always using her nursing assessment skills even just walking around camp. Being a risk manager is an important skill as a camp director and as a nurse she sees things and thinks how this might not only affect a camper's safety, but also their health.

2020 Annual Report

Association of Camp Nursing

Mission – Working toward Healthier Camp Communities by Supporting the Practice of Camp Nursing

Association of Camp Nursing (ACN) exists to improve the health of the camp community by supporting the practice of camp nursing. Camp health is shared among many camp professionals lending to the vital outcomes of the organization. ACN Outcomes include:

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

The activities of the Association should contribute to advancing the Ends Statements. This report provides testimony of that effort and describes how the Association of Camp Nursing progressed toward meeting its Ends Statement during 2020.

2020 Camp Health Activities

Appropriate Healthcare Provider at Every Camp

- More than 55 presentations and webinars were provided regarding camp health and COVID-19. These presentations outlined the CDC guidance around camp health operations and the need for licensed healthcare providers at camp facilities, especially during summer 2020.
- ACN provided a summer camp health hotline to respond to camp health questions and help organizations identify the qualities of healthcare providers to meet the needs of their camps.
- We expanded use of social media outlets to include Facebook, Twitter, and Instagram. These venues allow ACN to attract interested and qualified healthcare providers for camps across the US as a component of our job services.

The Body of Knowledge

- A vast body of knowledge was created this year around Sars-CoV-2 (COVID-19) due to the impact on camp operations. We developed and populated a robust COVID webpage on the ACN website to include helpful documents, templates, guidance, and links.
- ACN composed a COVID and Communicable Disease Guide with input from camp experts that addressed nonpharmaceutical interventions (NPIs), MESH, and other helpful topics. Published in Spring 2021.
- Linda Erceg and Tracey Gaslin produced a new camp nursing text (*Camp Nursing: The Basics and Beyond*), which published in 2020.
- ACN produced a Point of Care text published in 2020.
- Continued to provide education and resources around mental, emotional, and social health (MESH) through presentations, publications, and online support.
- ACN launched post-camp COVID-19 research led by the Research Committee. The research findings were then disseminated to individuals through peer-reviewed publications, webinars, consultations, online learning courses, and other venues.
- The Research Committee worked with CampDoc to identify important camp health topics for research. Research was done related to immunizations, medications, and ongoing COVID-19 research. These efforts directly generated new camp health knowledge.

- *CompassPoint's* editorial and peer review process helped to strengthen the production of quality evidence in our publication. There were 24 individuals who contributed to the writing of CompassPoint during 2020. The authors included:

Michael Ambrose, MD, FAAP	Matt Hecht, RN
Karen Breda, PhD, RN	Paula Lauer, RN, BAN
Pamela Brelage, MS, RN	Maria I. Segarra, MSN, RN
Karen DeDominicis, RN, BSN	Tracy Martinek
Alexsandra Dubin, MS	Mary Marugg, RN
Susan H. Eichar, EdD, APRN	Eleanor B. Mathews, RN
Marcia Ellett, MPW	Constance E. McIntosh, EdD, MBA, RN
Linda Erceg, RN, MS, PHN	Cinthia dosSantos Mesquita, MSN, RN
Erin M. Gallucci, MSN, RN	Barbara Phelps, MS, RNC-MNN
Barry A. Garst, PhD	Jill S. Sanko, PhD, MS, APRN, CHSE-A, FSSH
Tracey Gaslin, PhD, CPNP, FNP-BC, CRNI, RN-BC	Mary Tobin, RN, PhD
Susan L. Glodstein, DNP, RN	Janelle Wendel, MS, RN

Thank you to all who contribute their time, energy, and effort to expand our practice.

- Ongoing collaboration with the American Camp Association (ACA) in the Healthy Camps initiative.

Camp Experience Is Intentionally Designed to Improve Wellness

- Launched first Virtual Fall Camp Health Conference – held a one-day event with speakers and topics that addressed pressing health issues for camps. Evaluation of the event identified a need for ongoing virtual learning opportunities using virtual platforms.
- Worked collaboratively with organizations (ACA, CCCA, Alliance for Hope) to provide helpful COVID-19 education. This education focused on the development and use of NPIs and the need to address MESH needs of staff and campers.
- The ACN Symposium was ACN's last live event for 2020. The symposium was held in San Diego, California, and offered an array of educational classes for camp health services.
- We developed and added additional online education courses to help support training for new and experienced camp healthcare providers.

Camp Nurse of the Year Award

Karen DeDominicis

Congratulations to Karen as the recipient of this prestigious award. Karen led her camp through the challenges of COVID-19, allowing her camp to open and serve youth during the summer of 2020. Karen has a long history of camp work and also writes for *CompassPoint*, ACN's publication.

Susan Baird CompassPoint Writing Award

Cinthia dos Santos Mesquita

The Susan Baird *CompassPoint* Writing Award was awarded to Cinthia dos Santos Mesquita. Cinthia was acknowledged for her Putting It Into Practice article "*Dental Injuries at Summer Camp*." ACN is grateful for the ongoing contribution of authors each year as we continue to disseminate quality information to members. Thanks for such dedication to your work!

Financial Report 2020

Income

Item	Amount
Membership	$40430.00
Camp Ads	$16897.00
Interest Income	$53.00
Symposium	$32611.00
Camp Store	$6209.00
Transfer from Sav	$7000.00
Gift, Grant, Donat	$9261.00
TOTAL	**$104,126.00**

Expenses

Item	Amount
Bank Fees	$2581.00
Reserve Bd Adv	$5000.00
Books	$67.00
Camp Store	$2441.00
CompassPoint	$10457.00
Symposium	$15957.00
Continuing Educ	$2264.00
Contract	$9540.00
Insurance	$940.00
Office Exp	$1771.00
Payroll Tax	$3132.00
Postage	$603.00
Presidential Exp	$250.00
Professional Fees	$3150.00
Research Asst	$6000.00
Telephone	$598.00
Travel	$253.00
Website	$3998.00
Wages	$11348.00
TOTAL	**$80350.00**

Research Award

Dr. Carissa Bunke

Dr. Bunke contributed helpful information and insight regarding the role of immunizations at camp. We honor her with the ACN Research Award as recognition of her work and leadership in the JAMA publication *"A Survey of Camp Leadership to Assess Immunization Requirements, Policies, and Current Practices in a National Cohort of Summer Camps."*

ACN Members Make the Experience

Members make ACN function. It's that simple. It is ACN's community of camp professionals – especially the camp nurses – that makes the organization hum. We can't thank you enough for your continued work in camp health – through practice, education, and research. Each of you play a vital role in advancing the organization.

Let us hear from you if you have ideas for the next ACN Symposium, concepts for publication, or thoughts about building healthy camp communities. You are the voice for camp health, and ACN strives to empower all those we serve.

Looking Forward to Serving Our Members in 2021!

Super Sleuth Answer

Ringworm.

Ringworm has a very classic appearance. If you are not familiar with its appearance, reference some Google images to help familiarize yourself with this common fungal infection that you will undoubtedly encounter in your camp setting.

Contrary to popular belief, worms are not the cause of ringworm; it is caused by a fungus that thrives on dead skin, hair, and nail tissue. It has acquired its name simply because of its appearance. Ringworm (tinea corporis) is related to athlete's foot (tinea pedis), jock itch (tinea cruris), and ringworm of the scalp (tinea capitis), all common fungal infections.

It typically starts as a scaly patch before the telltale red ring appears. Often, this circular rash is pronounced with red, raised, and/or blistery borders. It will often be itchy, but not always, and it can either be raised or flat. It is spread by contact: person to person, animal to person, object to person (such as clothing, towels, and bedding), and rarely, even soil to person. Easily managed, ringworm can usually be treated with antifungal creams.

Camps can keep over-the-counter clotrimazole on hand to start treatment with campers after contacting their guardians and explaining the diagnosis and plan of care. In addition to applying the cream several times a day according to label instructions, you should cover the area to prevent the camper from inadvertently spreading it to anyone else. Because it is inexpensive, your camp can choose to send a small tube of cream home with the camper to encourage follow-thru of the treatment plan. This also lets families know that your camp does genuinely care about the health of its campers. Kindly encourage the camper's family to assess themselves for possible ringworm too.

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