CHILDREN'S ONCOLOGY CAMP ASSOCIATION

BEST PRACTICE OPERATION STANDARDS

Updated: November 2018

SCOPE OF THESE STANDARDS

The intent of these standards is to educate COCA member organization staff and volunteers regarding medical and psycho-social best practice principles when planning and operating a pediatric oncology camp program.

In the development of these standards the COCA Gold Ribbon Committee acknowledged that member organizations operate in creative and diverse ways. Even though the common thread of COCA camps is providing care and support to children with cancer, programs include adolescent/young adult survivors, siblings and families in their community of supportive care. In addition, programs use one or a combination of delivery models to achieve their outcomes from traditional overnight resident camps, day camps, family camps, travel/excursion camp and in-hospital recreational-therapeutic experiences as well as a variety of duration.

Similarly, COCA organizations find creative locations in which to provide activities. Some programs own their facilities, some rent or lease facilities with or without program staff, while other camps use donated facilities, hotels, and resorts or utilize government owned parks and wilderness lands.

It is the intention of the COCA Gold Ribbon Standards to be a dynamic and continually updated document. One that will be reviewed regularly by a team of oncology camp providers & oncology medical and psychosocial health care providers with the intent to include revenant innovations, developments and advances in pediatric oncology medical treatments and psychosocial care.

These standards are not intended to be a “how-to” guide for the operation of a pediatric oncology camp, but instead are intended to help staff, volunteers and camp organizations educate themselves in vital areas specific to their setting, population and pediatric oncology practice and to document their policies and procedures in providing beneficial and safe medical and psychosocial experience for their camp.

These standards are intended to be used in conjunction with an outside verification process, not to judge camps’ practices or policies, but to allow objective verification so as to add credibility to the Gold Ribbon Camp status to parents and the health care partners and donors.

WHAT THESE STANDARDS DO NOT COVER

In the development of these standards many best practice areas were omitted. The committee felt that the expertise of the association was best placed in the realm of medical and psychosocial support. Through the process, the committee recognized that many vital and important best practices of general camping industry and not-for profit management already exist. **Therefore, it's a <u>STRONG RECOMMENDATION</u> of the COCA Gold Ribbon Committee that in addition to COCA-I Gold Ribbon Best Practices, each camp should hold accreditation from a camping industry association and meet or exceed all local, state/provincial and governmental regulations in the following areas:**

CAMPING INDUSTRY BEST PRACTICES

- **Business Operations**
- **Human Resources**
- **Facility Operations**
- **Transportation**
- **Program Design and Delivery**

<u>Camp Industry Accrediting bodies:</u>

American Camp Association - http://www.acacamps.org/staff-professionals/accreditation-standards
Canadian Camp Association - http://www.ccamping.org/about/accreditation/
Ontario Camps Association - http://www.ontariocampsassociation.ca/about/standards/
Camp Association of Nova Scotia & Prince Edward Island - http://canspei.ca/accreditation/
British Columbia Camping Association – http://www.bccamping.org/camp-professionals/accreditation/
Alberta Camping Association - http://www.albertacamping.com/about-standards-accreditation
Saskatchewan Camps Association - http://www.saskcamping.ca/accreditation.htm

Additional Resources for Not-for-profit Best Practices:

NOT-FOR-PROFIT INDUSTRY BEST PRACTICES

- **Governance**
  Finance & Accounting
- **Human Resources**
- **Volunteer Management**

Center for Nonprofit Management - http://www.cnm.org/
Non Profits first - http://www.nonprofitsfirst.org/?page=Accreditation
Standards of Excellence Institute - https://standardsforexcellence.org/accreditation-and-recognition/

A special thank you to the following members of the COCA-I Gold Ribbon Standards Committee 2015-2017:

Bruce Hooper, Camp Smile-A Mile, Chair, Alabama
Mike Amylon M.D., Camp Okizu, California
Allen Brockman, Camp Rainbow Foundation, Missouri
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Heather Fleming, R.N., C.A. P.O.C, Canada
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Patty Harris, Camp Quality, Akron Ohio
Richard Brown, R.N. , J.D., Camp Smile-A Mile, Alabama
Brandon Briery, Psychologist, Camp CAMP, Texas
Jennyfer Balkema, Camp Watcha-Wanna-Do, Indiana
Michele Vernon, Sunrise Association Day Camps, New York
Don Golden, COCA-I Staff

COCA and COCA Gold Ribbon Committee would like to thank Care Camps and KOA, Inc. for their expertise and continuing financial support in the development of these standards and the COCA Gold Ribbon Accreditation Program support.

COCA Member Camp **COCA Member Camp Name _____**
Gold Ribbon Accreditation Inventory Work Sheet **Date: _____**

INSTRUCTIONS: Check the box for those activities/ services that are offered as part of the Camp program. Only check those activity/services that apply.

Definitions:

COCA CAMP PROVIDED: Indicate activities or services offered by the COCA member camp which retains the direct oversite, control and/or personnel to provide the listed activity or service. This includes activities or services by volunteers or donors directly to the COCA member camp.

PROVIDED BY OTHER: Indicates activities or services provided under the direction, control, oversite and/or personnel of ANOTHER. ANOTHER could include a camp facility, company, organization or individual, and is rented, leased, hired or donated.

ACTIVITY / SERVICE	COCA CAMP PROVIDED	PROVIDED BY OTHER
HEALTH CARE SERVICES		
Policies & Procedures		
Health Care Personnel		

CAMPER SUPERVISION		
Cabin Counselors		
Activity Counselors		
Counselor Support Staff		
Child Protection Screening		
Training and Supervision		

SITE & FACILITIES		
Building code compliance		
Sleeping areas		
Fire Safety Systems		
Electrical systems		
Sewage / Waste disposal		
Drinking water safety		
Emergency shelter/evacuation plan		
Toilets, shower handwashing facilities		

FOOD SERVICES		
Menu planning		
Food handling/holding		
Preparation supervision		
Cleanliness and sanitation		

CAMPER TRANSPORTATION		
To and From Camp		
To Activities		
Emergency Transportation		

ACTIVITY DELIVERY		
Archery		
Arts & Crafts		
Backpacking		
Bike Riding		
Boating (sailing, row, power)		
Camp Skills (fire building, axe use)		
Canoeing/Kayaking		

ACTIVITY / SERVICE	COCA CAMP PROVIDED	PROVIDED BY OTHER
Drama/ Play Production		
Ceramics		
Dance		
Fishing		
Climbing/ Rappelling		
Go-Karts/ ATVS		
Hiking		
Horseback Riding		
Martial Arts		
Music		
Nature Awareness		
Paint Ball		
Photography		
Out of Camp Trips		
Ropes Course		
Riflery/BB Guns		
Sports/ Games		
Swimming		
Wood working		
List others:		
Operating procedures		
Safety & Emergency procedures		
Supervision ratios		
Equipment size and safety		
Participant orientation		
Activity counselor skill certification / experience		
Activity area access and equipment control		
Activity environment safety		

For compliance on COCA Accreditation Standards 1.0

For all activities and services indicated as provided by the COCA MEMBER, the Camp must provide documentation of accreditation from a recognized camping association OR documentation that EACH Activity and Service indicted meets standard or criteria set by a recognized camping association or other acceptable industry best practice criteria.

For all activities and services indicated as provided by OTHER, the Camp must provide documentation of accreditation by OTHER from a recognized camping association OR documentation that EACH Activity and Service indicted meets standard or criteria set by a recognized camping association or other acceptable industry best practice criteria.

Children's Oncology Camp Association
Gold Ribbon Visit Worksheet

Camp _____ Date of Visit _____

Standard	Title	Document Seen	Document Not Seen	Explanation	Visitor and/or Director Comment
GENERAL					
1.1.P.i.	Program Operation Accreditation				
1.1.P.ii.	Program Operation Standards				
1.1.S.i.	Site/Facility Accreditation				
1.1.S.ii.	Site/ Facility Standards				
CLINIC AFFILIATION					
2.1	Cooperation with Health Care Providers				
ADMINISTRATION					
3.1	Mission Statement				
3.2	Parent/Agency Information				
3.3	Admin & Program Accountability				
3.4	Evaluation Process				
3.5	Professional Liability Coverage				
3.6.i.	Confidentiality Policy				
3.6.ii.	Child Protection Training				
3.6.iii.	Staff and Camper Privacy				
3.7	Camper Intake/ Application				
STAFFING					
4.1	Staff Training				
4.2	Guest and Staff Orientation				
4.3	Health Care Policies				
4.4	Staff/Volunteer Medial History				
HEALTH CARE					
5.1	Camper Eligibility				
5.2	Health Care Protocols				
5.3	Medical Emergency Plan				
5.4	End of Life Orders				
5.5	Accidental Death				
5.6	General Health Practices				
5.7	Personal Hygiene Procedures				
5.8	Pharmacological Inventory				
5.9	Medical Administration				
5.10	Record Retention				

5.11	Treatment Protocols				
PSYCHOSOCIAL SUPPORT					
6.1	Mental Health Professional				
6.2	Communication in case of death				
6.3.1	Memorial Service				
6.4	Graduate Campers				

Visitor Name _____ Email _____

Visitor Signature _____ Phone _____

Visitor Name _____ Email _____

Visitor Signature _____ Phone _____

Director Name _____ Email _____

Director Signature _____ Phone _____

Date _____

MODULE II PEDIATRIC ONCOLOGY CAMP OPERATING STANDARDS

DEFINITIONS

"Camp" – *identifies the COCA-I member organization.*

"Programs" – *identifies all activities conducted by the COCA-I member organization (e.g. Resident Camp, Day Camp, Family Camp, Retreats, off-site trips, Out Trips (i.e, Backpacks, river raft excursions, etc.), and in-hospital programs.*

"Campers" – *Includes pediatric oncology patients and survivors, siblings and parents of pediatric oncology patients that participate in programs.*

"Site / Facility" – *identifies the property and buildings used to conduct COCA-I member organization programs. Site/Facilities can be owned by the Camp, rented, leased and/or donated for purpose of conduction COCA-I member organization Programs.*

"Health Care Provider" – a doctor of medicine, registered nurse, nurse practitioner, clinical psychologist, or a clinical social worker who is authorized to practice by the State and performing within the scope of their practice as defined by State law

"Licensed Independent Professional" Medical Physician, (MD) Nurse practitioner (NP), Clinical Social Worker (CSW) qualified by education, training, licensure/regulation (when applicable) and facility privileging (when applicable) who performs a professional service within his/her scope of practice and independently reports that professional service.

"Staff" – *includes paid and/or unpaid human resources that are hired, trained and directly supervised by the camp; may be seasonal or year-round, full or part time.*

"Guest" – *includes any person invited by the member camp organization visiting or observing the camp's activities, participants and /or staff.*

MODULE I PEDIATRIC ONCOLOGY CAMP OPERATING STANDARDS

1.0 GENERAL

1.1 Is the Camp accredited by a recognized camping association and/or meets best practices established by a governmental body that is responsible for the oversite of all camp program operations?

COCA Camp Provided Activities and Services

i. Been reviewed as part of accreditation by a recognized camping association? **Yes** ❑ No ❑ **DNA** ❑
or,

ii. Does the provider of programs/activities meet standards and/or criteria set out by a recognized camping association or other industry best practice criteria? **Yes** ❑ No ❑ **DNA** ❑

Activities provided by Others

i. Been reviewed as part of accreditation by a recognized camping association? **Yes** ❑ No ❑ **DNA** ❑
or,

ii. Does the provider of programs/activities meet standards and/or criteria set out by a recognized camping association or other industry best practice criteria? **Yes** ❑ No ❑ **DNA** ❑

Intent: To ensure the safety of campers in all aspects of camp program operations, COCA Accredited Camps are required to show each aspect of camp program operation hold accreditation by a recognized camping association (i.e., American Camp Association Canadian Provence Camp associations, etc) AND/OR produce evidence that each aspects of program operations meets standards of an acknowledged camp associations or other camp industry best practice criteria.

Some organizations have their own “best practice” standards/ guidelines (i.e, Camp Quality, Serious Fun Network, Boy Scouts, etc.) Some State/ Provence’s municipalities have local regulations camp programs must meet.

RESOURCE: COCA-I GOLD RIBBION ACCEDITATION INVENTORY WORK SHEET

Compliance: Proof of accreditation and/ or inspection of documented compliance of best practices for camping program operations. Source of camp industry best practice criteria must be provided

MODULE II PEDIATRIC ONCOLOGY CAMP OPERATING STANDARDS

2.0 CLINIC AFFILIATION

2.1 Does the Camp operate in cooperation with the campers' oncology health care providers?

Intent: The intent of the standard is for camps to foster a relationship(s) with nearby pediatric oncology facility(s) and providers. Demonstration of "cooperation" could include:

- Camp Medical Advisory Committee including pediatric oncology health care providers of campers,
- Letter of support from pediatric oncology center that refers camper,
- Documented Relationship with an on-call pediatric oncology physician,
- System of communication with camper's health care providers,
- Camp health care medical volunteers from camper's pediatric health care center(s),
- Potential camper outreach and recruitment efforts supported by nearby pediatric oncology center and/or pediatric oncology health care professionals

Compliance: Director Written explanation or documentation of the types of operating cooperation with pediatric oncology health care providers.

Yes ❑

No ❑

MODULE III PEDIATRIC ONCOLOGY CAMP OPERATING STANDARDS

3.0 ADMINISTRATION

3.1 Does your Camp have a well-defined written mission statement that guides your program development and/or service delivery and reflects the unique needs of the population being served?

Intent: A well- defined written mission statement can be the guiding philosophy upon which your program is focused. It can help direct efforts to the target objectives and communications to parents, staff, medical partners and the community.

Compliance: Copy of written Mission Statement

Yes ❑

NO ❑

3.2 Are parents and referring agencies (i.e. Hospitals) provided with sufficient information to judge whether the experience is appropriate one for their children?

Intent: As more camps are developed with differing philosophies, it is becoming more important to inform parents of what to expect from your program. This way parents can make informed choices on the type of program they may want to send their child to. Information that it is important to pass onto the parents includes an explanation of medical staffing and facilities; description of staff structure, qualifications and ratios to campers and outlines of activities campers will participate in.

Tools that can be used to convey this information include:

- Camp brochure
- Letter to parents
- Video available at clinics
- Open house days at camp
- Parent's information nights at the hospital
- Referrals to parents whose children have attended camp previously
- Referrals to the campers themselves

Compliance: Copies of parent/hospital communication explaining programs offered.

Yes ❑

NO ❑

3.3 Is there an understood administrative & program structure within the Camp organization to ensure accountability?

Intent: A written organizational chart is available to all camp staff and job descriptions clarify and define roles and responsibilities as well as reporting relationships in sufficient detail.

Compliance: Copy of written organizational chart.

Yes ❑

NO ❑

3.4 Does the Camp have an evaluation process that receives input from staff, campers, parents, health care personnel?

Intent: To ensure that the program is receiving direction from those who understand the needs of the campers. The Camp may or may not decide to include donors and other stakeholders. Input could include:

- Surveys,
- Focus Groups,
- Advisory or Planning Committees,
- Other Stakeholders (e.g. donors, volunteers)

Compliance: Copies of surveys, advisory committee membership & minutes.

Yes ❑

NO ❑

3.5 Does the Camp have or provide professional liability coverage (medical malpractice) or require documentation from medical staff of proof of professional liability coverage that includes providing medical service for camp programs?

Intent: Liability is becoming more and more of an issue in the area of camping. Camps must try to limit their exposure as much as possible. The oncology Camps is responsible for attending medical health care practice during programs and for any consulting and/or on-call medical professional medical services. Professional liability Insurance coverages, exclusions and limits vary by state, province and positions. It is important that the Camp explore their potential risk exposure and options for insurance coverage to limit exposure.

Compliance: Copies of professional liability insurance policy including health care professionals.

Yes ❑

NO ❑

3.6 Does the Camp have a written policy regarding:

i. Confidentiality and information sharing that is trained, understood, and practiced by all staff?
Yes ❑ No ❑

ii. Is there established training and processes in place to meet child protection laws?
Yes ❑ No ❑

iii. Does your camp have a policy that requires prior permission before publishing or distributing staff or camper address lists?
Yes ❑ No ❑

Intent: Camper confidentiality and information sharing policies should cover both information given to the camp by health care professionals and parents and information that campers share with staff. Each camp needs to determine who will have access to camper information files. Staff needs to understand what a breach of confidentiality is and what information needs to be passed on to supervisors.

Compliance: Copy of written confidentiality and information sharing policy and explanation of how policy and procedures are communicated to staff AND written copy or explanation by director of procedures when information is shared that meets child protection laws.

3.7 Does the Camp have a comprehensive camper intake and/or application process that includes the following:

- Health History
  Yes ❑ No ❑
- Psycho-social history
  Yes ❑ No ❑
- Appropriate releases - including publicity, emergency treatment release, liability release, appropriate self, parent or guardian consent for participation in camp activities, appropriate health care professional's recommendations/restrictions
  Yes ❑ No ❑
- Picture for identification
  Yes ❑ No ❑

Intent: To ensure that the camp has adequate information to ensure the safety of the camper and deal quickly with incidents as they arise while they are in the camp's care. Health History information should be requested for ALL Campers – including patients' children, sibling children, adult children and parents.

Psycho-social histories often ask for information such as camper fears, behavior patterns, recent losses - death and divorce, questions they may have been asking lately, sibling rivalry, emotional status, and involvement in psycho-therapy or other support programs.
Understanding where the patient child is in processing the disease can be used to match them with the most appropriate of volunteers. A key area to inquire about is behavior. If specific behavior patterns can be anticipated and planned for, the staff person working with that child will be in a much better position to make an impact.

Pictures on camper files serve several different purposes including: allows medical staff to identify and learn camper names quickly, provides for added security during camper release to parent or guardian, and in the event of a missing camper a picture is readily available. If a camp uses pictures of the children in promotions or fundraising, then it is important to obtain consent from parents. When a parent does **no**t consent to the use of photographs of their child, a process must be put in place to ensure that all photos containing that child are removed from circulation. This requires carefully screening all photographs and videos. Staff responsible for photography should be made aware of which children are **no**t to be photographed so that they can be careful not to include them.

Compliance: Copy of camper intake documentation and/ or application.

MODULE IV PEDIATRIC ONCOLOGY CAMP OPERATING STANDARDS

4.0 STAFFING

4.1 Does the Camp's require annual training of staff that includes the following components?

- Medical issues and needs of campers and staff responsibilities relating to camper medical care Yes ❑ No ❑
- Psycho-social issues faced by campers -
  (e.g, Bereavement, Late effects, Fear of relapse, Survivor's guilt) Yes ❑ No ❑
- Confidentiality relating to personal and medical camper information Yes ❑ No ❑
- Sensitivity to personal care and privacy
  (e.g. ostomy, central lines, prosthesis, toileting, stage of illness, etc.) Yes ❑ No ❑
- Proper lifting technique as it relates to provincial or state regulations Yes ❑ No ❑
- Issues related to coping with illness and death Yes ❑ No ❑
- Discussion about appropriate post camp communication/relationships with campers Yes ❑ No ❑
- Universal Precautions Yes ❑ No ❑
- Behavior Management (e.g. proper/improper restraint, etc.) Yes ❑ No ❑
- Modification of activities for the inclusion of campers with special physical/medical/cognitive/
  behavioral needs or accommodations for activity leaders Yes ❑ No ❑

Intent: The above list of topics reflects the specialized training that is unique to working with children with special needs and in particular children with cancer and their siblings.

Compliance: Documentation of staff training curriculums and or schedule.

4.2 Does the Camp provide information, orientation and/or training for all staff and guests?

Intent: As a Camp Director, it is your responsibility to all individuals who are a part of camp to provide an orientation and/or trainings in areas such as: camp philosophies, expectations of their conduct while on site, the special needs and considerations of the camp's population, their responsibilities of their positions.

Part –time staff: Orientation/training in Camp philosophies, expectations of their conduct while on site, the special needs and considerations of the camp's population, their responsibilities in the area of supervision of children and emergency procedures.

Medical Staff: The camp environment can be very different from the hospital/clinic environment. Orientation and training to the camp philosophies expectations of their conduct while on site, health care procedures important to the integration of the health care staff within the camp community.

Staff of facilities provided by others: When a Camp utilizes another's site, the relationship between the two staff teams must be carefully nurtured to ensure that each side is aware of their responsibilities. The camp staff in residence will not necessarily be aware of the special needs that your group brings.

Guests: All individuals that visit the camp programs have an orientation in to Camp philosophies, expectations of their conduct while on site, the special needs, considerations and privacy of the camp's population.

Compliance: Orientation and training documents used for all segments of staff and guests.

Yes ❑

NO ❑

4.3 Does the camp have written health care policies, which have been approved by an independent licensed pediatric oncology health provider that includes?

- Ratio of onsite health care staff to campers
  Yes ❑ No ❑
- Defines appropriate access to the various health care specialists required to meet the need of the campers. (e.g. medical, dental, psycho-social care.)
  Yes ❑ No ❑
- Defines appropriate access to Emergency Medical System (EMS) access and/or and tertiary oncology treatment center.

Intent: For the safety of campers, it is important have a health care policy in practice that considers:

- The type of camp program (Patient Camp, Sibling Camp, Family Camp, etc.)
- Medical condition of eligible campers for each specific program,
- Access to (distance/ time) appropriate emergency medical support.
- The appropriate number and training of health care providers available on onsite / on trip / or nearby for each program.

Compliance: Copy of health care policy that is specific to each camp program and approved by licensed pediatric oncology health provider.

4.4 Are paid or volunteer staff required to complete a medical history that includes the following:

- Chicken pox immunity/occurrence
  Yes ❑ No ❑ DNA ❑
- Allergies (e.g. food, medications, seasonal)
  Yes ❑ No ❑ DNA ❑
- Medical and mental health history that would impact ability to perform staff responsibilities
  Yes ❑ No ❑ DNA ❑
- Immunization history (including rubella and tuberculosis exposure)
  Yes ❑ No ❑ DNA ❑

Compliance: Copies of staff medical history forms.

MODULE V PEDIATRIC ONCOLOGY CAMP OPERATING STANDARDS

5.0 HEALTH CARE

5.1 Has the Camp:

- Established eligibility requirements that match the camp's ability to provide safe and adequate care for campers?

  Yes ❑ No ❑

- Are camper applications reviewed by health care provider in advance of each camp session?

  Yes ❑ No ❑

- Does the camp utilize a late change form or similar mechanism reviewed by a health care provider at the time of camper arrival to ensure the most up to date medical information?

  Yes ❑ No ❑ DNA ❑

Intent: This suggested guideline is meant to ensure that both personnel and facilities are in place to handle the needs of the campers attending camp. Examples of eligibility restrictions include blood count, surgeries, time off transplant and degree of palliation. The review process ensures that campers attending camp fit within the eligibility requirements. It also allows both the health care staff and the program staff to make adjustments and accommodations to activities that will ensure that campers have an enjoyable experience at camp. If the medical staff has questions or requires further clarification after reviewing the forms they can be handled before the camper arrives. Sibling applications must also be reviewed, as they tend to have special needs of their own that camp staff must be prepared for.

Compliance: Written explanation of camper eligibility criteria and application review process; copy of document used to communicate recent medical/medication changes for each camper; copy of late change form or policy.

5.2 Does the Camp have written protocols available on site, specific to the camp operation, which has been approved annually by an independent licensed pediatric oncology health provider familiar with the camp's location and healthcare resources, for the following?

• Communicable disease	Yes	❑	No	❑	
• Chicken pox and shingles	Yes	❑	No	❑	
• Central line care	Yes	❑	No	❑	DNA ❑
• Blood borne pathogens*	Yes	❑	No	❑	
• Administration of IV and oral chemotherapy	Yes	❑	No	❑	DNA ❑
• Febrile neutropenia	Yes	❑	No	❑	
• Anaphylactic reactions	Yes	❑	No	❑	
• Transfusion	Yes	❑	No	❑	DNA ❑
• Antibiotic Resistant Organisms	Yes	❑	No	❑	
• Hazardous Waste Disposal	Yes	❑	No	❑	

Intent: This standard is meant to ensure that camps have procedures in place for dealing with common incidents occurring in their camp setting. Camps may choose to adopt written protocols of their local treatment center(s), but the Camp should review and must customize protocols to account for the program's specific location, scope of practice of on-site health care providers and well as the time and distance to access advanced medical support.

The procedures should cover screening, methods for minimizing spread of disease, and guidelines for the handling of each situation.

Compliance: Copy of written medical treatment protocols signed by an independent licensed pediatric oncology health provider in the last year.

** Blood borne pathogens are infectious microorganisms in human blood that can cause disease in humans. These pathogens include, but are not limited to, hepatitis B (HBV), hepatitis C (HCV) and human immunodeficiency virus (HIV). Needle sticks and other sharps-related injuries may expose workers to blood borne pathogens. Workers in many occupations, including first responders, housekeeping personnel in some industries, nurses and other healthcare personnel, all may be at risk for exposure to blood borne pathogens.*

5.3 Does the Camp have a medical emergency plan that takes into account the specific population served and the distance to support medical services including:

- Transportation plan that includes access to emergency transport, from all program locations to a tertiary treatment center if necessary with appropriate response time Yes ❑ No ❑
- Written or verbal agreement with a tertiary treatment center to treat the campers in the event of an emergency
  Yes ❑ No ❑
- Medical emergency that may occur during Camp-provided during transportation
  Yes ❑ No ❑

Intent: Medical emergencies are a reality in oncology camping and need to be planned for in advance. Many Camp programs are conducted at locations a distance from an appropriate medical treatment facility. The Camp needs to ensure appropriate response in medical emergencies and provide or arrange transportation to an appropriate advanced medical support. Even if the Camp program is on or near a medical facility, the Camp must plan for methods of notification for and transport to advanced medical support.

Compliance: Copy of medical emergency plan and correspondence with pediatric cancer treatment center that will be used in an emergency.

5.4 Does the Camp have a policy regarding accepting children receiving end of life care, including DNR (Do Not Resuscitate) orders?

Intent: Each Camp should consider if it is appropriate to accept campers on palliative care; staff directives on response to life threatening situations based on the Camp location and abilities. When a Camp chooses to include campers on palliative, documented policies should be in place that includes procedures and list of communication with healthcare providers and caregivers.

Compliance: Copy of policy.

Yes ❑

No ❑

DNA ❑

5.5 Does the Camp have a procedure for handling the disease related or accidental death while at camp?

Intent: This procedure is meant to prepare the organization by having a set plan that includes how to handle the immediate situation, communication with parents, clinics, staff and campers, dealing with the media, appropriate reports and follow up psycho-social support for campers and staff.

Compliance: Copy of written procedures.

Yes ❑

NO ❑

5.6 Does the Camp have procedures for encouraging:

- Hydration (i.e. during activities) Yes ❑ No ❑
- Application of sunscreen Yes ❑ No ❑
- Appropriate clothing for weather (i.e. hats) Yes ❑ No ❑
- Use of insect repellent Yes ❑ No ❑

Intent: Many of our campers will have an increased susceptibility to infection and therefore, although we are trying to achieve a normal camp experience, we still have to make it as safe as possible by assuring compliance with personal hygiene standards.

Compliance: Copy of written procedures.

5.7 Does the Camp have appropriate personal hygiene procedures that are enforced by staff?

- Hand washing Yes ❑ No ❑ DNA ❑
- Bathing Yes ❑ No ❑
- Tooth brushing Yes ❑ No ❑
- Appropriate toileting assistance Yes ❑ No ❑ DNA ❑

Intent: Many of our campers will have an increased susceptibility to infection and therefore, although we are trying to achieve a normal camp experience, we still have to make it as safe as possible by assuring compliance with personal hygiene standards.
Personal Hygiene procedures may include:

- Handwashing
- Bathing
- Tooth brushing
- Appropriate toileting assistance

Compliance: Copy of written procedures.

5.8 Has the Camp established an appropriate inventory of pharmacological products, medical supplies and equipment that is inventoried on a regular basis?

Intent: "Appropriate Inventory" of pharmacological products, medical supplies and equipment should include **general**, **oncological** and **emergency** situations that are most likely to arise based on the population of campers and staff. Inventory process should include verification of medical equipment, supply and medicine expiration dates.

Compliance: Copy of medication and medical supply inventory including inventory review verification.

YES ❑

NO ❑

5.9 Does your camp have procedures regarding the collection, administration and storage of camper and staff medications?

Intent: This policy must illustrate how medications are collected, secured and redistributed ensuring accuracy. The camp must control the administration of medications; however, distribution procedures differ between camps. A policy should include:

- When and how and by whom, medications are collected.
- How medications are secured from being miss taken. (For youth programs, camps may collect and secure medications in locked building, cabinet, etc. For trips or family camps, locked tackle-type boxes or other secure methods may be used by staff and parents to secure medications from being lost or accessed by those other than authorized staff/ parent)
- How the Camp meets governmental and/or local treatment facility standards for storage of controlled substances.
- System for ensuring accuracy of medication distribution.
- How the camp handles staff / adult (parent) medications: Dealing with staff and adult medications is an important consideration that must balance the safety concerns of individuals having access to medications, with the adult person's need for privacy. It is important that camps consider these factors in developing a policy and practice that works for their program.

Compliance: Director and/or medical staff documentation describing camper and staff medication collection, storage and administration process; Visitor observation of medication distribution process.

YES ❑

NO ❑

5.10 Does the Camp maintain records of camper and staff medical procedures, medication administration and treatments provided to campers and staff, and retained for an appropriate period of time, include the following?

5.10.1 Camper Medical Records

- Administration of medications Yes ❑ No ❑
- Accident/incident Yes ❑ No ❑
- Illness progress n**o**tes/treatment records Yes ❑ No ❑
- Behavior related summaries Yes ❑ No ❑

5.10.2 Staff Medical Records

- Administration of medications (for employees under 16 yrs. of age) Yes ❑ No ❑
- Accident/incident Yes ❑ No ❑
- Illness progress notes/treatment records Yes ❑ No ❑

Intent: It is important that accurate and thorough records are kept. They provide an historical perspective that may prove useful in the future if questions arise. The administration of medications is best recorded in a bound book with numbered pages or meets local health department requirements. Many camps keep this as a daily log while also maintaining individual records in each camper's file. Camper and staff health care treatments and medicine administration files need to be kept for an appropriate period of time after the camp experience. Camp's should consult with state regulations and legal counsel to determine the appropriate document retention period.

Compliance: Observation of camper and staff medical records and document retention policy.

5.11 Does the Camp have standard treatment protocols for nursing and medical care, specific to their program, reviewed and signed at least annually by a licensed physician for the management of common camp health concerns?

Intent: While most pediatric cancer camps are well prepared to deal with the special needs of their camper population, the medical staff is often not as familiar with common pediatric illnesses and injuries. Specific treatment guidelines reviewed regularly will help the oncology nurses and physicians respond appropriately to routine camper medical needs, which are not related to the cancer diagnosis (i.e., minor scrapes and scratches, insect bites, sprains and strains, stomach ache, headache, constipation, sunburn, sore throat, ear ache, tooth ache, etc.)

Compliance: Copy of annually reviewed standard treatment protocols.

YES ❑

NO ❑

MODULE VI PEDIATRIC ONCOLOGY CAMP OPERATING STANDARDS

6.0 PSYCHOSOCIAL SUPPORT

6.1 Is a licensed mental health professional (psychiatrist, psychologist, social worker, child life specialist) on site or available to camp staff?

Intent: Psychosocial support has an important role to play in all phases of camp. During pre-camp they provide specialized training that helps staff to prepare themselves for working with oncology patients and their family members. During camp they support the staff team to cope with difficult situations and effectively support campers as well as dealing with crisis situations. Post camp support for staff is important also to assist with the transition back to their home environment and to deal with the possible death of campers between camp sessions.

Compliance: Copy of license documents for attending/available health care professional(s).

YES ❑

NO ❑

6.2 Does the Camp have a policy for dealing with the communication of the death of a camper or staff member?

Intent: Camp Directors are often notified of the death of a camper or a relapse or change in the condition of a camper. It is beneficial to camp to have given some consideration to whether it is appropriate for them to pass this information on to staff, keeping in mind camper confidentiality issues and also how to most effectively communicate the information.

Compliance: Copy of policy.

YES ❑

NO ❑

6.3 Has the Camp evaluated offering a memorial / remembrance service?

YES ❑

NO ❑

6.3.1 If the camp DOES offer a memorial/remembrance experience…

- Is there bereavement support available to campers and staff? Yes ❑ No ❑ DNA ❑
- Has a person experienced in pediatric bereavement reviewed and approved the format? Yes ❑ No ❑ DNA ❑

Intent: When camps are designing a memorial service for campers and staff it is important that consideration is paid to timing, age appropriateness, cultural and religious sensitivity, emotional support, and whether the service is an option for campers. Camp may include feedback and/or input from campers and staff in the planning of services.

Compliance: Director description of memorial service planning and process.

6.4 Does the Camp have a plan regarding the transition of campers to graduate camper?

Intent: Many campers and camp families come to rely on the support and socialization that camps can provide. It is important to explore your camp's role in assisting campers and families in their transition from the camp environment into other appropriate support programs and/or camp staff positions, if appropriate.

Compliance: Copy of camper graduate plan.

YES ❑

NO ❑