

## Disclaimer

Within these Standards, reference is made to certain laws and regulations that apply to programmes at camps. For the purpose of explanation, education and example only, summaries of some of the applicable legislation are provided within these Standards. The OCA makes no representation or guarantee that the summaries or examples provided are complete, or that they are accurate interpretations of how the legal requirements apply to a camp's particular circumstances. Camps are cautioned not to rely on the summaries contained in these Standards. It is a camp's responsibility to learn about and understand the legal requirements that apply to them, and to ensure that they comply in all respects.

## General Notes

Every camp needs a health care programme that is well thought out and meets the needs of the camp, the campers and their families. The health care plan will be based on the needs of campers, type of and length of the programme and the distance to off-site medical care and facilities.

Potential health risks to the camper and staff members need to be identified and evaluated, and plans for prevention and appropriate care need to be identified in order to determine the appropriate qualifications of health staff. Health staff are the designated staff who provide health care and emergency treatment. This may include Doctors, Nurse Practitioners (NP), Registered Nurses (RN), Registered Practical Nurses (RPN), and First Aiders (including students in a nursing programme, new graduates from a nursing programme, paramedics and all others who have a current standard first aid certificate).

Camps need to decide the type of health care provider and health care protocols that are best for their camp programme based on their clientele, location, length of programme, access to higher level of care and the types of programmes offered.

There are two classifications of health staff, Regulated Health Professionals (RHP) and Unregulated Care Providers (UCP) defined as follows:

### Regulated Health Professional (RHP):

- **Nurse:** Nurse Practitioner (NP), Registered Nurse (RN), Registered Practical Nurse (RPN)
- **Medical Doctor (MD):** Licensed Physician

### Unregulated Care Provider (UCP):

- **First Aider:** This includes students in a nursing programme, certified first aid certificate holder, paramedics, regulated health care providers who are not licensed or certified to practise in Ontario.
- This class may use the terms Health Care Assistant or Aid, First Aider, or similar title. They may not use the term "Nurse".

### Camp Health Information Custodians:

- Camp director/senior staff/health care staff

Rental groups are responsible for their participants' health and safety.

The camp should review all policies and procedures for each rental group prior to the group being on site.

Rental groups should designate an individual who will be responsible in an emergency and provide the camp with any incident/accident reports following the emergency or incident.

# Relevant Regulations and Resources

- Recreational Camps under the Health Protection and Promotion Act, Regulation 568 of the Revised Regulations of Ontario, 1990 ..... [ontario.ca/laws/regulation/900568](http://ontario.ca/laws/regulation/900568)
- Canadian First Aid Manual such as St. John’s Ambulance or Red Cross
- College of Nurses of Ontario Standards & Guidelines ..... [cno.org](http://cno.org)
- Contact information for camp doctor; Telehealth Ontario: 1-866-797-0000; Poison control centre: 1-800-268-9017; and your local Public Health department
- Health Profession Acts
- Occupational Health and Safety Act, R.S.O. 1990, c. O.1 Ministry of Labour ..... [www.ontario.ca/laws/statute/90o01](http://www.ontario.ca/laws/statute/90o01)
- Personal Health Information Protection Act (PHIPA)..... [www.ontario.ca/laws/statute/04p03](http://www.ontario.ca/laws/statute/04p03)
- A communicable disease textbook
- A current drug compendium
- A healthcare manual specific to the camp
- A pediatric illnesses textbook

Available from the OCA office:

- Camp Health Issues - a collection of articles pertaining to health and safety issues
- OCA Crisis Response Manual



# HC.1. General Health Care

HC.1.1.	Is one or more Regulated Health Professional (RHP) or Unregulated Care Provider (UCP) on-site at all times?	Yes	No	NA
HC.1.2.	Does the camp have written objectives/ goals for health care?	Yes	No	NA
HC.1.3.	Is an orientation provided for new and returning health care staff?	Yes	No	NA
HC.1.4.	Is the health care staff involved in an on-going evaluation and development of procedures for the medical/ health care programme?	Yes	No	NA
HC.1.5.	Has contact been made with a local physician, medical clinic or hospital emergency department and/or other emergency services to notify them of the camp's operation and the possible need for future service?	Yes	No	NA

**MANDATORY:**  
HC.1.1., 1.2., 1.4., and 1.5.

**Applies to:**

- Day Camps
- Overnight Camps

## HC.1. GENERAL HEALTH CARE:

### Contextual Education

**HC.1.1.** Staff qualifications should be adequate to manage the specific health care needs of the camp.

For example, regulated health professionals are responsible for practicing in accordance with the standards of their profession, for maintaining a level of competence and for being aware of changes in current practises throughout their career. In Ontario, regulated health professions are governed under the Regulated Health Professions Act, 1991 (RHPA) and Health Profession Acts (e.g. Medicine Act, 1991). In addition, nurses are regulated by the College of Nurses of Ontario (CNO) and Doctors by the Ontario College of Physicians and Surgeons. If they are not licensed to practise in Ontario they are considered an Unregulated Care Provider (UCP). Camps must be familiar with the abilities, qualifications and experience of any health care providers at camp and ensure that they are appropriate in the circumstances.

A copy of the regulated health professional's current license should be on file at camp and their status with either the Ontario College of Physicians and Surgeons or the College of Nurses of Ontario checked prior to making an employment offer. The use of the term "Nurse" is protected and can only be used to describe an RN or RPN.

**All nurses and UCP must have a current CPR and Canadian Red Cross Society or St. John’s Ambulance Standard First Aid Certificate or a certificate that the Ministry of Health deems to be equivalent. Copies of current first aid certificates held by staff should be kept on file.**

RENTAL GROUPS: Must notify the camp if they will be providing their own health care and release the camp of all responsibility for health care.

**HC.1.2. Well-documented objectives/goals give guidance to the health care staff, clarify their role at camp and assist in the yearly evaluation of the health programme. Health care is any care given to campers and staff on or off the campsite to treat an illness or injury. This care may be given by health care staff as outlined in HC.1.1. The camp has a health manual specific to the camp. Health care providers should follow their camp’s health care policies as outlined in the camp specific manual and in accordance with the OCA Standards.**

HC.1.3. An orientation for all health care staff is required. This ensures all health staff understand the organization, the lines of communication, the community resources, the general camp policies and their camp’s health care policies. This is particularly important for new health care staff. Where a health care provider is arriving mid-session or mid-camp they should be provided with a verbal or written report from the previous health staff to ensure the new staff member is aware of the general health status of the camp and any ongoing issues.

**HC.1.4. Camp leadership should have a process to obtain feedback from each health staff on an ongoing basis and at the end of the staff member’s stay at camp.**

**HC.1.5. This requirement is currently obligatory under the Health Protection and Promotion Act 1990, Regulation 568. s.7(2). Camps are required to be familiar with and adhere to current legislation or regulations that apply in their circumstances. Contact should be made on an annual basis upon the opening of a camp each season.**

**HC.1. GENERAL HEALTH CARE:**

**Compliance Demonstration**

**HC.1.1. to HC.1.5.**

**Written Documentation:** Copy of all health care staff certifications/licenses on file.

**Visitor Interview:** Is the camp director aware of health care staff qualifications?

## HC.2. Health Centre

HC.2.1.	Is the health centre adequately equipped to handle the anticipated health needs of the specific camp?	Yes	No	NA
HC.2.2.	Is health care/supervision easily accessible to campers and staff during the camp's operating hours?	Yes	No	NA
HC.2.3.	Is there a telephone or other means of communication readily available?	Yes	No	NA
HC.2.4.	Does the camp have a health history giving the camper's and staff's health history, health care needs and limits of his/her participation?	Yes	No	NA
HC.2.5.	Is documentation completed and kept by the health care staff specifying the frequency and type of care received by each camper and staff?	Yes	No	NA
HC.2.6.	Are incident/accident report forms completed and filed after each health-related incident?	Yes	No	NA
HC.2.7.	Are health information and health records kept in a confidential manner?	Yes	No	NA
HC.2.8.	Are health records kept for a time period as advised by the camp's legal counsel?	Yes	No	NA

### **MANDATORY: ALL**

#### **Applies to:**

- Day Camps
- Overnight Camps

### **HC.2. HEALTH CENTRE:**

## Contextual Education

**HC.2.1.** A method to identify sick or injured individuals should be in place. A health centre or appropriate designated area, which allows for care of sick and injured staff and campers should be easily accessible. A place to rest, for example, for overnight accommodation in an overnight camp, and a place that is easily accessible for parent pick up in a day camp.

The health centre requires adequate equipment and supplies to handle all the normal and anticipated medical and first aid needs specific for their camp.

The camp should have a designated individual who oversees the ordering and inventory of all camp health equipment and supplies on an annual basis.

A list of stock medications should be maintained including all stock of oral, injectable and topical medications.

A telephone or other means of communication should be accessible.  
A vehicle or other means of transportation should be easily accessible.

**HC.2.2.** Health supervision is any activity carried out by the health care staff to promote and maintain good health.

Staff and campers need to be informed of the process to access health care for routine care and in emergencies.

Refer to TR.2. for all trip and excursion access to health care.

**HC.2.3. INTERNAL COMMUNICATION:** Health staff have access to and knowledge in the use of the communication system(s).

**EXTERNAL COMMUNICATION:** Health staff are aware and able to use phones/communication device. Knowledge of the camp's criteria regarding who phones home and in what circumstances families are contacted. Camp's process for initiating 911 or other EMS services.

**HC.2.4.** The personal health history is a current record of existent and past health information. This should be completed before the camper/staff attends camp and updated within three weeks of the start of camp if there are any changes to the content. Refer to the OCA website for a Health History template.

The history should include:

1. Contact information including camper/staff name, date of birth, home address and phone number, guardian's name(s) and contact information.
2. Health information including information about illnesses, communicable diseases, physical, mental or psychological, disabilities, immunization (in particular date of last tetanus vaccination), a list of current medications and medications that will be given at camp (both prescription and over the counter), treatments, allergies, dietary restrictions and all other conditions that may affect the individual while at camp.
3. Description of camp activities the camper should be exempt from due to health reasons.
4. Two different emergency contact numbers and information from the guardian(s).
5. Consent for treatment with parent/guardian signature and date.

The parent or guardian must notify the camp if their child has been in contact with a communicable disease within three weeks prior to arrival at camp.

- Camp should have protocols in place for those who do not have up-to-date immunizations.
- Camp should have knowledge of and be aware that the collection of health information is governed under the Personal Health Information Protection Act, 2004.

**HC.2.5.** The documentation consists of on-going anecdotal notes on each camper's file (written by the health care staff who provided care) on every issue treated/cared for by the health care provider concerning such events as medications or treatments administered, changes in medical or health status, accidents, injuries, first aid provided, overnight stays in the health centre, periodic health inspections and treatments by the camp health care providers. All health care providers must follow their college or regulatory board standards. All documentation by a Regulated Health Care Professional must be in adherence with their college standards and/or best practises.

Documentation must include:

- date, time, and name of person injured or ill;
- general description of assessment (injury, illness and intervention);
- description of treatment (if administered), including all treatment within or outside of the health centre;
- Where possible, "follow up" should be carried out and documented;
- administration of any medications. Routine medications should also be documented on a daily medication administration record (MARS) with initials of person assessing and treating; and,
- signature or initial of health care provider. If using initials a master signature sheet with full signature and initials must be on file with the camp.

Documentation may also be required on incident sheets, phone call communication records, notes/documentation for guardians, and other camp specific forms. A list of staff names, titles and signatures should be kept on file annually for all staff that provide health care. There is no need for a daily log if documentation is done on each camper and staff file.

**HC.2.6.** Incident/accident reports help ensure a safe camp environment, to better the workplace and to assist the camp administration to follow up on areas of concern. Complete an incident/accident report for accidents, injuries, medical emergencies, behavioural issues, incidents out of the ordinary and near misses (an event that could have resulted in a major incident, for example, near drowning, harnesses or life jackets not used properly, fall or injury as a result of malfunctioning equipment or terrain, etc. that does not result in an injury). One must be completed for every individual involved in an occurrence. It must be dated and clearly explain details of the situation or event. All incident/accident reports should be reviewed by the camp's administration and/or Occupational Health and Safety Committee (an Occupational Health and Safety Committee may not be required by law). Camps are required to be familiar with and

adhere to current legislation or regulations that apply in their circumstances. Store incident forms separate from the camper's/staff's file.

Incident/accident forms are to be used to:

- track accidents, incidents, unusual occurrences and near misses;
- clarify all details of unusual occurrences;
- help ensure a safe camp environment by identifying potential areas of concern;
- better the workplace and to assist camp administration to follow up on areas of concern; and,
- help identify a “critical incident” as defined by the Ministry of Labour.

There are certain labour laws and regulations that may apply to camps depending on the circumstances. The following are examples of labour legislation that may apply. Camps must notify the Ministry of Labour when there is a critical injury or death, currently defined as follows: if a person, whether a worker or not (this includes, for example, supervisors, employers, workers, unpaid family members, and visitors), has been critically injured (see definition below) or killed at the workplace, the employer must immediately notify an inspector at the nearest Ministry of Labour office, and the worker health and safety representative or joint health and safety committee (if any). This notice must be by telephone or other direct means.

A “critical injury” is an injury of a serious nature that,

- places life in jeopardy;
- produces unconsciousness;
- results in substantial loss of blood;
- involves the fracture of a leg or arm but not a finger or toe;
- involves the amputation of a leg, arm, hand or foot but not a finger or toe;
- consists of burns to a major portion of the body; or,
- causes the loss of sight in an eye (Regulation 834).

Within 48 hours, the employer must also notify, in writing, a Regional Director of the Ministry of Labour, giving the circumstances of the occurrence (section 51(1)). Camps are required to be familiar with and adhere to current legislation or regulations that apply in their circumstances. [ontario.ca/laws/regulation/900834](http://ontario.ca/laws/regulation/900834)

**HC.2.7.** There are certain privacy laws and regulations that may apply to camps collecting personal health information depending on the circumstances. The following are examples of legislation that may apply. Health records are only available to those identified as the camp’s health information “custodians.”

Camp directors and health care staff must be aware of their responsibilities and legal rights under the *Personal Health Information Protection Act, 2004 (PHIPA)* which is an Ontario law that governs the collection, use and disclosure of personal health information within the health sector. The object is to keep personal health information confidential and secure, while allowing for the effective delivery of health care. Under this legislation, persons and organizations that provide health care are collectively known as health information “custodians.” This guide will help to interpret the legislation of the Act: [ipc.on.ca/images/Resources/hguide-e.pdf](http://ipc.on.ca/images/Resources/hguide-e.pdf). This Act states information on all personal health records is confidential and is available only to the health care custodians, as defined by PHIPA. Other staff may be informed on a “need-to-know” basis with appropriate consent.

**STORING RECORDS:** Health Custodians must take steps to protect personal health information against theft, loss, unauthorized use, disclosure, copying, modification or disposal. Administrative (e.g. policies, training), physical (e.g. locked filing cabinets), and technical (e.g. passwords, encryption) safeguards and practises must be put in place to ensure the security of personal health information.

**HC.2.8.** Records should be scanned into your system including all medical files, registration files, class lists, cabin lists and then the physical documents destroyed. Keep any completed incident/accident forms and reports on possible liability claims forever. Health care records should be stored, according to the recommendations of the Canadian Medical Protective Association (CMPA).

**CMPA recommends:**

*“The CMPA recommends to its members that they retain their medical records for at least 10 years from the date of last entry or, in the case of minors, 10 years from the time the patient would have reached the age of majority (either age 18 or 19 years).”*

## **HC.2. HEALTH CENTRE:**

### **Compliance Demonstration**

#### **HC.2.1. to HC.2.2.**

**Written Documentation:** Objectives/goals reviewed annually.

**Visitor Interview:** Copy of objectives/goals available for review. Evidence of compliance with privacy legislation.

## HC.3. Health Care Procedures

### MANDATORY: ALL

#### Applies to:

- Day Camps
- Overnight Camps

HC.3.1.	Is there a procedure for the early identification of health issues?	Yes	No	NA
HC.3.2.	Is the person in charge of health care given time, during staff orientation, to discuss the health programme with the whole staff?	Yes	No	NA
HC.3.3.	Is there a procedure in place to ensure camper health information is shared with appropriate camp staff?	Yes	No	NA
HC.3.4.	Are there current written Treatment and Medication Guidelines available for all health care staff?	Yes	No	NA
HC.3.5.	Are medications at camp stored and managed in a safe and secure manner and handled and monitored in a controlled manner?	Yes	No	NA
HC.3.6.	Are written procedures and equipment available for all campers and staff to prevent spread of infections?	Yes	No	NA
HC.3.7.	Are written procedures available for the management of outbreaks of communicable diseases?	Yes	No	NA
HC.3.8.	Are written procedures available for encouraging campers and staff to practise sun protective behaviour?	Yes	No	NA
HC.3.9.	Are written procedures available for preventing and managing allergic and anaphylactic reactions?	Yes	No	NA
HC.3.10.	Do health care staff know the procedure for making appropriate contact with parents or guardians?	Yes	No	NA

### HC.3. HEALTH CARE PROCEDURES:

#### Contextual Education

**HC.3.1.** All campers/staff should have a health history on file that is the baseline for health assessment. There is a process in place to follow up with guardians for all medical issues that require further information (e.g. seizure disorder, diabetes, special diets, etc.) Brief visual health assessments are completed on a regular basis by trained staff. The training should include privacy and confidentiality issues as per PHIPA. Staff should also be made aware of any medication the camper is currently taking or has recently stopped taking.

They should be instructed on what they need to continue to observe and to whom to report any concerns. Staff should be instructed to monitor themselves for the same and report any areas of concern to the camp health care staff.

**HC.3.2.** Allocate sufficient time during staff orientation for the health care staff to introduce the philosophy of the camp health programme, the extent of the health programme, and staff responsibilities for the health of campers and the maintenance of their own health. Use every opportunity to teach camp staff about health matters pertaining to campers, and other areas such as hand washing, personal hygiene, sun safety and protection and healthy eating.

Staff should be aware of the camp's expectations in providing health care and first aid. Staff should be provided training and the camp should have documentation that indicates that staff have received such training.

**HC.3.3.** Time is allocated prior to campers' arrival for camper health information to be shared with staff on a need to know basis. All information shared is kept confidential according to PHIPA and the camp's privacy policies.

Shared information should include the following topics: special diets, allergies, medication, medical conditions, psychological, physical conditions, behavioural issues and any other requirements that may be needed to meet the camper's individualized special needs and any restrictions in the camp programme.

**HC.3.4.** TREATMENT GUIDELINES are written protocols to manage anticipated illness and accidents. These treatment procedures are followed by the health care staff when giving care to campers and staff on the campsite, and by the trip leader or designated staff when on an out-trip.

MEDICATION GUIDELINES give guidance for the administration of "over-the-counter", non-prescription medications. Using the original label for guidance, compile a list of medications, which includes the name of the medication, indications for its use, appropriate dosage according to age and/or weight, the route of administration, the frequency with which the medication should be administered, and the commonly occurring symptoms that indicate the medication is needed.

**NOTE:** Treatment and Medication Guidelines do not need to be signed by a physician.

REGULATED HEALTH CARE PROVIDERS should follow best practise guidelines as outlined by their specific college.

UNREGULATED CARE PROVIDER (UCP) camps should establish a



protocol regarding how the UCP will administer over-the-counter medication. It is recommended that camps develop a list of over-the-counter medications with written guidelines indicating the use of the medication and the dosages. This list should be provided to guardians in a format that allows guardians to indicate which medications they consent to their camper having. This document should also indicate a UCP will be giving medication and the qualifications of this UCP (e.g. First Aider, camp administration, etc.). Refer to the OCA Health Form template on the OCA website as a resource.

**HC.3.5.** Personal medications (prescriptions and over-the-counter) brought by campers and staff must be in the original containers, prescription medications must have the original pharmacy label on the bottle and be up-to-date and clearly indicate the name of the individual, name of the medication, the dosage, the route of administration and the frequency with which the medication should be administered.

Medications (e.g. oral, injectable, topical) are managed as follows:

- all personal medications for campers and staff should be stored in a safe, secure and locked manner, whenever possible, in the health centre; and,
- the health care staff or person responsible for health care administers all medication to campers.

If individuals practise self-administration, health care staff supervise this process.

Expired and outdated medications should be properly discarded at a pharmacy.

Medications such as Epinephrine Auto Injectors (EAI) and inhalers or any emergency medications may be carried by the individual, after consultation with the camp health staff.

All administered medication must be documented/signed indicating medication was given and at what time.

**HC.3.6.** Preventing the spread of infections before they lead to an outbreak comes with good infection control practises.

Camps should have formalized policies and procedures outlining:

- the prevention and spread of infection;
- proper equipment to help prevent the spread of infection;
- vaccination protocols and include plans for those campers and staff who are not immunized; and,
- training for all staff on universal precautions and how to prevent the spread of infection.

**HC.3.7.** Camps should obtain a list of reportable and non-reportable diseases from the local Public Health Department (PHD). A process for reporting all reportable diseases to PHD and for recording for the camp should be in place.

Written procedures should include:

- infection prevention and control;
- a process for early identification of communicable disease;
- methods of isolation/management; and,
- communication with PHD, parent/guardian(s), and senior camp staff.

**HC.3.8.** Camps should have and implement sun safe practises with a written policy that promotes sun awareness and safety. Campers' families should be informed of the camp's sun safe practises and expectations. All staff should be provided sun awareness training. Programme time for sunscreen application and re-application and adapt programmes accordingly during extreme weather alerts and high UV index reports as per Environment Canada.

**HC.3.9.** Allergic reactions could be anything from a mild allergic reaction to a life threatening allergic reaction (anaphylaxis).

Camps should:

- provide information to families about the camp's allergy policy and procedures;
- inform appropriate camp and kitchen staff of camper's allergies;
- educate and train staff in the signs and symptoms of an allergic reaction including the use of an Epinephrine Auto Injector (EAI); and,
- encourage an "allergy aware" environment.

**HC.3.10.** Camps should:

- call parent/guardian(s) and report any significant change(s) in a camper's health condition;
- contact parent/guardian(s) if inadequate health information has been received;
- identify and educate all staff as to the appropriate person to contact families/guardians for medical situation;
- documented incidences as per the camp's documentation policies;
- train staff in the proper documentation procedures; and,
- keep in mind RHP must follow their college's professional code conduct.

### **HC.3. HEALTH CARE PROCEDURE:**

## Compliance Demonstration

**Written Documentation:** Orientation checklist or outline.

**Visitor Interview:** Director/staff description of treatments.

## HC.4. Emergency Response

### MANDATORY: ALL

Applies to:

- Day Camps
- Overnight Camps

HC.4.1.	Are written procedures available for the management of accidents, medical emergencies or death?	Yes	No	NA
HC.4.2.	Are emergency telephone numbers and concise directions to the site posted next to each telephone?	Yes	No	NA
HC.4.3.	Is transportation available at all times in the event of an emergency?	Yes	No	NA
HC.4.4.	Are health care staff familiar with the camp's Crisis Response Plan?	Yes	No	NA

### HC.4. EMERGENCY RESPONSE:

#### Contextual Education

**HC.4.1.** Procedures should be clearly outlined in both the camp's treatment guidelines and the camp's crisis response manual. The OCA Crisis Response Resource Manual is a valuable reference and these Standards should not be relied on as the sole resource by camps. All camp leadership and health staff should be aware of these procedures prior to camp starting.

**HC.4.2.** Camp should post the following important/emergency numbers beside each phone:

- 911 or the following where applicable: fire department, police department, rescue squad, air rescue, ambulance;
- poison centre, anti-venom centre;
- local on-call physician;
- pertinent camp staff including the camp caretaker;
- Local public health department; and,
- posted information should include address and directions to camp.

Prior to camp arrange a visit to the camp by a member of each of the above organizations. This will help establish a better working relationship between the camp and the local community.

**HC.4.3.** Camps should be ready with an assessment on the individual's medical condition in order to determine the mode of transportation either by EMS or by the camp's vehicle. Procedures for initiating Emergency Medical Services (EMS) or other evacuation methods

where EMS is not available are in place prior to the start of camp. If emergency services are called, camp staff should greet emergency vehicles at the front of the camp and direct vehicles to the appropriate location upon arrival at camp. Camps, where applicable, should have policies and procedures for family pick-up where appropriate for a medical condition.

**HC.4.4.** Health care staff are involved in the development and organization of the camp's Crisis Response Plan.

Health care staff have reviewed the existing Crisis Response Plan and are knowledgeable in their role within the plan. Health care staff are trained and knowledgeable in how to initiate the camp's Crisis Response Plan.

#### **HC.4. EMERGENCY RESPONSE:**

### Compliance Demonstration

**Written Documentation:** Meeting minutes. Completed feedback forms.

**Visitor Interview:** Director and health care staff are to verbalize evaluation and development process.



Camp Mini-Yo-We