



SKILLS, KNOWLEDGE, EXPERIENCE AND MORE!

Outdoor environment

Pediatric assessment skills

Friendships

Managing outbreaks

Triage skills

Mental health

Nuturing

Emergency First Aid

Time management skills

Homesickness

Working as a team

TLC

Gaining independence and autonomy

BE PREPARED! (Prior to Camp)



- Know what your **job title** is (i.e., first aider, HCA, Grad Nurse)
- What are your **responsibilities** (i.e. stocking health centre, first aid to campers/staff, lice checks, communication with parents, health form intake, accompanying campers to hospital/clinic, calling 911)
- Who are you **working with** and what are their qualifications? (i.e., MD, RN, alone)
- What is the **camper population?** What are the medical needs of the campers? (i.e., diabetics, anaphylaxis, seizures)
- Health staff **communication** of camper/staff health needs? (When is hand off done? By who? How?)

Ask the Director/Head Nurse:

- What does **arrival day** look like? (camper screening)
- What **documentation** will you be using? (online, paper)
- What **supplies** do you have in the Health Centre?
- What **resources** are available to you? (i.e. Public Health contact, Camp Health Manual, Camp Safety Plan)
- What does a **typical camp day** look like?
- What are the **camp routines**?
- What are the **Health Centre Routines** (clinic times, open door)
- Is there an **AED on site? Location(s)? First Aid Kits? Spare EpiPens?**
- **Staff training**: who will train you? When? Are you expected to train other staff?

Ask the Director/Head Nurse:

- Review your camp specific **treatment guidelines**
 - What are the treatment guidelines?
 - Are you able to carry out all the care in the treatment guidelines? If not, what are your learning needs? How can you obtain or learn what is necessary prior to camp?
- What is your camp's **Anaphylaxis Policy/Protocols?** Are you knowledgeable in anaphylaxis? Do you know how to administer an EpiPen?
- What is your camp's **Asthma Policy/Protocols?** Are you comfortable with recognizing Asthma signs and symptoms?
- Your role in an **Emergency?** Who calls 911? Your role in a camp crisis?

OCA ACCREDITATION STANDARDS



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**

OCA ACCREDITATION STANDARDS



Visit: www.ontariocampsassociation.ca

HC. 1.1.	Is one of 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 the 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



OCA ACCREDITATION STANDARDS

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 the 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

PREPARE YOURSELF:

- **Insurance:** investigate how you can be protected while working camp, especially since you are not licensed/registered
- **First Aid/CPR:** Ensure your First Aid/CPR certification is up to date with minimum of Standard First Aid.
- What are your **sleeping quarters?** (i.e., in the Health Centre, Cabin). Will you be expected to be on-call overnight?
- Day Camp: how will you get to and from camp? **Transportation** options?
- When are your **breaks/days off?**
- Know what to **pack** (bedding, personal items, comfy clothing, closed toed shoes, rain gear, hat, sunscreen)

ARRIVAL TO CAMP:

- Have a complete tour of the camp
- Orientate to the camp schedule
- Review of your expectations
- What are your responsibilities during
 - Fire drills
 - Search and rescue
 - Camp emergencies
- Who is responsible for contacting parents?
- Participation in staff training: hand washing, when a camper should be taken to the health centre, enforcing self care practices (good sleep and eating habits)
- Know your team! (Camp director, camper relations, MD, RN, out-trip staff, etc)



HEALTH CENTRE:

- Familiarize yourself with all the equipment, medication and forms
- What OTC medication is stocked, what is expired?
- How are camper and staff medications stored? And where?
- How do you contact someone in an emergency?
- Locate camper health records (review allergy, medical concerns, dietary restrictions)
- Know where the contact information is for Public Health Department

Health Centre: What to Stock

- PRN Medication (Benadryl, Tylenol, Advil, Pepto Bismol, Gravol) in both liquid/chewable and pill form
- Linens (disposable?)
- Ice/Ice machine
- First aid supplies (refer to first aid kit guidelines)
- Resources (PH, Mental Health, First Aid Guidelines)

CNO PRACTICE GUIDELINES:



WORKING WITH AN UNREGULATED CARE PROVIDER:

Expectations for nurses who work with UCPs A nurse who teaches, assigns duties to or supervises UCPs must:

- know the UCP is competent to perform the particular procedure or activity safely for the client in the given circumstances. When teaching a UCP, a nurse is expected to have first-hand knowledge of the UCP's competence. A nurse who assigns or supervises is expected to verify that the UCP's competence has been determined
- ensure that the UCP:
 - ▶ understands the extent of her or his responsibilities in performing the procedure(s)
 - ▶ knows when and who to ask for assistance, and
 - ▶ knows when, how and to whom to report the outcome of the procedure.
- ensure that there is an ongoing assessment of the client's health care needs, develop a plan of care, evaluate the client's condition and judge the ongoing effectiveness of the UCP's interventions. UCPs perform a variety of tasks based on their employment setting and on the role or employment description the employer provides. Nurses who delegate to UCPs must do so in accordance with regulation.⁵ When the employer and/or nurse are determining appropriate tasks for a UCP, they should assess:
 - each client's situation and condition
 - the activity and associated risk, and
 - the environmental supports.

CNO PRACTICE GUIDELINES:

Controlled acts and exceptions Controlled acts are activities that are considered to be potentially harmful if performed by unqualified individuals. This document addresses three of the controlled acts authorized to nursing under the Nursing Act, 1991.6 They are:

1. Performing a prescribed procedure below the dermis or mucous membrane
2. Administering a substance by injection or inhalation, and
3. Putting an instrument, hand or finger: i. beyond the external ear canal ii. beyond the point in the nasal passages where they normally narrow iii. beyond the larynx iv. beyond the opening of the urethra v. beyond the labia majora vi. beyond the anal verge, or vii. into an artificial opening in the body.

A UCP only has the authority to perform a controlled act through an exception or when an individual who has the authority to order or perform the act delegates this authority to the UCP. The Regulated Health Professions Act, 1991 identifies a number of exceptions that allow individuals who are not members of a regulated health profession to perform some controlled act procedures. These exceptions include: 1. treating a member of her/his household, and the procedure falls within the second or third controlled acts authorized to nursing, and 2. assisting a person with routine activities of living, and the procedure falls within the second or third controlled acts authorized to nursing (see the table below). A procedure is considered to be a routine activity of living when its need, response and outcome have been established over time and are predictable.

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CNO GUIDELINES: Authority to perform procedures

<u>Procedure</u>	<u>Other (Paid care provider) Authority to perform procedures</u>	<u>Other (paid care provider) When is teaching/delegation required?</u>
Performing procedure below the dermis or mucous membrane	Not included in exception; requires delegation	May teach if part of delegation/requires delegation
Administering a substance by injection or inhalation	Exception permits performance if part of routine activity of living	May teach if a routine activity of living or part of delegation/requires delegation if not a routine activity of living
Putting an instrument, hand or finger into a body orifice or artificial opening into the body	Exception permits performance if part of routine activity of living; otherwise requires delegation	May teach if a routine activity of living or part of delegation/requires delegation if not a routine activity of living
Procedures not included in the controlled acts	No authority required to perform	May teach/does not require delegation

Expectations for Nurses Who Work With UCPs

	Teaching	Delegating	Assigning	Supervising
What is it?	Deciding to teach, providing instruction and determining competence to perform a procedure	Transferring the authority to perform a controlled act procedure to a person not authorized to perform that act	Allocating responsibility for providing care	Monitoring and directing performance of specific activities for defined time period; may be direct or indirect
What does it apply to?	Any procedure	Controlled act procedures only	Any procedure	Any procedure
Who may do it?	A nurse who meets the requirements for teaching	A nurse who meets the requirements in <i>Authorizing Mechanisms</i>	A nurse with the necessary knowledge and judgment	A nurse with the necessary knowledge and judgment



CNO: DECISION TREE

Nurse considers teaching a procedure

Is the nurse competent to perform the procedure? NO- Do not teach

↓
YES

Is the nurse competent to teach the procedure? NO- Do not teach

↓
YES

Consider:

- Risks and benefits of performing procedure
- Predictability of outcomes
- Safeguards and resources available and
- Other factors in the situation

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Can the nurse safely teach the procedure, considering the factors?

Is the care provider available with potential to perform procedure?

↓
YES

NO- Do not teach

Teach care provider, determine competence, identify conditions for performing and indicators for seeking assistance.

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Is there a mechanism to determine ongoing competence?

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YES

NO- Do not teach

Ensure that a monitoring mechanism is in place.

Day to Day at Camp

Medications:

- Medications brought from home **MUST** be in the original container, clearly labelled. Prescription medication **MUST** be in the prescription bottle.
- All medications administered **MUST** be documented in the health record- regardless of who administers it.

Document, Document, Document!!

- Document all first aid/care given to campers/staff on the health record

Confidentiality:

- All health records are confidential. Parents should have a signed consent form which allows you to share pertinent health information about the camper with those who will be caring for them.

MEDICATION:

- Medications need to be stored and managed in a safe and secure manner and handled and monitored in a controlled manner (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.
 - Ask parents to have medication put in blister pack, for easier administration
- 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 EpiPens 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.

Medication: Hospital/Camp

Hospital:

- Use of technology at hospital with scanning bars and ID bands
- Pre-dispensed medication by pharmacy in proper dose
- Electronic MARS
- Quiet undisturbed space to prepare and administer medication (Med room, single patient room)

Medication: Hospital/Camp

Camp:

- **Limited technology** for medication administration (sometimes paper records used)
- No pre-dispensed medication- pouring medication from bottles- room for medication **errors with dispensing medication**
- No quick **ID check**- ask camper name, show camper their name and medication and verify with camper
- Often **loud disruptive space** (busy health centre, dining hall)- limit disruptions by only administering medication in health centre, with only camper receiving medication in room at that time.

Day to Day at Camp:

Have Fun!

- Providing health care at camp is a lot of hard work! Ensure you do have some time off to avoid burning out. Take care of your mental health too!
- Enjoy the waterfront activities, read a book by the lake on your time off
- Check out areas of camp you don't usually get to see during your time off
- Try a new activity and challenge yourself (i.e., rock climbing, pottery, archery)
- Participate in camp wide events (talent shows, campfires, camp wide programs)



End of Camp/Closing Camp

- Your notes, MARS and any other health records must be kept for 10 years past the age of majority. The Camp Director should let you know where they are to be stored.
- Pack up and store Health Centre Supplies.
- Dispose of any expired medications (can bring to a local pharmacy for proper disposal)
- Provide the camp with your feedback on how your summer went (areas for improvement and what worked well)
- Self-reflection: what did you learn?, how did you grow?, what skills/knowledge/experiences did you obtain?

Get to Know Your Team!: Activity



It is vital at camp to get to know your team!

You will learn to rely on your team members for: support, guidance and friendships.

A team that works well together is more effective, more productive, and more successful- not to mention more fun to work with!

Communication amongst team members is crucial to accomplish a given task

Group Discussion:

What are you hoping to get out of your summer at camp?

What are your fears/concerns about the summer?

RESOURCES:

- EpiPen101.ca
- ParachuteCanada.org
- LymeDiseaseAssociation.org
- LiceSquad.com