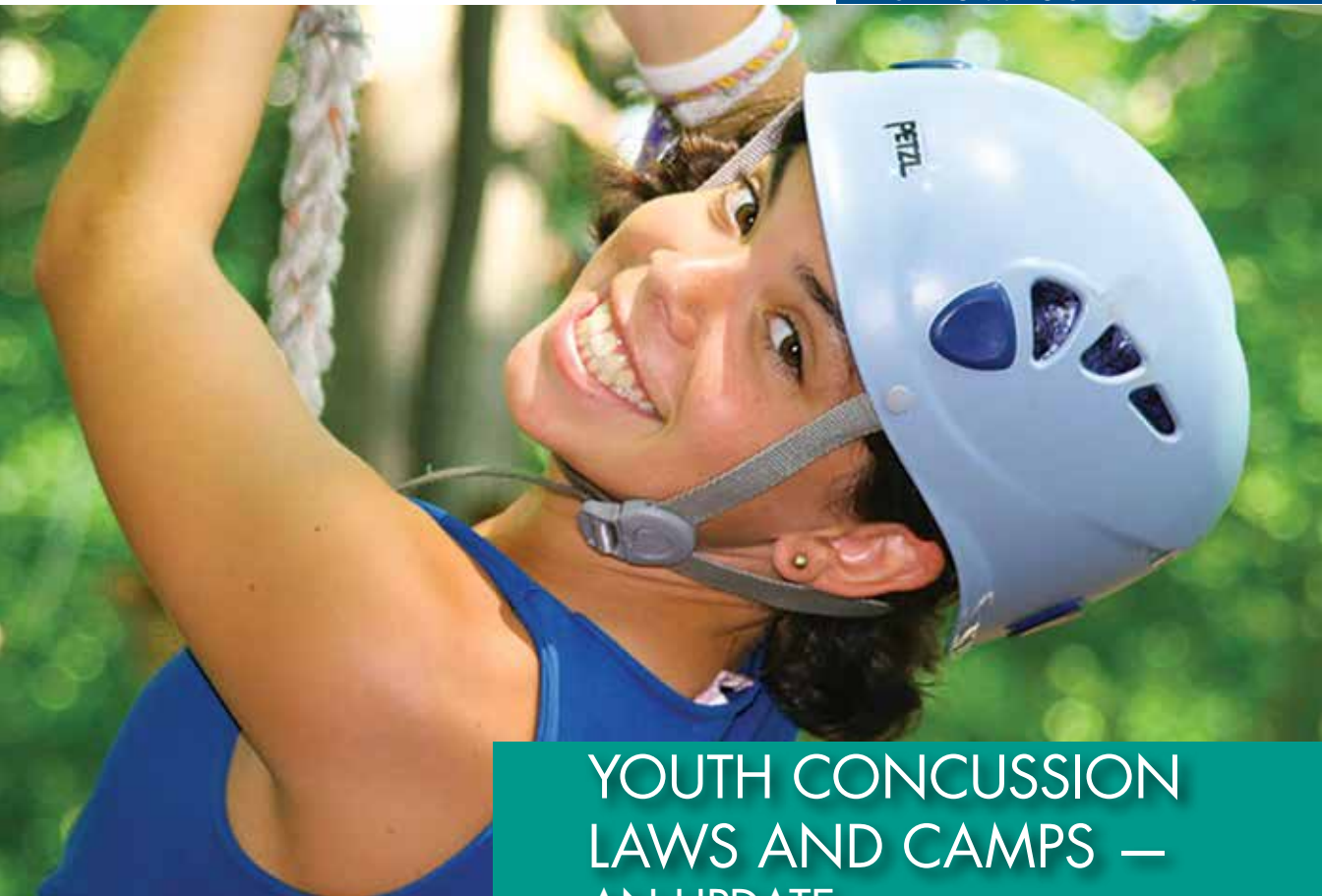


THE CAMPLINE

Providing Camp-Specific Knowledge on Legal, Legislative, and Risk Management Issues

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YOUTH CONCUSSION LAWS AND CAMPS — AN UPDATE

Photo courtesy of Camp Echo

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In 2011, the American Camp Association published “Concussions: What Camps Can Learn from the Zachery Lystedt Law” (www.ACAcamps.org/resource-library/articles/concussions-what-camps-can-learn-zachery-lystedt-law) in the Winter issue of *The CampLine*. That article, written with the assistance of Dr. Stanley Herring, MD, examined what camps could learn from the emerging state laws requiring that athletes under the age of eighteen who were suspected of having sustained a concussion must be removed from practice or a game — and not allowed to return until they obtained a written return-to-play authorization from a medical professional trained in the diagnosis and management of concussions. The article examined that, while camp programs are generally not held to the requirements of state concussion laws (unless they conduct a youth sports program, such as a soccer or football camp), the practices and safety measures contained within them were still important to consider in the camp environment.

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CAMPER MEDICAL MADE EASY

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Much has changed in the ensuing years, warranting an update for the camp community. Every state and the District of Columbia has now enacted laws to protect young athletes from the risks associated with concussions in sport. While state laws vary, they generally have the same three foundational directives.

1. Education of Coaches, Parents, and Athletes: Schools/sports leagues must inform and educate coaches, athletes, and their parents and guardians about concussion through training and/or a concussion information sheet.

2. Removal from Play: An athlete who is believed to have sustained a concussion or who exhibits signs, symptoms, or behaviors consistent with the injury must be removed from play (including practices, games, etc.) immediately.

3. Permission to Return-to-Play: An athlete can only return-to-play (or any practice activity) after at least 24 hours and only then with written clearance from an appropriate health care provider who is trained in concussion management.

The differences between state laws vary regarding what sport programs must comply, what penalties exist for those who do not comply, and what medical providers are approved to make return-to-play decisions.

RETURN-TO-PLAY AUTHORIZED DECISION MAKERS:

- Seven states (AL, DE, KS, ME, ND, RI, and TX) designate the written clearance to come only from a licensed physician.
- Twelve other states (AZ, CO, CT, ID, IA, LA, MA, NC, NM, PA, SC, and TN) also include language to specifically allow for physician assistants, nurse practitioners, and/or neuropsychologists.
- Ten states (AZ, CT, IA, MA, ME, NE, NM, NV, PA, and SC) have language to specifically include athletic trainers.
- Two states (IA and NV) name physical therapists.
- Thirty of the laws include language to designate a health care provider specially trained in the evaluation and management of concussion but do not specifically name who those providers are.

ORGANIZATIONS THAT MUST COMPLY:

Most youth sport concussion laws are only applicable to school-sponsored sport programs, as many states do not have direct oversight capability of privately run youth sport organizations. However, there is growing legal precedent and an increased standard of care for immediate recognition and appropriate management of concussions at all levels of sport.¹

PENALTY FOR NON-COMPLIANCE: As penalties vary greatly across the country, refer to each state's law for details: www.knowconcussion.org/resource/concussion-legislation-map/

IMPLICATIONS FOR THE CAMP ENVIRONMENT

While no state laws are explicitly applicable to camps (unless a camp conducts a youth sports program, such as a soccer or football camp), the practices and safety measures protect the health of those who participate in activities that might lead to concussion or other forms of head injury. Thus, camps should consider applying their own state laws to their programs as well. (As always, the American Camp Association recommends that camps seek legal counsel when developing their own policies and procedures.) □

Resources

- Centers for Disease Control and Prevention
 - Heads Up - All Concussion-related resources <http://www.cdc.gov/HeadsUp/>
 - Online Training Courses: www.cdc.gov/headsup/resources/training.html
 - Traumatic Brain Injury and Concussion Data and Statistics: www.cdc.gov/traumaticbraininjury/data/index.html
- State Concussion Laws for Youth Athletes: www.knowconcussion.org/resource/concussion-legislation-map/
- Get a Heads Up on Concussion in Sports Policies Information for Parents, Coaches, and School & Sports Professionals. Centers for Disease Control and Prevention: www.cdc.gov/headsup/pdfs/policy/headsuponconcussioninsportspolicies-a.pdf

Footnotes: ¹KnowConcussion.org; Retrieved from www.knowconcussion.org/resource/concussion-legislation-map/

CONSIDER FOR EXAMPLE:

1. Have you identified the activities in your program that present risk of head injury and potentially concussion? These might include activities such as those involving motorized vehicles; boarding; in-line skating; hockey; adventure/challenge activities that involve rock climbing, rappelling, spelunking, high ropes (including zip lines), or vertical climbing walls/towers; all horseback riding activities, including pony rides; and bicycling — to name a few.
2. What training can be provided to front-line staff to help them recognize the signs and symptoms of a concussion immediately when it occurs during an activity?
3. Once identified by front-line staff, how quickly can you get the patient to qualified medical care for an evaluation of concussion (or other traumatic head injuries)?
4. If the patient is diagnosed with a concussion, what are the steps you will take (with medical professionals and the parents) to ensure that the patient is properly cared for and not allowed to return to any kind of activity (as deemed by the medical professional) that would hinder recovery? Does the patient go home? Do they stay in camp? Etc.
5. Repeated mild traumatic brain injuries (TBI) occurring over an extended period of time can result in cumulative neurological and cognitive deficits, and repeated mild TBIs occurring within a short period of time, can be catastrophic or fatal. It is important for camps to consider all of these issues and create a culture where head injuries are minimized; where accidents involving head injuries are evaluated and handled by professionals trained in the diagnosis and management of concussions; and return-to-activity decisions are made by those medical professionals in partnership with parents.

The Centers for Disease Control and Prevention estimates reveal **1.6 Million to 3.8 Million concussions occur each year.**

The Year in Review — Reflections on Camp Legal Issues

By Catherine Hansen-Stamp and Charles R. Gregg ©2016*



Photo courtesy of Green River Preserve Cedar Mountain, NC, Photographer: Jane Izard

This article will survey certain legal issues that have arisen in camp operations over the past year, as presented to the ACA Camp Crisis Hotline, other inquiries to staff, reported cases, and our experience with our camp clients.

We are reminded that we are enrolling young men and women who bring to their camp experience medical and other conditions, and attitudes that are novel and challenging. Camp staff — admissions and operations — are called on to address issues ranging from exotic allergies to gender self-identification. Some applicants have been deprived of those life experiences which might have taught them to trust the outdoors. Campers' young brains are most receptive to adventure and experimentation (the mature, calculating, and strategic brain is a number of years in the future), and that natural inclination requires special handling, even with children who are experienced and comfortable in the camp environment. Camp offers that special expertise, mindful of the value of outdoor adventures, accepting some deficits in campers' past experiences and committing to responsible risk management.

To become a part of the lives of these young people, a camp may have to be open to changes in some

of its traditional operating practices and policies. These "new" campers and their families add to the diversity of the camp experience and to the physical and emotional growth of all children who come to the program. They are a resource — not a problem.

The issues discussed below fall roughly into these categories:

enrollment (including screening for suitability); operations (including a camp's legal responsibilities for the health and safety of campers), matters of camper and staff conduct and business considerations. A reminder, as we begin this discussion: the focus of a well-run camp is the quality of the program, not the avoidance of litigation. Concentration on the latter will leave important matters unattended.

I. CAMPER ENROLLMENT:

A. Campers with severe health issues.

Must a camp accept campers with severe health issues (asthma, diabetes, etc.) if it is not set up to serve these conditions? Endeavoring to manage the physical, mental, and emotional well-being of campers can be challenging enough in the current culture, tempting some camps to conclude: "we are just not equipped for this kid or this condition." It may be true that a

camp is not comfortable in managing a particular health condition; however, the reality may be that the camp is dealing with a disability protected under the Americans with Disabilities Act (ADA) and companion state laws. The ADA doesn't spell out every disability, and a camp therefore may not know whether a camper's health condition is an ADA protected disability. Bottom line, camps and other programs providing outdoor and adventure programming may not (with some exceptions) discriminate against individuals with disabilities and must consider reasonable modifications to programs to provide access. There are limits on the law, but those can be difficult to assess, particularly at the last minute.

Essential Eligibility Requirements (EEC) — Non-discriminatory identification of physical, cognitive, and other elements of a camp's activities that focus on risk management and safety issues is an excellent way to provide early and critical information to all participants; This also allows camps to avoid health or medical surprises at the 'front gate' and ties into a camp's medical screening inquiries. See: "Access to Programs: The Value of Developing Essential Eligibility Criteria" by Catherine Hansen-Stamp, *Camp Business Magazine*, Jan/Feb

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2013, www.campbusiness.com/archives/access-to-programs; also check out “Essential Functions of a Camper: Analysis and Determination” by Tracey C. Gaslin, Ph.D., CRNI, CPNP, FNP-BC for more information. www.ACAcamps.org/resource-library/articles/essential-functions-camper-analysis-determination.

Don't put your head in the sand. The ADA, recently reinforced by Congress to expand its protections and strengthen inclusion for those with disabilities, must be on your radar. Disability or not, health conditions deserve to be handled sensitively and thoughtfully. Decisions to deny access must be well informed, substantiated, and documented. The good news is that the ADA is not set up to fuel litigation, but rather to encourage productive resolution by way of the Justice Department's no-cost mediation options. See our *The CampLine* articles: “The Americans With Disabilities Act. Revisited”; December 2015, www.acacamps.org/resource-library/camp/line/americans-disabilities-act-revisited; “ADA Title III: Access to Recreation Programs for People with Disabilities— What Does it Mean For Me? (An Update)” January 2006, www.ACAcamps.org/resource-library/articles/ada-title-iii-access-recreation-programs-people-disabilities-%E2%80%94-what-does-it-mean-me-update

B. Immunizations – can a camp require them for campers and staff?

Most state laws governing immunizations for public and private school students allow an exemption based upon religious beliefs. A state's laws may require a state-run camp to provide this exemption. Exemptions are also available under various state child care licensing laws (a licensing that is required of camps in some states). Many private camps' policies mimic state laws, requiring immunizations but allowing for an opt-out,

based upon religious beliefs or other reasons. However, barring some applicable and enforceable state law or regulation requiring a camp to allow exemptions, private camps may, if they choose, require immunizations. Ask your camp legal counsel to investigate applicable law in your jurisdiction as you develop your policy. See also: “Emerging Issues: Immunizations, Measles, and Other Communicable Diseases”, www.ACAcamps.org/resource-library/camp/line/emerging-issues-immunizations-measles-other-communicable-diseases.

C. Transgender or other gender nonconforming — must a camp provide access?

The regulations specifically exclude “homosexuality and bisexuality”

The ADA regulations define a protected disability as “. . . a physical or mental impairment that substantially limits one or more of the major life activities of such individual. . . .”

from the definition of a ‘physical or mental impairment’ for the purposes of the above definition. In addition, the regulations exclude “gender identity disorders not resulting from physical impairments, or other sexual behavior disorders” from the definition of “disability.” (28 CFR 36.104). According to some commentators, these exclusions extend to transgender or other gender nonconforming individuals.¹

That said, a camp that refuses admittance or reasonable accommodations to a homosexual, transgender, or other gender nonconforming individual may be found to have violated state human rights or anti-discrimination laws. Importantly, if your camp has a statement posted on its website and in its materials professing NOT to discriminate against individuals based upon, among other factors, sexual orientation, your refusal to admit or appropriately accommodate gender

nonconforming campers or staff may violate your own policy. This is a developing issue, and it behooves camps to understand current practices around admitting and serving gender nonconforming individuals in their camp programs, including those governing the individual's preferences regarding cabin and bathroom use. ACA has excellent resources, including, “Transgender Staff and Anti-Discrimination” by Nick Teich, LCSW, www.ACAcamps.org/resource-library/articles/transgender-staff-anti-discrimination.

D. Medical marijuana — must a camp allow use for campers or staff?

Notwithstanding many states' decisions to ‘legalize’ use of marijuana, for either medical or recreational

use, marijuana is still an illegal Schedule I controlled substance under Federal law. Although the U.S. Justice Department has declared it will not prosecute, Federal law generally ‘pre-empts’ (overrides) state law on this point. As a result, camps may prohibit marijuana use by campers or staff (whether or not in prescription form) during camp. If your camp chooses to allow marijuana use by campers or staff, consider the risk management issues associated with use, including impairment (an important issue, in the camp world of adventure and recreation activities). A delicate issue in current court litigation is how to deal with staff who claim that marijuana use is needed to treat an ADA protected disability. The ADA does not protect the (current) use of illegal drugs, and camps and other organizations are encouraged or required to provide a ‘Drug Free’ workplace, typically trumping the use ‘card.’ See our Fall 2011 *The CampLine*

article: “Medical Marijuana: Current Issues for Camps”, www.ACacamps.org/resource-library/articles/medical-marijuana-current-issues-camps. These are evolving issues and worth your close attention.

E. The Camper Agreement.

Whether a camp operates under a “Terms of Agreement,” a “Camper Parent Contract,” or other form of information exchange with its camper families, it is important that camps address unique issues prominently, including in a camp’s enrollment materials. By way of example, more and more frequently campers

signing parent’s confidence in his or her authority at the front end. See our Winter 2014-15 *The CampLine* article: “Who’s in Charge,” www.ACacamps.org/resource-library/articles/whos-charge.

A prudent camp will also address the issue of a camper’s after-camp contacts with camp staff (via the camp’s website, social media, in person or otherwise) and importantly, the camp’s responsibilities (or not) in those situations (for example, is the camp sponsoring an after camp get together?). In addition, the camp can inform and direct the child/

A camp may also advise parents regarding the importance of addressing, before camp and with their child, issues regarding potential bullying or sexual (or other) abuse, to empower their child in these situations — perhaps referring the parent to resources on the camp website. The camp can also inform the parents of the steps it is taking to address these issues at camp.

F. The information exchange: the role of adventure, risks and personal responsibility in the camp experience.

There is an important tension between aggressive marketing and the legal fallout of unfulfilled promises and misrepresentations. Both the law and camp families expect the truth regarding the camp experience, and its possible injuries and surprises. The camp is not and cannot be an insurer of everything that might go wrong, and no responsible camp will guarantee this.

In spite of this reality, some camps, in their zeal to attract campers, will market without considering how their words may come back to haunt them in the event of a program-related incident or otherwise. Camps want to emphasize those characteristics that mean the most to families, and say what parents and campers most want to hear: that their camp is “the best” and camp is “safe.” Messages that may say otherwise or documents the camp utilizes that present a different message — including those which perhaps release the camp from some liability, or ask the camper and/or parent to acknowledge or assume risks—are considered distasteful. A camp may perceive a neighboring camp achieving success with its message of “safety” and “24/7 supervision.” The challenge is to achieve marketing goals, while providing appropriate disclosure and addressing legitimate legal and risk management issues. The tension is real, but there are solutions.



Photo courtesy of Green River Preserve Cedar Mountain, NC, Photographer: Jane Izard

are coming from families of divorced parents, where a parent may — typically weeks or days before camp starts — challenge the registering parent’s authority and oppose the child’s enrollment, threatening the camp with litigation if the child is admitted. Camps should not be in the business of interpreting (even with the help of legal counsel) a couple’s divorce decree or shared parenting order. Putting the enrolling parent on notice of their obligation to proceed with secure authority, and having that parent agree to protect and indemnify the camp if that authority is questioned, can be an effective way to test the

parent regarding, for example, responsible use of the camp’s websites and protecting the reputation of the camp in discussion or images posted on the internet. See our Spring 2012 and 2014 *The CampLine* articles: “After-Camp Contacts between Campers and Staff: A Problem? Whose?” www.ACacamps.org/resource-library/articles/after-camp-contacts-between-campers-staff-problem-whose and “Camp Staff Use of Electronic Devices and Social Media: Some Issues and Solutions,” www.ACacamps.org/resource-library/articles/camp-staff-use-electronic-devices-social-media-some-issues-solutions.

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Your marketing messages are a critical part of what we term the “Information Exchange” — the critical flow of information between the camp and prospective camper families. A camp’s effort to inform the public about the nature of the camp experience is a vital part of this exchange. Honesty builds trust.

A camp’s disclosure should be fair, accurate, and provide enough information to educate and prepare the camper and his or her parents for the camp experience. Importantly, the message should provide a balance of information, allowing families to understand the camp’s benefits (what makes it unique and special), but also understand their personal responsibilities, as well as the activities, risks and inconveniences to which the camper may be exposed. (See our Winter 2007 *The CampLine* article “Marketing Your Camp – Finding the Balance” www.ACAcamps.org/resource-library/articles/marketing-your-camp-%E2%80%93-finding-balance)

The camp’s website or other social media may be the first contact the camp has with the family. It is the beginning of a relationship that will be sustained through further exchanges of information, and the camp experience — including, unfortunately, the prospect of disappointments. Honesty from the start will hopefully provide a basis for an amicable resolution of disputes later. Misleading the family at the outset is an invitation to later surprises, disappointments, and anger.

Ultimately, the camp can endeavor to manage risks. It cannot, in a traditional camp experience, eliminate risks or promise safety. Risks and hazards simply come with the camp territory, and neither camp nor camp family should want those risks eliminated, for they are the generators of growth and experience. Parents need to know and understand this as they consider the appropriate camp for their child.

II. OPERATIONS (INCLUDING CAMP’S DUTY OF CARE - CAMPER/STAFF HEALTH AND WELFARE)

A. A camp’s duty of care and its application to operations (and enrollment).

An understanding of a camp’s legal duty of care to campers and their families is important, because the existence of such a duty is the keystone of a claim of negligence. If no duty is owed, there is no liability for an alleged act or omission that might have caused harm to a child. (The other elements of a negligence claim are, as we have described in past articles: 1) a breach of a duty owed, and 2) a loss which is caused by that breach.)

Negligence claims — real and potential — make up a large part of the inventory of complaints which might be asserted by a family. It is clear that a camp owes a duty of care to its campers and families, in a variety of ways, depending upon the circumstances. Whether a duty exists — and the nature and scope of that duty in a given situation — is ultimately determined by a court, as a matter of law. Whether that duty was breached is determined by the fact-finder, judge or jury.

Ultimately, the family delivers control of the child to the camp with a high degree of trust and expectations, relying significantly on the camp’s representations of the camp experience and its willingness to accept the child. At a minimum, the family is entitled to believe that the camp will comply with local, state, and federal laws and if ACA-accredited, will comply with applicable ACA standards.

When camp is in session, a duty of care commonly arises because the camp has chosen to provide these services to the public and implicitly assumed an obligation to protect the child from unreasonable harm. Although a camp’s duty of care to campers is significant, there are

limits on the duty owed. For example, the law in many jurisdictions recognizes the concept that a camp does not owe a duty to protect campers from injury resulting from the inherent risks of outdoor or adventure activities, and that a reasonable duty to supervise does not require “constant supervision.” A duty may also be eliminated by a written agreement. And, a camp’s obligations under its duty of care will shift as the activities and relationships within the camp program shift, and may or may not continue after the child leaves the camp (See our *The CampLine* article: April, 2012 “After Camp Contacts Between Campers and Staff – A Problem? Whose?” www.ACAcamps.org/resource-library/articles/after-camp-contacts-between-campers-staff-problem-whose.)

In the event of an incident, and in a negligence context, the camp’s (and/or its staff member’s) conduct will be measured in this way: did the camp/staff member act as a reasonable camp or staff member would have acted in the same or similar circumstances? The test is reasonableness, not perfection or “best practices.”

The doctrine of *in loco parentis* (“in the place of the parent”) calls on a person or organization having a particularly close relationship to a child to use the same “care” as a parent would in dealing with the child. To the extent the doctrine continues to have some currency, it recognizes that the prudent parent understands that adventure and risk are a part of the camp experience, and that things can go wrong.

So, for our analysis of duty: did the camp owe a duty of care to the camper? Frequently, yes. Did the camp meet that duty? We will know when we — or a jury — apply the “reasonable camp” test described above to the circumstances of the alleged loss.

Today, the test of reasonableness may have to be applied to enrollment and operations issues that have little or no learning behind them. The camp community must figure out what does and does not best serve its interests in addressing these new circumstances.

In addition to the challenging enrollment issues discussed above, consider the following: In mid-2015 a Texas teenager was responsible for a fatal automobile accident while he was under the influence. He received only a probated sentence from a judge who ruled that the young man was raised in an environment of such privilege and advantage that he could not have understood right from wrong. The child's condition was described in television and print media as "affluenza."

In a recent Ohio case (*Amoako v. Church of the Messiah United Methodist Church*, 2015 Ohio App. LEXIS 3732), a camper was killed in what apparently was a game or prank involving experimentation with near-asphyxiation (the "choking game").

As we discuss above, requests for accommodation to a camper's gender identification pose significant challenge to camp management and families, and the dizzying array of social media options expose children to predators frequently beyond the reach of camp management. Bottom line: these are not your traditional enrollment and management issues. Medical and psychological circumstances rarely encountered in the past are now, in a sense, "foreseeable." Camps reasonably exercising their legal duty of care have the burden of understanding and endeavoring to screen for the existence of these circumstances, and more often than not being prepared to supervise and manage them.



Photo courtesy of Girls Scouts of Limberlost Council, Fort Wayne, IN

B. Distributing, administering and carrying camper medications — who at the camp is authorized?

Camps are faced with a myriad of health care issues including the variety of medications, prescription or otherwise, taken by its minor campers. A licensed physician or nurse hired by the camp will frequently manage and distribute and/or administer these medications at a residential camp.

However, consider a tripping camp (that has no residential facilities) or a residential camp that provides overnight tripping opportunities for its campers. When out of camp, consider the importance of camp staff (versus the camper) keeping medications in their secure possession — considering the 'street value' of certain drugs, and the potential for overuse, trading between campers or other abuse. State licensing laws or other laws or regulations often identify who at the camp is capable of carrying and/or administering medications in an in camp or out of camp setting. Leaders or other

camp staff may be tasked with these duties, under the lawful delegation of authority of a licensed health care provider (physician, nurse or other). An individual's ability to take on these duties is often paired with a legal requirement that the individual undertake or already possess required training in the handling or administration of medications. A camp should investigate these issues under applicable state laws. An excellent overview can be found online, "Medication Management: 13 Common Questions from Camps— And Their Answers," by Linda Ebner Erceg, RN, MS, PHN, www.ACAcamps.org/resource-library/articles/medication-managment-13-common-questions-camps-%E2%80%94-their-answers.

Also, consider the value in working with organizations that pre-package medications sent directly to the camp from the pharmacy (versus brought to the camp by the camper parent). Among other convenient services, these outfits pre-package medications in individual doses, offering an excellent option for camps.

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Camps, with varying degrees of oversight, allow off duty camp staff access to camp premises, facilities, and even equipment and animals. This is logical given the unique circumstances of camp employment. Camp staff (particularly at residential camps) typically don't 'punch a clock' and go home, but instead, live on camp premises. As a result, when staff members are off duty, they are certainly moving about the premises. Camps may allow and even encourage staff to 'get outdoors' during their off time to take advantage of what the camp has to offer (in fact, staff who enjoy recreating outdoors may see these expected opportunities as a coveted benefit of taking the job).

If a camp allows staff more than the most limited access to the camp premises during off duty time, consider the legal and risk management issues of doing so. Know that the risks increase if a camp allows staff to invite guests to join them.

Consider a two-pronged approach to off duty staff access to the camp and its amenities, identifying and managing the risks and associated risk of loss to: 1) staff, their guests and other third party/s, and 2) the camp. See our Fall 2015 *The CampLine* article: "Off Duty and the Camp is My Playground. (What Could Possibly Go Wrong?)" www.ACACamps.org/resource-library/campline/duty-camp-my-playground-what-could-go-wrong

III. BUSINESS ISSUES

In addition to the care of the camper, a camp has an obligation to take care of itself. Camps are becoming "big business," in terms of governmental regulation and the need for sound business practices to protect their financial interests.

Successful camps may hire a full or part-time business manager to assist in their business affairs. In addition they need good professional advice in accounting, law, medicine and insurance. Some camps may find it

helpful to seek the counsel of child development specialists and educators, although many smart persons are swimming in the same unfamiliar waters when it comes to today's youth.

An accountant, in addition to his or her other duties (taxes, banking and other controls), may urge the formation of a limited liability form of business for the camp. That same expert may suggest that the camp premises and the camp operations have separate ownership, so that operating liabilities will not impact the value of the usually very valuable land on which the camp operates.

A lawyer will help the camp understand its duty of care to camper families, craft its agreements with vendors, staff and campers, assist with claims, and acquaint the camp with laws and regulations which apply to it.

The camp doctor and nurse will help camp management develop a screening strategy appropriate for the camp's activities and environment, identify potential medical problems that arise in the enrollment process, and provide medical care and referrals.

Insurance is a critical component of a camp's "protect the camp" responsibilities. The terms of an

insurance policy, including those describing who is covered (volunteers?) and for what (cyber-liability? Sexual abuse and molestation?) can be difficult to understand. An agent whom the camp trusts and importantly, understands, is an indispensable asset. □

*This article contains general information only and is not intended to provide specific legal advice. Camps and related organizations should consult with a licensed attorney regarding application of relevant state and federal law as well as considerations regarding their specific business or operation.

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Footnotes:

¹Barry, Kevin M. (2013) "Disabilityqueer: Federal Disability Rights Protection for Transgender People," Yale Human Rights and Development Journal, Vol. 16: Issue 1, Article 1; see: digitalcommons.law.yale.edu/cgi/viewcontent.



Photo courtesy of Girl Scouts of Limberlost Council, Fort Wayne, IN

International Travel — Issues Identified by the ACA National Standards Commission

Travel and adventure have been part of camp since the beginning. The travel may be on foot, in a watercraft, by horse, or bicycle; travel might be in the city or open spaces, in the US or in far away locations.

As more and more ACA-Accredited® Camps expand their boundaries and offer trips to international locations, the ACA National Standards Commission (NSC) has begun the process of reviewing ACA standards to consider if they are appropriate when camps are traveling abroad to countries with different cultures, different levels of what is considered “safe”, different emergency response procedures and communication systems, etc.

Over the next nine–twelve months, ACA will be reaching out to camps that offer international travel to get their thoughts and input. In the meantime, the NSC feels it is important to remind trip and travel camps of the expectation that “standards are to be met for all programs a camp offers — no matter the location.” When a camp indicates it is ACA-accredited, the public (and parents) expect the ACA standards to be met on all programs. This means that as a camp reviews their written documentation for specific standards, it might require several “emergency plans” as each location is somewhat different. If this is the camp’s visit year, be prepared to share this documentation with the ACA visitor.

AREAS OF MOST CONCERN TO NSC INCLUDE:



TRANSPORTATION — Does a camp need to adjust accident and safety procedures for various locations (what might work in Vietnam might not work in Costa Rica)? ACA standards require emergency equipment, mechanical evaluations, and verification of acceptable driving record on all vehicles/drivers (even “chartered” vehicles) — can a camp acquire these from their provider?



HEALTHCARE — Are camp healthcare policies for programs in the US appropriate for those in a foreign country? Are their laws/rules specific to medication (OTC and RX)? What if medication is lost/destroyed? While not specifically a standard, does someone speak the language fluently to assist in any healthcare treatment/issues?



PROGRAM PROVIDERS — Does the camp have verification that program providers use appropriately trained staff and that the equipment is checked and in good repair? Does the camp receive written evidence of this?



COMMUNICATION — While the concern is mainly with emergency communication (to parents, to authorities), what expectation has been set for “routine” communication with parents from the camp and from the campers? Does the camp have the necessary devices to meet the need and the expectation for each location in which it will be traveling (what works where will potentially change).

While ACA is aware that many camps have been successfully travelling abroad for many years, we know that a yearly review of policies and procedures is critical. Specific international considerations include:



TRIP PLANNING — A camp should consider things such as: third party vetting, emergency and crisis plans, immunization and disease prevention, registering with the Smart Travelers Enrollment Program (STEP), setting the benchmark for cancellation decisions, etc.



MARKETING AND COMMUNICATION — A camp should accurately and fully inform campers and families of all plans. Don’t avoid talking about the risks; instead, paint an accurate picture of the destination and activities. Don’t assume families are well versed in the realities of where the camp is going.



DOCUMENTATION — A camp should provide detailed, written plans for participants/parents and trip leaders. Require medical authorization, power of attorney, medical histories, and signed releases of liability. Obtain all necessary permits, visas, and contracts. Consider scanning all documents (including copies of all passports) and load on a thumb drive as well as a PDF on a device that is readily available and can read such. Maintaining this information in a secure location is critical.



CULTURAL COMPETENCY — A camp should ensure that participants are made aware of what is/isn’t acceptable behavior in their destination. This might include things such as: what is the concept of time (are people always early? Late?) What are the gender roles (such as males always walk into a room first, females must be accompanied by a male), what are the appropriate clothing norms for the destination? Can a visitor openly take pictures or is permission needed? Learning about and respecting the culture opens many possibilities.

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AS A CAMP FINALIZES PLANS FOR 2016 TRAVEL AND PROGRAMS, REMEMBER:

1. Prepare well in advance
2. Know the country — do your research
3. Communicate clearly and thoroughly about the plans and expectations (all levels of expectations)
4. Talk about the inherent risks and your philosophy on managing those risks
5. Create communication, support, and emergency systems — have a plan
6. Train staff and campers to be culturally aware and sensitive

ACA fully supports and embraces all types of programs — including those occurring outside the US — although additional planning time and consideration is necessary.

Members of the National Standards Commission contributed to this article. Special thanks to Ann McCollum, Risk Management Consultant and NSC member. □



Photo courtesy of AlpenGirl Camp, Bozeman, MT



Community Health Centers — What Camps Should Know

This past fall, Secretary of Health and Human Services Sylvia Mathews Burwell, invited the American Camp Association and a small group of other youth-serving organizations to join her in a conversation about youth health issues. ACA shared some of the trends related to health issues that were identified over the summer of 2015, and was pleased to find out that she is a passionate former camper. (Check out our Annual [Camp Crisis Hotline](#) review for those trends.)

While exploring some of the issues with the secretary and her staff, they proposed Community Health

Centers as a solution to some of the issues ACA raised about access to health professionals for families (such as for a camp physical) and for camps in season (such as access to mental health professionals in times of crisis). As ACA was unfamiliar with the community health center offerings, further research into their model, access, and services was necessary. In order to learn more, Associate Director for Community Engagement Heidi Christensen with the Center for Faith-based and Neighborhood Partnerships, U.S. Department of Health and Human Services, arranged for ACA to meet with and interview the executive director of one of these community health care centers. Dr. Basim Khan is a physician and executive director of Neighborhood Health in Alexandria, Virginia. He sat down with ACA's chief public policy and outreach officer to discuss how these health centers serve the needs of their communities. Subsequently, ACA has put together this overview for camps and camp families.

WHAT ARE COMMUNITY HEALTH CENTERS (CHCs)?

Community Health Centers also known as Federally Qualified Health Centers (FQHCs) include all health centers receiving grants under Section 330 of the Public Health Service Act (PHS). CHCs qualify for enhanced reimbursement from Medicare and Medicaid, as well as other benefits. CHCs must:

- Provide high quality preventive and primary health care to all persons regardless of their ability to pay.
- Establish a sliding fee discount program for those who do have some ability to pay.
- Be a nonprofit or public organization.
- Be community-based, with the majority of their governing board of directors composed of their patients.
- Serve a medically underserved area or population.
- Provide comprehensive primary care services.
- Have an ongoing quality assurance program.

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HOW MANY COMMUNITY HEALTH CENTERS ARE THERE, AND WHERE ARE THEY LOCATED?

Nearly 1,400 health centers operate 9,800 service delivery sites in every U.S. state, D.C., Puerto Rico, the Virgin Islands and the Pacific Basin; these health centers employ more than 170,000 staff who provide care for nearly 23 million patients. View all current health centers findahealthcenter.hrsa.gov.

IMPLICATIONS FOR CAMPS AND CAMP FAMILIES

Camps have posed a number of questions to ACA over the years that may well be answered by utilizing these community health centers. Our most relevant questions are:

1. “Camp families tell us that they are not able to get a camp physical for their child as required by our enrollment policies.”

Community Health Centers are located across the country and must provide services (including a camp physical) regardless of the family’s ability to pay. With 9,800 service delivery sites across the country — and most urban locations convenient to public transportation — there is sure to be a center a family can access for pre-camp physicals.

2. “Our camp requires that all campers be vaccinated according to the law for school children in our state. Some families tell us that they don’t have access to free immunizations.”

All community health centers provide free vaccines for uninsured children through the Vaccines for Children Program (VFC). The program is federally funded program and provides vaccines at no cost to children who might not otherwise be vaccinated because of inability to pay. Children who are eligible for VFC vaccines are entitled to receive those vaccines recommended by the Advisory Committee on Immunization Practices (ACIP). For more details, visit; www.cdc.gov/features/vfcprogram/#vfclist

3. “We are a small operation and don’t have access to medical professionals to help us develop our procedures, advise us in a crisis, and find qualified health care staff. Where do we begin?”

ACA posed this question to Dr. Khan during our interview. He recommended that camps contact their local community health care center to discuss strategies and options. While outside the realm of their every-day charge to serve patients, he shared that all health center directors will most likely be open to talking with camps and examining ways to support camp operations and the camp community. While ultimately the goal of the health centers are to serve families in their community, they will likely recognize

the important role of camp health centers being set up for success. Find a health center near you findahealthcenter.hrsa.gov ■

Resources:

- Find a Community Health Center near you: findahealthcenter.hrsa.gov/
- Vaccines for Children Program: www.cdc.gov/vaccines/programs/vfc/index.html
- American Camp Association — all Health and Wellness Resources: www.ACAcamps.org/staff-professionals/events-professional-development/core-competencies/health-wellness
- Federal funding for community health centers: Section 330 of the Public Health Service Act (PHS): www.law.cornell.edu/uscode/text/42/254b

Dr. Basim Khan is the executive director and a physician at Neighborhood Health in Alexandria, VA. They have 10 clinics throughout Arlington and Fairfax Counties. For more information, visit neighborhoodhealthva.org/about-us.html



THE CAMPLINE