

The CAMP LINE

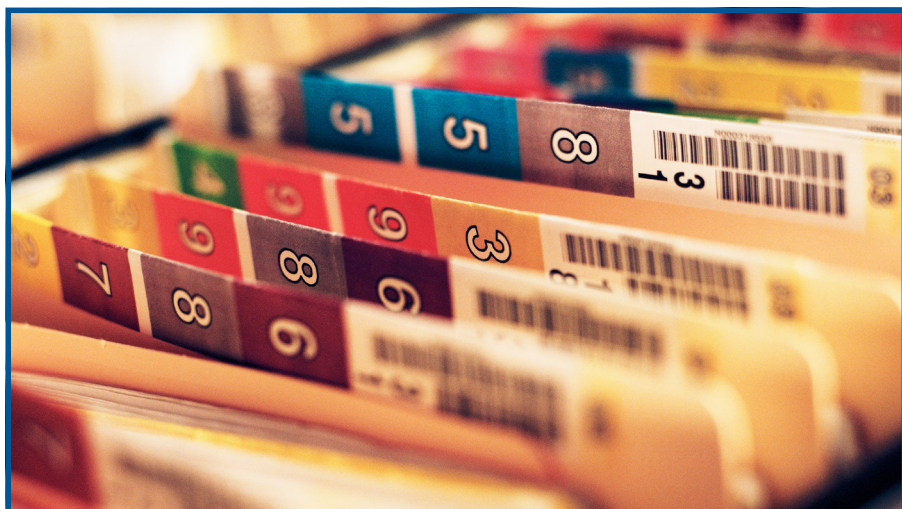
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*Providing Camp-Specific Knowledge on Legal,
Legislative, and Risk Management Issues*

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HIPAA and Camps — Compliance Required?

Catherine Hansen-Stamp and Charles R. Gregg ©2013*

Introduction



HIPAA is the Health Information Portability and Accountability Act, first passed by the U.S. Congress in 1996 and administered and regulated by the federal Department of Health and Human Services (HHS). The law and its associated regulations are complex and were recently changed and expanded per a 2009 law known as HITECH (the Health Information Technology for Economic and Clinical Health Act).¹

HIPAA was originally enacted to assist in reducing the waste, fraud, and abuses found in health insurance and health care delivery, as well as to establish standards to promote the efficiency of health care data processing, maintenance, and exchange. The result is an evolving national framework for privacy, security, and transmission standards. Importantly, Congress recognized that advances in electronic technology could erode the privacy of health information. Individuals, organizations, and agencies that meet the definition of a “covered entity” under HIPAA must, among other things, follow established electronic data interchange standards and comply with rules and establish policies intended to

protect the privacy and security of health information. If a covered entity engages a “business associate” to assist with its health care activities and functions, the business associate is subject to the HIPAA laws as well. The laws are most frequently applied in the context of those organizations that are commonly connected with the health care industry, such as hospitals, doctors’ offices, and HMOs.

What about camps?

The passage of recent regulations and the increasing electronic collection of camper health information have caused many camps to ponder whether HIPAA applies to their camp operations. Our intent is to provide some clarity and pose questions that spur camps to investigate these issues with their legal counsel. Let us be clear at the outset: We do not believe that HIPAA applies to those camps we deal with on a day-to-day basis. Obviously, camps will want to confer with their legal counsel and reach their own conclusions in this regard. Ultimately, applicable or not, HIPAA and its regulations contain some important and useful concepts and principles regarding privacy and security of medical (and other) records.

CampLine has included articles in the past that address HIPAA’s application to camps — most recently, “Electronic Medical Records in the Camp Setting: HIPAA Considerations,” by Tracey Gaslin and Stuart Weinberg, in the Winter 2012 issue. Our effort is not to analyze the content of this or other articles, but, rather, to provide some independent thoughts. Coming from our legal perspective, we do in fact differ with some of that article’s conclusions in regard to HIPAA’s application. However, questions posed by the authors regarding a camp’s general considerations for both privacy and security are constructive and helpful — particularly in light of camper family expectations, applicable state privacy, security breach notification or other laws, and prudent business practices.

HIPAA’s Application

Basically, if an individual or organization fits the criteria of a “covered entity,” it must comply with the privacy and security rules under HIPAA (including the expanded requirements of HITECH — discussed below). A covered entity is defined as: 1) a health plan, 2) a health care clearinghouse, or 3) a health care provider who transmits any health information in electronic form in connection with a “covered transaction” (as those terms are defined in HIPAA regulations).² As mentioned above, “business associates” (those assisting a covered entity regarding protected health information) must also comply with many of the HIPAA/HITECH requirements. Covered entities are further defined under HIPAA as follows:

- A “health plan” is an individual or group plan that provides, or pays the cost of, medical care — but excludes plans with under fifty employees or those that are administered solely by the employer.
- A “health care clearinghouse” is a public or private entity that processes or facilitates the processing of health information into a standard or nonstandard format.

- There are two components involved in determining whether a health care provider is a covered entity under the HIPAA regulations. First, the provider must fall within the definition of a health care provider, that is: a “provider of services” or of “medical or health services” (as those terms are separately defined in the law³), OR any other person or organization who furnishes, bills, or receives payment for health care⁴ in the normal course of business. Secondly, if the health care provider is conducting these activities, it must ALSO (to meet the covered entity definition above), be transmitting health information in connection with “covered transactions,” in electronic form.

What is a covered transaction? A covered transaction is any of the following, for which the Secretary of HHS has established standards⁵:

- Health care claims
- Eligibility for a health plan
- Referral certification and authorization
- Health care claim status
- Enrollment or disenrollment in a health plan
- Health care electronic funds payment and remittance advice
- Health plan premium payment
- Coordination of benefits
- Medicaid pharmacy subrogation

These categories are further described in the regulations.

As should be apparent, in order to qualify as a covered entity, and thus be required to comply with HIPAA, an organization must fit within some very specific definitions and categories. Camps may take some comfort in these observations:

- A camp does not meet the definition of a health care clearinghouse.
- A camp is unlikely to fall within the health plan category (but check with your legal counsel, and refer to the HHS covered entity chart,⁶ a helpful guide, if you have a health plan for your employees that you believe may qualify).
- If a camp is a covered entity, the most likely category is that of a qualifying health care provider. However, to fall into this category, the camp must meet several conditions, as outlined in the law and as discussed here.

How likely is it that a traditional camp will fall within the health care provider covered entity category? As we have noted, the original and continuing focus of HIPAA was and is on the health care industry and those engaging in “electronic data interchange” — exchanges between and among organizations like doctors’ offices, HMOS, insurance companies, and hospitals. A camp certainly provides health care to its campers — but that alone is insufficient to trigger HIPAA. A camp may collect health information in electronic form, via its Web site or e-mail communications with campers and their parents, regarding the camper’s health information. That exchange, also, is insufficient to trigger HIPAA. Finally, even if the camp furnishes, bills,

or receives payment for health care in the normal course of its business, HIPAA is not triggered unless that is done in electronic form, in connection with a covered transaction.⁷

But what if the camp is routinely (and electronically) submitting claims, making claims inquiries, electronically billing insurance companies for reimbursement, or other activities involving what appear to be covered transactions? In that event, the camp may need to investigate HIPAA's application to their business. However, a bit of background here will help.

If a camp determines it must comply with HIPAA laws and rules, that compliance includes using the assigned "code sets," "identifiers," and "electronic data interchange" (EDI) standards that are outlined in the regulations for covered entities engaging in covered transactions.⁸ Covered transactions are literally defined as "the transmission of information between two parties to carry out financial or administrative activities related to health care." These activities are very specific and are outlined in the bulleted list on page 2. Consider this perspective provided from the Centers for Medicare and Medicaid (accessible from the HHS Web site):

HIPAA named certain types of organizations as covered entities, including health plans, health care clearinghouses, and certain health care providers. In the HIPAA regulations, HHS adopted certain standard transactions for EDI of health care data. . . . [Refer to the bulleted list on page 2.] Under HIPAA, if a covered entity conducts one of the adopted transactions electronically, they must use the adopted standard. . . . [and] adhere to the content and format requirements of each transaction. Under HIPAA, HHS also adopted specific code sets for diagnoses and procedures to be used in all transactions. The HCPCS (Ancillary Services/Procedures), CPT-4 (Physicians Procedures), CDT (Dental Terminology), ICD-9 (Diagnosis and hospital inpatient Procedures), ICD-10, and NDC (National Drug Codes) codes, with which providers and health plans are familiar, are the adopted code sets for procedures, diagnoses, and drugs. Finally, HHS adopted standards for unique identifiers for [e]mployers and [p]roviders, which must

also be used in all transactions.⁹

You should be getting the picture. HIPAA was intended for a pretty defined group. Nonetheless, if you believe your camp may be covered, considering your camp's health care activities, you should check the HHS Web site and seek advice from informed legal counsel or other experts.

If you determine your camp is a covered entity, all of the HIPAA compliance requirements will apply — the "privacy" rule, the "security" rule, the "security breach notification" rule (included in HITECH), and all other aspects of the law. Here is a helpful summary of the basics of the rules/law:

Privacy Rule

- Notice of privacy practices.
- Appropriate safeguards to protect the privacy of "protected health information (PHI),"¹⁰ including establishing limits on the use and disclosure of that information.
- Note that if you are a covered entity, the privacy rule applies to PHI exchanged or held in electronic form, written form, or any other form.¹¹

Security Rule

- Appropriate rules, procedures, and methods for protecting electronic PHI¹² (e-PHI), including administrative, physical, and technical safeguards. The security rule applies to e-PHI that a covered entity creates, receives, transmits, or maintains.
- The security rule focuses on, among other matters:
 - o The confidentiality, integrity, and availability of e-PHI.
 - o Identifying and protecting against reasonably anticipated threats to the security or integrity of e-PHI.
 - o Protecting against reasonably anticipated impermissible uses or disclosures.
 - o Ensuring compliance by the covered entity's workforce.

Crisis Help Available Twenty-Four Hours a Day

We remind you that the ACA Camp Crisis Hotline is available to you twenty-four hours a day. We encourage you to use this service when you need help in a crisis. Be sure to remember the Hotline page on the ACA Web site, which lists resources and links related to the most common types of calls we receive. Take a look at the broad range of resources now — before you need them: www.ACAcamps.org/camp-crisis-hotline. Consider using the case studies as a staff training tool!

The Hotline phone number is

800-573-9019

HITECH (Including Security Breach Notification Rule¹³)

Among other things, HITECH modifies and expands HIPAA to:

- Apply the same HIPAA privacy and security requirements (and penalties) for covered entities to business associates.
- Establish mandatory federal privacy and security breach reporting requirements for covered entities and business associates.
- Expand the scope of HIPAA privacy and security rules for covered entities and business associates.
- Establish new/increased criminal and civil penalties for HIPAA noncompliance as well as new enforcement methods.

Use of Code Sets and Identifiers and Compliance with EDI Standards

Transmission of health information in covered transactions must comply with EDI standards and use specific Code Sets and Identifiers (see page 3).

Enforcement Rule

HHS's power (via HIPAA, as amended by HITECH) through the Office of Civil Rights (and other enforcing bodies) to take action, including imposing civil or criminal penalties, for HIPAA violations.¹⁴

Business Associate

This is a person or entity, other than the organization's employees, that performs functions or activities on behalf of a covered entity, involving the use or disclosure of PHI. This includes things like claims processing, data analysis, and billing. Both HIPAA and HITECH impose responsibilities and liabilities on business associates.¹⁵

Proactive Steps

So, what does responsible camp management do with these admittedly complex and sometimes confusing laws and regulations?

Have a lawyer review your activities to determine if HIPAA applies to your camp. Ultimately, even if you and your lawyer conclude that your camp is NOT a covered entity, recognize that you are handling potentially sensitive information. Understand other applicable laws dictating the need to protect the privacy and security of health or other information, and e-data security (see below). Also consider camper family expectations that sensitive information will be handled sensitively. Even if HIPAA appears not to apply to your camp, consider developing a sensible and appropriate privacy and security policy. Consider the following:

- Some folks have suggested simply complying with HIPAA privacy and security requirements, even if the camp is not a covered entity. Adherence to those requirements, in the absence of required compliance, is likely overkill.¹⁶ However, reviewing suggested HIPAA policies and crafting a modified version of those policies may be a practical way to address these concerns.

- Consider a simple privacy policy to clarify that the program will distribute health information to others only on a need-to-know basis and will otherwise endeavor to keep the information confidential. This can be further explained in the context of the camp's security policy regarding data maintenance (paper or e-data).
- Consider the basis and means for appropriately protecting the data, including e-data, that your camp creates, receives, transmits, or retains. This is not simply health information, but includes other camper/family personal information, participant agreements, payment and enrollment information, your staff employment or other records, or other information. Considering other state and federal laws governing privacy and security breach notification (outside the context of HIPAA) and the need to preserve e-files as electronic records or for evidentiary or discovery purposes, developing and implementing guidelines to address administrative, physical, and technical safeguards for the protection of e- (or other) data is a prudent course.
- Assure you are in compliance with state or federal privacy and security breach notification laws or other applicable laws.
- In addition to the endnotes of this article, consider these basic references:
 - o An overview of the various HIPAA rules: www.hhs.gov/ocr/privacy/hipaa/administrative/index.html
 - o A good summary of the HIPAA privacy and security rules for covered entities and business associates: www.hhs.gov/ocr/privacy/hipaa/understanding/coveredentities/index.html
 - o Another very helpful Web site that is clearly and simply written: www.hipaa-101.com/

Conclusion

We will conclude as we began: We believe that the camps with which we are most familiar are likely not covered by HIPAA. However, HIPAA and its recent HITECH amendments are expansive laws affecting the health care industry, which are complex and widely misunderstood by many in the camp industry. As a result, we recommend that any camp that believes it may be subject to HIPAA work with its legal counsel to examine the issues carefully, based upon the camp's specific operations. Even if you believe or determine your camp is not legally obligated to comply with HIPAA, take the time to develop prudent privacy and security policies regarding medical or other sensitive information you possess — whether that information is created, received, transmitted, or maintained electronically or otherwise by your camp.

**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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Notes

1. HIPAA, Public Law 104-191; HIPAA regulations: 45 C.F.R. 160-164. HITECH, 42 U.S.C. 17901, et seq. (2009) (Title XIII of the American Recovery and Reinvestment Act ["ARRA"]); HITECH regulations modifying 45 C.F.R. parts 160 and 164: Federal Register Vol. 17, No. 7, 1/25/2013. For simplicity in this article, our general references to "HIPAA" intend to include the changes implemented via HITECH law and regulations.

2. 45 C.F.R. 160.103 definitions.

3. *Id.*, as those terms are further defined in 42 U.S.C. 1395x(s) and (u).

4. *Id.* "Health care" is defined as care, services, or supplies related to a person's health, including but not limited to preventive, diagnostic, therapeutic, rehabilitative, maintenance, or palliative care, and counseling, service, assessment, or procedure with respect to a physical or mental condition or functional status of a person, or that affects the structure or function of the body; and the sale/dispensing of a prescription drug, device, equipment, or other item.

5. 45 C.F.R. 160.103 and 162.1101-1901.

6. www.hhs.gov/ocr/privacy/hipaa/understanding/coveredentities/index.html. Consider a potential typo in the chart discussing health care plans — page 5, middle box at the top, we believe should read "OR" and not "AND" to be consistent with the applicable regulation definition at 45 C.F.R. 160.103. Discuss with your legal counsel.

7. Office of Civil Rights ("OCR") Summary of the HIPAA Privacy Rule, 2003, p. 2; *id.* at note 2.

8. 45 C.F.R. 162.404 and 406; 162.920 (as referenced in 162.1101-1802), 162.1000-02.

9. Centers for Medicare and Medicaid Web site ("CMS") at: www.cms.gov/Regulations-and-Guidance/HIPAA-Administrative-Simplification/TransactionCodeSetsStands/index.html?redirect=/transactioncode-setsstands/.

10. *Id.*, endnote 2 definition for PHI. PHI is defined as "individually identifiable health information," (IIHI) except for information in certain categories. Note that the regulations define 1) health information, 2) IIHI, 3) PHI, and 4) e-PHI in 45 CFR 160.103. 2) is a subset of 1), and 4) is identical to 3), but exclusively e-PHI. PHI is a subset of IIHI, because some IIHI is NOT protected.

11. *Id.*

12. *Id.* See also 45 C.F.R. 164.306; OCR Summary of the HIPAA Security Rule.

13. See note 1, text of HITECH Act and regulations; see also www.hhs.gov/ocr/privacy/hipaa/administrative/breachnotificationrule/index.html.

14. 45 C.F.R. 160.400, et seq., and HITECH modifications (see sources in note 1) and www.hhs.gov/ocr/privacy/hipaa/administrative/enforcementrule/index.html.

15. *Id.*, see endnote 2 definition for business associate. Under the definition, a business associate DOES NOT include a health care provider, in a situation where a covered entity (like a doctor) has disclosed information to the health care provider concerning the individual's treatment. (Similar to a camp nurse who receives information from a doctor's office about a camper.)

16. Conversation with Philip L. Gordon, Esq., Littleton, Colorado, 3/14/13.

ACA's Professional Development Center Prepare for Summer: Risk Management Resources

Online Courses and Recorded Webinars

Critical Things Staff Need to Know about Bullying
Critical Things Staff Need to Know about Risk Management
Essentials in Aquatics Risk Management
Communicating in a Time of Crisis
Free! Lessons Learned from Another Year of the ACA Crisis Hotline — 2012

Bookstore Resources

Risk and Crisis Management Planning: A Workbook for Organization and Program Administrators (Third Edition), Book, Connie Coutellier
Who Will Care When I'm Not There? (2nd Edition), Book/DVD, ACA
Managing Risk on the Water with Generation Me, DVD, Cathy Scheder
Crisis Communications Weathering the Storm: A Handbook for Camps and Other Youth Programs, Book, Marla Coleman and Jessica Coleman

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Post-Camp Communication: When, What, and How Should We Connect with Parents?



Tracey C. Gaslin, PhD, CRNI, CPNP, FNP-BC

Each year, millions of children apply to attend summer camp. Parents seek out educational and fun camp opportunities that will help their children grow in a variety of ways. In an effort to provide a high-quality, safe experience, camps ask parents to complete an array of information, including demographics, diet and nutrition information, social functioning, medical concerns, medications in use, and many other items depending the camp focus and structure. Parents comply by getting forms completed, sending copies of records, providing immunizations, and responding to our questions and concerns prior to the camper's arrival.

Just as we ask parents to provide information prior to the camp experience, how are we communicating with parents as the children return home from camp? Is feedback being provided? Should parents receive information regarding the experience? What, when, and how should information be disseminated? These questions stimulate good discussion and identify potential opportunities to expand camp practice.

To better understand current practice, a Web-based survey was sent to members of the Association of Camp Nurses (ACN), who were asked the following questions:

1. Does your camp provide post-camp information to parents or guardians after the camp experience?
2. Should a camp have a process or procedure for providing post-camp information to parents?
3. If a camp has a procedure for post-camp communication regarding health and wellness, what information should be included?
4. Should there be specific post-camp communication with parents regarding medications?
5. When returning medications post-camp, what are some elements that should be included when communicating with parents?

The goal of this survey was to establish a baseline for understanding current practice. There were a total of forty-four responses to the survey over a two-week period. The responses represented ACN members from twenty-one states. All the respondents were from residential camps. It would have been helpful to hear from day camps, as their processes and procedures can be useful and insightful for all camp staff. The majority of

respondents had worked at camp for five to ten years (31 percent) with another 28 percent having worked at camp for less than five years. Of the respondents, 80 percent served healthy youth populations.

The responses to some of the questions were enlightening. When asked if the camp provided post-camp information, 40 percent reported that no information was shared unless requested by parents, while another 9 percent reported no dissemination of post-camp information at all. I found this high percentage to be interesting from an evaluative standpoint. As healthcare providers, we are often required to complete a process by conducting initial assessments, intervening with patients, and then providing outcomes information to demonstrate changes or improvements in care. With this understanding, camps may not be providing outcomes information to parents or families as part of a quality care process.

When asked if there *should be* a process in place for post-camp information, 82 percent of respondents reported yes. As identified above, 49 percent of respondents are not providing information to families after camp; however, in this same survey, 82 percent reported the need to have a procedure for post-camp communication. When asked directly about post-camp communication regarding medications, 70 percent reported yes, there should be post-camp communication regarding medications.

Two questions in the survey asked for more specificity regarding what information should be shared after camp regarding health, wellness, and medications. For health and wellness, reporting treatments (80 percent) and time spent in the health center (79 percent) took top honors. Respondents felt as though these two elements were the most essential to share with families after camp. When returning medications to families, discussion regarding the names of the medications returned (67 percent) and counting of narcotics (64 percent) scored the highest. Sharing information regarding routine medications, PRN medications, and medication errors scored lower, but were identified as important.

For questions two through five above, respondents were allowed to submit anecdotal information. Two consistent ideas were shared in this information.

1. Respondents reported sharing much of this information in "real time," meaning that camp staff were connecting and communicating with families as the events occurred. Thus, respondents expressed that providing this same information again at the end of the camp experience was redundant and unnecessary.
2. Respondents reported that providing post-camp information would likely increase an already heavy workload and create the need for more paperwork. In camps with higher staff-to-camper ratios, the ability to provide this feedback (especially in writing) did not seem feasible.

This information provides a great foundation for discussion regarding post-camp communication and when and why it should occur. Having a consistent plan for post-camp communication may be helpful to parents who are eager to learn about the child's performance and experiences at camp.

Camp programs vary, yet all provide children with unique and wonderful experiences according to each camp's structure and culture. Although no specific "rules" apply to post-camp communication, it would be helpful for camp program providers to explore how, when, and why they would communicate with families. The American Camp Association (ACA) standards encourage camps to consider times for "parent notification" (HW.10). The first part of this standard asks if the camp provides parents or guardians with written information about when they will be contacted. Many camps can likely list situations where they would share information with families: (a) a camper staying in the medical facility overnight; (b) if there were questions about medications; and maybe (c) if there are behavioral concerns about the child. Providing this information to parents when they leave the child at camp can be a helpful tool to alleviate apprehension about communication.

The intent of this discussion is to provide some helpful hints for camps to determine timing of post-camp communication, those elements they deem as "required" post-camp communications, and some simple ways to provide such communication. This discussion regarding post-camp communication is based on the premise that most camps are likely providing "real-time" communication with parents. The need for post-camp communication is, in part, impacted by the "real-time" discussions that occur with parents, and future communications may vary depending on this initial interaction.

We understand in life that "timing is everything." I think this applies to communication with parents and guardians as well. If a camper gets in a scuffle and ends up with a black eye, when

might we want to follow up with the parent? If a medication error occurred, when or is it necessary to discuss this after camp? What about concerns regarding a camper's well-being? How might you handle the timing of post-camp communication? These are challenging questions, but important elements to consider as your camp works on a policy or procedure for post-camp communication. No right or wrong answers exist; rather, the answer is what is "best" for your camper population and what's consistent with your healthcare policies and procedures.

A second consideration involves situations or events that your camp deems as "essential" post-camp communications. While a sports camp may feel strongly that reporting athletic improvements and sports injuries are essential post-camp discussions, a camp for special needs children may identify that lab results or PRN medication administration are essential conversations. Consider your camp in the event of a mass illness or event. What is being discussed or reported to parents/guardians after camp? Parents have provided volumes of information to get their child to camp and are eager to learn outcomes. Camp staff need to consider what those essential elements are to help the parent understand the camp experience and how the camp provided quality care and service for the child during their experience.

In many camps, directors and healthcare staff may feel overwhelmed just dealing with behavior challenges, providing nutritious meals, and giving out routine medications. Asking these individuals to consider more paperwork or time-intensive documentation will not likely be effective. Simple methods exist for providing post-camp information and communication to parents without creating significant workload changes. Some ideas to consider include:

1. Documentation form: Most camps have some type of generic documentation form to track behavior concerns, various treatments, and interventions. That form can become a triplicate form with three sheets. When writing on the form, you have now created two additional copies without any extra work. The primary copy can stay with the camp records, the second copy can go to the parents, and the third may be sent to a physician, counselor, or other individuals as deemed necessary. The triplicate form is easy to use, inexpensive, and makes written feedback available to parents after camp.
2. Ticker sheet: A simple ticker sheet allows camp leadership and health staff to just mark a box that provides feedback for parents. The ticker sheet can be as simple as the example in Figure 1 (see page 8). A camp can design this tool to be specific for their camp and the populations served. By having a simple ticker sheet, very little time is spent creating written information for parents, but does allow the family to know that you are eager to communicate their child's experience. Some camps even use a tool such as this to share "positive" outcomes as well as potential alterations or events during camp.

The Emerging Issue of Public Violence — A Proactive Response

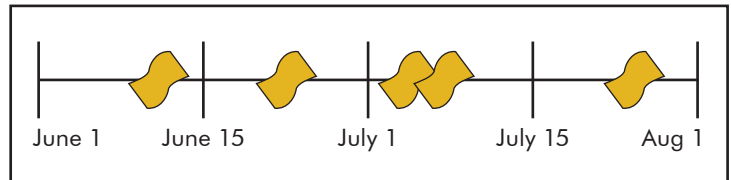
In February, a number of ACA's leadership groups met at the ACA national conference to discuss how the camp community could be proactive about the emerging issue of public violence. The initial stages of this plan included thoughtful, cross-association deliberation and team reviews, as well as immediate resource development and provision. These initial stages are now complete, and ACA has a robust new Web page full of resources for camps to use as they prepare for a healthy and productive camp experience. The new Web page is: www.ACAcamps.org/knowledge/public-violence. The resources on this page are living documents — ACA will continue to update them as informed by emerging best practices. As a nation and as a community, we still have a long journey toward solving this issue. The problem is too complex to result in one solution; instead, the solution may be a series of powerful, impactful changes in regulation, access, procedures, behavior, and culture. Be a part of the solution by sharing your thoughts and ideas through this tool: www.ACAcamps.org/knowledge/resources-public-violence.

Figure 1. Ticker Sheet.

<i>Camper Information for Parents</i>
<input type="checkbox"/> No events/injuries
<input type="checkbox"/> Change in medications
<input type="checkbox"/> Behavioral concerns
<input type="checkbox"/> Offsite medical care
<input type="checkbox"/> Injury
<input type="checkbox"/> No changes since phone conversation

3. Verbal tags: Some camps prefer to provide post-camp information verbally. In order to connect with specific parents on what is typically a busy day, try using smiley face stickers or simple sticky notes to “tag” the camper’s documents, medications, or other items to capture the parents before leaving. When parents come to pick up their child, the tag is noted and families can report to a certain location to talk with camp leadership or healthcare staff.
4. Timed out: A timed-out tool is helpful for those post-camp communications that need to happen at a later date — maybe a week or a month later depending on the situation. Maybe a follow up phone call after an argument between campers or a simple e-mail to check on a “stomachache” that happened the last day of camp. A simple timeline can be posted on the wall, and then sticky notes with camper name, event, and date for subsequent call/e-mail can be attached. (See Figure 2, right.) In place of a timeline, some camps have also used a basic calendar and written in the camper information needed for post-camp communication outside of the immediate departure day. Either works well to track post-camp communication throughout the summer months.

Figure 2. Timed-Out Tool.



Post-camp communication policies and procedures help establish parameters for effectively communicating with parents. When parents leave camp, they are eager to know the child had a good experience, but they also want to feel informed regarding the oversight and care received. A quality camp experience is something every child should have, and camp professionals, who understand the value of this experience, know that our efforts in communication are needed now more than ever. With changing demographics, technology, and expectations, talking with parents continues to be one of the most effective tools for satisfaction.

Encourage your camp to discuss post-camp communication — the when, what, and how that should happen. Make sure the camp leadership team and healthcare staff are on the same page regarding post-camp communication. By letting parents know upon arrival when you will contact them, and then providing quality follow-up, camp staff will create a trusting and therapeutic relationship with your families. A happy camper family is a returning camper family. Let’s keep’em camping!

Tracey Gaslin, PhD, CRNI, CPNP, FNP-BC, is currently the medical director at the Center for Courageous Kids. She is the president and board chair for the Association of Camp Nurses and serves on the Healthy Camp Education and Monitoring Program for ACA.

Notes from the 2013 Insurance Roundtable

Gaetana De Angelo



Each year during the ACA national conference, the National Insurance Committee hosts a roundtable discussion with our insurance business partners and other insurers of camps. At the roundtable, trends in the insurance industry that may impact camp operations, what types of claims were filed the year before, and risk management issues are discussed. This year's roundtable discussion, as the ones in the past, has proven to be an excellent source for risk management issues we as camp professionals cannot afford to ignore. The National Insurance Committee has a charge to help educate members in areas related to risk management, and the roundtable provides a starting point for many issues. Following the roundtable, members of the committee report what was learned during an educational session at the national conference, which many camp professionals attending the conference find very enlightening. This article highlights the topics discussed.

Top Concerns for 2013

- Appropriate supervision of campers ALL the time
- Property losses related to catastrophic events
- Abuse claims — camper to camper of special concern
- Workers' compensation
- Agreements and insurance related to outside user groups and contractors

Overview of Claims and Noted Trends

- Property — compared to 2011, there were fewer claims but overall higher losses. Claims were in the following areas:
 - Fire related — electrical, chimney fires, wildfires
 - Storm related — wind storm, landslide, flood
 - Water — flooding (from natural causes as well as broken water lines)
 - Business interruption — caused by issues both on and off premises
- Sexual Abuse/Harassment/Discrimination
 - As reported in 2011 and true again in 2012, camper-to-camper sexual abuse is on the rise. APPROPRIATE AND ACTIVE SUPERVISION is key!
 - Several claims were related to off-season rental groups. Be aware that if abuse occurs within the rental group while on your property, as the “landlord,” you may be drawn into the complaint.
 - There is a rise in sexual harassment between employees.
 - There has been an increase in transgender campers. It is important that you discuss how your camp will address

these requests with your senior management before they come up. Have a plan and know where to look for resources and support.

- General Liability
 - As reported in 2011 and again in 2012, there is an increase in the rental of facilities by outside groups. Having the appropriate agreements and coverage in this situation is imperative (see “Contracting with User Groups, Revisited” by Charles R. Gregg and Catherine Hansen-Stamp in the 2011 Winter *CampLine*: www.ACACamps.org/campline/w-2011/contracting-with-user-groups).
 - We continue to see an increase in high-risk, specialized activities. It is important to share this with your insurance provider and to have properly trained staff. Remember that the underwriters are looking at your Web sites and literature — you don't want them to find out about activities you are doing from your Web site. Share your activities up front to ensure you have appropriate coverage for the exposure.
 - Challenge course related concern — camps are beginning to use their zip line (and other challenge course components) more as an amusement rather than a program. Increased state and federal regulations could impact your camp financially if the element is considered an amusement.
 - Aquatic-related accidents and deaths — camps are held to a very high standard where aquatics are concerned, particularly in regards to supervision. Claims that have not resulted in death have resulted in complaints of emotional stress on the camper. Again, SUPERVISION is a key element in helping to avoid tragedy. Also, weigh very heavily the decision to allow rental groups to provide their own lifeguards at aquatic facilities. You have no way to know the actual skills of the person they are putting in charge of swimmers, usually children, using your facilities. If something happens while a rental group is on site, you will be defending your camp's reputation and good name. It is strongly suggested a camp consider just charging more and providing all certified staff.
- Workers' Compensation
 - Across the board, all insurers cautioned camp directors to be aware that rates will be increasing for almost everyone insured. It is important to talk seriously and specifically with your insurer or broker to be sure what type of rate increase you can reasonably expect to see in 2014. Talk about your losses for the last four years and MOD; changes to your payroll, especially increases; how your counselors and other staff are classified for rating; and whether or not any current discounts will continue. The answers to these questions should be very specific

to your camp and will help you determine what your increase will be.

- It is important to know that vendors and service providers who come on your property are covered by their own workers' compensation. This was also a top concern in 2011. Make sure to require that they provide you with a certificate of insurance **naming your camp/agency as additional insured**.
- New this year, it's important to know who covers your international staff for workers' compensation. Don't assume that it's the agency from which you hired the staff. Be positive — ask!

Action Steps

What's your takeaway from this? **SUPERVISION** and **AWARENESS** are the keys to manage risk!

- SUPERVISION, SUPERVISION, SUPERVISION—of your staff, of your campers, at all times! This is key to mitigating many claims from sexual abuse, molestation, bullying, camper-to-camper sexual abuse, sexual harassment, and accidents and injuries.
- Be AWARE that many property losses can be avoided by routine maintenance, especially forest and property management. These are critical for wildfire mitigation, reducing risk of falling trees, and removing snow from roofs to prevent collapse.

- Be AWARE of business interruption coverage. This is not automatically included, and it is important to have a thorough discussion to determine what is and isn't covered and what will "trigger" the coverage. Make sure you inquire about both on- and off-premises coverage.
- Be AWARE of your agreement with rental groups. Review it annually and revise it as needed. Determine what (if any) programs groups will be allowed to staff themselves without camp staff SUPERVISION. Consider not allowing use of aquatic facilities without the "camp" lifeguard in place.
- Be AWARE that workers' compensation rates and premiums are going up! Don't wait, start the discussion with your insurance provider now.
- CERTIFICATES OF INSURANCE. Obtain a certificate of insurance for all vendors, service providers, and rental groups that come onto your property, and require that they name your camp or agency as additional insured.
- Engage in an ongoing dialogue with your insurance provider.

The Insurance Committee is pleased to provide members with easily understood and useful educational resources related to risk management and insurance. Questions related to your individual insurance coverage should be directed to your broker or agent. For a listing of ACA partners and business affiliates in the insurance industry and other helpful risk management and insurance information, go to www.ACAcamps.org/buyers-guide.

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