

SF.2 CARE OF HAZARDOUS MATERIALS

SF.2.1 Does the camp require that gas and liquid flammables, explosives, livestock medications, and other hazardous materials be:

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| A. Handled only by persons trained or experienced in their safe use and disposal using appropriate protective equipment such as gloves and masks, and | |
| B. Stored appropriately: | |
| 1. With access limited to trained persons, | |
| 2. In closed, safe containers that are plainly labeled as to contents, and | |
| 3. In locations separate from food? | YES NO |

Contextual Education

Liquid flammables include gasoline, kerosene, and other liquid fuels. Poisonous materials include cleaning agents, insecticides, weed killers, or other substances labeled as poisonous. Medications used for livestock are often very potent due to the size of the animals for which they are developed. To avoid accidental ingestion, campers should not have access to these items.

Regarding Part A of the standard, protective equipment such as gloves and masks must be provided when appropriate. Individuals who are learning to use flammable or hazardous materials under the direct supervision of trained personnel are in compliance with the standard.

Regarding Part B of the standard, the camp may limit access to trained persons by storing materials in areas that are off limits to all except designated staff; storing materials in locked buildings, rooms, cabinets, or containers; or training all participants on correct handling of certain materials (such as kerosene for lanterns or bleach for cleaning). Large, easily recognizable, above-ground tanks, such as propane or gas tanks, do not need special labeling. The intent of labeling is to prevent accidental, inappropriate use of flammable or poisonous substances.

Material safety data sheets (MSDS), available from suppliers and manufacturers, provide information on safe handling and disposal of hazardous materials. Directors should be aware of local Occupational Safety and Health Administration (OSHA) regulations regarding the availability and use of the MSDS. Directors may also want to check with local officials (such as fire officials or insurance underwriters) for other recommendations concerning the storage and handling of flammable and poisonous substances.

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MANDATORY (All)

DNA: SF.2.1 does not apply if no flammable, explosive, poisonous materials or livestock medications are used or stored on site. If livestock medication is used only for livestock involved in programming, score only PD.32.

Applies to:

- Day camps
- Resident camps
- Short-term resident programs
- Camps serving rental groups

SF.2 CARE OF HAZARDOUS MATERIALS *(cont.)*

Compliance Demonstration

Visitor interviews:

- Director/staff description of handling procedures for potentially hazardous materials

Visitor observation:

- Storage sites of hazardous materials
- Staff handling of hazardous materials as available

SF.3 LOCAL EMERGENCY RESPONSE

SF.3.1 Does the camp make annual contact with all applicable local emergency officials to notify them of the camp's dates of operation and relevant scope of programming (including items such as clients served, significant elements of the program, and overview of the facilities)?

YES NO

MANDATORY

Written documentation required

DNA: SF.3.1 does not apply if the camp is using a non-owned ACA accredited site.

Applies to:

- Day camps
- Resident camps
- Short-term resident programs
- Camps serving rental groups

Contextual Education

The purpose of this communication is to verify emergency officials have the correct and appropriate emergency contact and response information for the camp. Contact should be made even if the camp has access to the 911 system. This may include fire, law enforcement, emergency medical services, civil defense, homeland security, forest service, national park service, or other local officials—depending on the location and risk management issues of the camp and its program sites. Even in locations where the camp is automatically covered by municipal emergency services, the camp should notify officials of the number, the age of campers and scope of the camp operation to assure that the camp's crisis response plan is consistent with local emergency procedures.

Compliance Demonstration

Written documentation:

- Copy of communication sent to the different local officials containing relevant information
- Notes from phone conversation(s) where relevant information was shared (This should include date, agency/office contacted and with whom the conversation was held)

Visitor interviews:

- Director explanation of annual contacts and the process used to verify/update emergency response information

HW.17 AVAILABILITY OF AN AED

HW.17.1 Does the camp have access to an automated external defibrillator (AED) available to the majority of the camp population, within the timeframe recommended by authoritative sources, and managed by trained personnel (the AED may be located on the camp property or available through another provider)? YES NO

Contextual Education

Examples of authoritative sources include: American Red Cross, American Heart Association, American Academy of Pediatrics, OSHA. The camp administration should determine the placement of the AED(s) based on the population served and the activities conducted.

Compliance Demonstration

Visitor interviews:

- Director explanation of process used to determine where the AED will be located, who is trained in use of the AED, and who is responsible for the maintenance of the AED

DNA: HW.17.1 does not apply to nonmedical religious camps.

DNA: HW.17.1 does not apply to trip or travel camps or other off-site programs.

Applies to:

- Day camps
- Resident camps
- Short-term resident programs
- Camps serving rental groups

HW.18 SUPERVISION IN HEALTHCARE CENTER

HW.18.1 Does the camp require continual supervision of persons in the healthcare center? YES NO

Contextual Education

“Continual supervision” means that at least one staff member is always present when campers or staff are in the healthcare facility for health or medical reasons. It may be the healthcare provider or a staff member who is following the directions of the provider.

Compliance Demonstration

Visitor interviews:

- Staff description of procedures in place

DNA: HW.18.1 does not apply to camps with no base site.

Applies to:

- Day camps
- Resident camps

HW.19 MEDICATION STORAGE AND ADMINISTRATION

HW.19.1 Does the camp require:

- A. All drugs to be stored under lock except when in the controlled possession of the person responsible for administering them;
- B. For prescription drugs—they are given only under the specific directions of a licensed physician;
- C. For nonprescription drugs—they are given per the camp’s written procedures (see standards HW.11 and HW.12) or under the signed instruction of the parent or guardian or the individual’s physician?

YES NO

MANDATORY (All)

Written documentation required (for Part C)

DNA: HW.19.1 does not apply if no drugs are kept in camp or carried on trips. Does not apply to insulin if the camp primarily serves campers with diabetes and the written camp philosophy of diabetes management requires self-administration of insulin.

Applies to:

- **Day camps**
- **Resident camps**

Contextual Education[‡]

The intent of this standard is that all medications belonging to both campers and staff be stored and locked and/or under the control of the camp healthcare provider, the individual staff to whom the medication belongs, or trip staff. Exceptions would be for a limited amount of medication for life-threatening conditions carried by a camper or staff person (e.g., bee sting medication or inhaler) or limited medications approved for storage in first-aid kits.

Any drugs from staff members that are submitted to the healthcare staff should be accepted in a manner that does not require the staff member to disclose the type of medication that he/she is taking unless: (a) the staff member chooses to share this information voluntarily; or (b) the medication could impair the staff member’s ability to perform the essential functions of their position, in which case a discussion should occur and reasonable accommodation be considered, as indicated in standard HW.23.1. Any knowledge of prescription medication taken by staff must be kept in the strictest of confidence and shared only on a specific need-to-know basis.* Camp staff medication can be locked in a separate area provided specifically for them (such as a locker). The intent is to have medication secure and unavailable to anyone other than to whom it is prescribed or for whom it is purchased (over the counter).

Drugs should be locked in a cabinet or storage box at all times. In cases where there is full-time medical staff and the healthcare facility or first-aid area is in a permanent building, it is acceptable to have the entire building or room where medication is kept locked when not under direct supervision of the healthcare staff. Those drugs needing refrigeration may be stored in a locked refrigerator or in a locked container within the refrigerator.

“Drugs” include all prescription medications, as well as all over-the-counter drugs that are potentially hazardous if misused (e.g., Tylenol, cold tablets). “Controlled possession” means under the immediate and direct supervision or control of the person taking it or of a staff member. “Specific directions of a licensed physician” includes directions on an original prescription bottle, a note on the signed health examination record, or something in writing from a licensed physician.

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HW.28 HEALTH INFORMATION

HW.28.1 Does the camp obtain or advise rental group leaders to obtain this information:

- A. Names and addresses of all participants;
- B. Emergency contact names and numbers;
- C. A listing of any persons with known allergies or health conditions requiring treatment, restriction, or other accommodation while on site;
- D. For minors without a parent on site, signed permission to seek emergency treatment or a signed religious waiver? YES NO

HW.28.2 Does the camp require short-term resident camps and/or advise rental group leaders to store and lock all medication (both prescription and over-the-counter) except when in the controlled possession of the person responsible for administering them? YES NO

Contextual Education

The intent of this standard is to have appropriate information immediately available in case of an emergency. Whoever is taking responsibility for providing emergency care, whether that is the rental group or the camp, should have immediate access to the information.

Compliance Demonstration

Written documentation:

- Instructions to user group leaders

MANDATORY (HW.28.2)

DNA: HW.28.2 does not apply if no drugs are kept in camp or carried on trips. Does not apply if the camp primarily serves campers with diabetes and the written camp philosophy of diabetes management requires self-administration of insulin. Individuals may carry a limited amount of medication for life-threatening conditions (e.g., bee sting medication, inhaler).

Written documentation required

Applies to:

- Short-term resident programs
- Camps serving rental groups
