

Camp Risk Management: Sources and Strategies

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The key elements of an effective risk management strategy are to endeavor to anticipate what can go wrong, reduce the chances that it will go wrong, and plan what to do when it does go wrong (because something certainly will). This is the essence of “risk management” — a camp can endeavor to assess and manage the risks of the camp experience — but cannot eliminate those risks or assure campers’ safety.

The duty of care owed by a camp (and its staff) to its families is to exercise reasonable care to protect the campers from unreasonable risks of harm. A camp staff member’s duty is often expressed as: acting as a reasonable camp staff member would act under the same or similar circumstances. The intimacy of the camp’s relationship with its campers, and the expectations regarding a camp’s responsibilities to its campers, which are not always realistic, have led some courts to describe the duty of care as being very high — the care an extremely prudent person, including a parent, might apply. In many cases, however, courts have held that camps are not legally obligated to assure a child’s safety, and that reasonable care is just that — reasonable.

THE CAMP LINE

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Special Edition

Healthy Camp Update—

A newsletter covering industry-relevant research for camp professionals

Unreasonable risks of harm are those that are or can be foreseen, and the severity and probability of which are deemed unacceptable by the community. A reasonable risk of harm is one which is such an integral part of an activity or experience that, without it, the activity or experience loses its value and appeal—a risk that is a reasonably anticipated feature of the experience. A significant — a major — share of the risks of camp are inherent, and must be accepted by the camp community. A camp has no legal duty to protect a camper from these inherent risks, and camp families must be assisted in their understanding of their inevitability and value. Other risks also exist, and the camp should make efforts to address these with camper families, including the risk that camp staff may be careless or negligent.

In assessing the inherent and other risks of the camp experience, a camp is looking to reduce the risk of loss to the camper, and if a loss occurs, reduce (and prepare for) the potential risk of loss to the camp. Inherent or otherwise, the risks of the camp experience arise for the most part from predictable sources. And because those sources are predictable, a camp should have the means in place, before the bad event, to potentially reduce the chances of it happening and to deal effectively with it if it does, including addressing a fair allocation of legal responsibility for it.

This article will discuss the aspects of a camp's operations that are most likely to produce losses and claims, some suggestions on how to reduce the occurrence of those losses or claims, and how to prepare for them if they do occur.

Sources and Strategies

What are the most likely sources of losses and claims?

Note that, while the matters below are cited for their potential to produce problems they also present opportunities to strategize for future success.

Likely sources of losses and claims include:

The exchange of information between the camp and the camper family. This encompasses both the camp's disclosure to camper families, and the camp's screening of its campers. In this exchange, each advises the other of matters pertinent to the camp experience — the health of the child, and the activities and environment of the camp, for example. Suitability is the issue, and a cooperative approach to eliminating surprises that might affect the camp experience. Inaccurate, poor, or nonexistent information exchange can lead to surprise, hurt, disappointment, and in some cases, serious injury or death.

The camp environment. Weather, terrain, camp grounds, facilities including buildings, challenge courses and other structures, water features, plants, and animals can all be likely sources of losses.

Issues include recognition and warning of dangers, maintenance and inspection, and compliance with applicable building codes and regulations, including the Americans with Disabilities Act.

Emergency response and post-incident follow-up. This includes follow-up with the persons most directly affected and the media. How an emergency or other bad incident is handled is an often overlooked source of anger and disappointment, following a loss.

Camp practices and policies. The camp must be clear in its planning and guidance methods for conducting (e.g.) traditional camp activities, special events, off-campus adventures or other activities, and regarding staff members' or campers' understanding of — and compliance with — those camp practices and policies. A key issue is how those policies are crafted and communicated to staff (during staff training and otherwise) and to campers (as appropriate).

Equipment, gear, and animals. A source of loss for this section would include failure to effectively address equipment maintenance, replacement and storage as well as staff competencies associated with use and care. These same basic considerations apply equally to animals.

Documentation and record keeping. Included in this category are medical records, agreements with the camper and families (including releases), logs of medications administered, equipment records, incident reports and significant communications with parents. Failure to accurately document, record, or keep relevant information and failing to train your staff on these issues is a common problem that can create, complicate, or exacerbate a claim or lawsuit.

Administrative support. An unhappy administrative staff, doing poor work, will create problems often overlooked. Support issues include compensation, open communication, planning of campus and off-campus events, relations with the camp families, etc.

Selection, screening, and supervision of campers. Failure to effectively deal with these issues is a common allegation in cases where camper injuries lead to claims or lawsuits. Screening issues include the camper's medical (physical and emotional) condition and the family's alignment with the goals of the camp. Who, for the camp, reviews the medical questionnaire, and with what credentials? Whose signature does the camp require on the medical form: an M.D., a registered nurse, a physician's assistant? Supervision strategies are of utmost importance and will vary from (sometimes announced but impractical) "24/7 constant supervision" to a more relaxed "loose reins" approach. The camp must have a well-reasoned strategy in this regard, and it must be understood by the camper families. Consideration must be given to the new "virtual" children about whom so much has been written recently, and the "helicopter" parents of those children. Supervision of medical needs is an important component and must include the matter of oversight or administration of a child's

prescription medications. Today's parents expect more and tolerate less in the way of disappointment than in years past, and candor is essential in explaining to them what your camp can and will do, and what it cannot or will not do in this area of supervision. Campus security — protecting the camp population from unwanted visitors and other dangers — is also an important issue.

Selection, screening, and supervision of staff. Failure to adequately deal with staffing issues can lead to losses. Failure to properly screen, train and/or supervise staff are common allegations against a camp, in the event of an injury to a camper and subsequent claim. Areas of expertise include child development and health (including management of medications and emergency medical care) and wilderness and outdoor activity training, skills, or experience.

Other areas can include transportation (rental or purchase, maintenance, driver training), dealing with issues associated with special populations your camp may serve, or other issues unique to your camp.

How does the camp prepare for the inevitable bad even, which may harm a camper and affect the camp's finances and reputation, including a potential claim or lawsuit?

Running a quality program, of course — one which does what it says it is going to do and endeavors to responsibly manage the risks while also managing the loss to camper and camp if a loss does occur — what to do when the bad thing happens. Running a quality program, therefore, includes consideration of issues raised previously, and the following:

Understanding of and compliance with pertinent standards and practices. This includes awareness of and compliance with applicable industry standards. These include ACA Standards and others, including your own and local practices (which may create certain expectations). Standards and prevailing practices are not the last word on the issues they address, but are strong evidence of reasonable practices, and a program's deviation from applicable standards and policies must be thought out and defensible. Note that accredited camps must comply, appropriately, with ACA Standards in order to be or remain accredited. Camps that are not accredited need to pay attention to the standards, understanding this may be one of the first places a plaintiff's expert will look in an attempt to demonstrate the camp's negligence. Most of the items discussed in this article are addressed in some fashion in the ACA Standards.

Risk assessment and risk management plan. Assessing the risks associated with a camp's operation and activities and, if appropriate, development of a camp risk management plan.

Camp rules and policies. A camp's thoughtful development of its own rules and policies (including documentation and record-keeping policies), staff members and campers' adherence to these rules and policies (including staff and camper behavior), and clarity regarding your camp's expectation of compliance.

Developing appropriate camp emergency response and post-incident follow-up. This includes addressing first aid or other care and evacuation and stabilization of the affected camper and the group participants. It also includes appropriate communication with the camper family, and associated media response, investigation, documentation, and follow-up.

Wise use of professionals — legal, medical, insurance, and other. These professionals should be trained and experienced in the unique challenges of conducting recreation and adventure activities for children in sometimes remote environments.

A form of business best suited to the financial and practical interests of the camp owner — (corporation (for profit or nonprofit), partnership, LLC, for example) each with different characteristics, including limited liability, tax advantages, opportunity for subsequent investments, etc.

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Appropriate contracts — for staff, for camper families, for outside services, for third party use of the camp. This includes legal liability allocation strategies, including agreements of release and indemnity in contracts with camp families, vendors, and other service providers.

Understanding of and compliance with relevant local, state, and federal laws (with the assistance of informed legal counsel).

Appropriate insurance coverage. This includes liability, workers' compensation, property and vehicle insurance.

Conclusion

Our description of sources of claims and strategies for protection is not complete. Your good judgment will guide you in identifying other or potential problem areas at your camp and proactive strategies that have worked for you. Keep your guard up. Identify events (including near misses) that occur in these "source" areas in your efforts to manage risks and continue to refine your strategies for preparedness and response. These are important aspects of running a quality operation, and at the same time, endeavoring to meet your duty of care to your campers.

**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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Electronic Contracts and Signatures

A camp's decision to use or transition to electronic contracts via the Internet is a critical decision with important legal and practical ramifications. The federal E-Sign Act, adopted by many states through the Uniform Electronic Signatures Act, identifies specific requirements that relate to the validity of online contracts. Our fall, 2006 *The CampLine* article: "Electronic Communication — Legal and Practical Issues to Consider In the Information Age," considered these important issues. Look for future discussion of these issues in our *CampLine* articles, as the law around the use of electronic contracts evolves. In the meantime, seek the assistance of your legal counsel in the electronic conversion process. It is worth it!

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¹ See *The CampLine* article "A Camp's Duty of Care – In Good Times and Bad," Winter 2009, for additional information on the duty of care issue.

² See the article, cited in note 1, for additional thoughts on inherent risks. State law varies on its interpretation of this inherent risk concept — work with your attorney to understand its meaning and application in your state

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The Seasonal Exemption From the Minimum Wage and Overtime Requirements of the Fair Labor Standards Act

“Indeed, as the U.S. Department of Labor (DOL) steps up its enforcement of the FLSA during these tough economic times, it is more important than ever that camps look before they leap.”

The Fair Labor Standards Act (FLSA) (a federal law that mandates the payment of a minimum wage and overtime compensation to most employees) contains an exemption from its minimum wage and overtime provisions for certain seasonal amusement or recreational establishments, including many summer camps. Most camps are aware of the exemption and many take advantage of it. As is often the case with employment laws, however, the devil of the seasonal exemption is in its details. Indeed, as the U.S. Department of Labor (DOL) steps up its enforcement of the FLSA during these tough economic times, it is more important than ever that camps look before they leap. The potential consequences of incorrectly assuming qualification for the exemption are serious. The FLSA provides for stiff penalties, including the payment of back overtime and minimum wage, liquidated (double) damages, attorney’s fees, and litigation costs.

To aid members in navigating this murky area of wage and hour law, this article provides an overview of the exemption and addresses several common issues concerning its application. This article is intended for informational purposes only, and should not be construed as a substitute for legal advice.

The Basics

Section 13(a)(3) of the FLSA provides an exemption from its minimum wage and overtime provisions for any employee employed by an amusement or recreational establishment, if (A) the establishment does not operate for more than seven months in any calendar year, OR (B) during the preceding calendar year, its average receipts for any six months of such year were not more than 33 and 1/3 percent of its average receipts for the other six months of the year.

Critically, in this context, the term “establishment,” as defined in the regulations to the FLSA, refers to “a distinct physical place of business, rather than to an entire business or enterprise, which may include several distinct places of business.” One particular part of a larger enterprise may qualify for the exemption, whereas other parts of the enterprise do not.

Fewer Than Seven Months of Operation

Many seasonal camps qualify for the first “prong” of the exemption, in that they operate for seven or fewer months each calendar year. The DOL explains that an establishment will be considered to operate for seven months or fewer even if it engages in some activity during the off-season, such as maintenance of its facilities or ordering supplies. For example, in one opinion letter, the DOL concluded that lifeguards working at a public beach qualified for the exemption. The

beach in question was open for fewer than seven months per calendar year, though some of the lifeguards worked more than seven months per year maintaining equipment. As this DOL opinion demonstrates, the key inquiry is whether the establishment in question is open for business more than seven months per year.

The 33 and 1/3 Percent Test

Camps that fail to meet the seven-month requirement may still qualify under the “33 and 1/3 percent” prong of the exemption. The DOL provides the following helpful example:

An amusement or recreational establishment operated for nine months in the preceding calendar year. The establishment was closed during December, January, and February. The total receipts for May, June, July, August, September and October (the six months in which the receipts were largest) totaled \$260,000, a monthly average of \$43,333; the total receipts for the other six months totaled \$75,000, a monthly average of \$12,500. Because the average receipts of the latter six months were not more than 33-1/3% of the average receipts for the other six months of the year, the Section 13(a)(3) exemption would apply.

Seems straightforward enough, right? Simply compare your camp’s lowest six months of receipts to its highest six months of receipts. So long as your camp’s average monthly receipts for its lowest six months are no more than 33 and 1/3 percent of its average monthly receipts for its highest six months, your camp qualifies for the exemption.

What Receipts?

But there is a catch. What does the FLSA mean by receipts? Does “receipts” mean revenues accrued during a certain period, or money actually received? Is it up to the employer to decide how to account for its receipts?

Several federal courts have provided guidance on this issue. They have held that “receipts,” in this context, means “money actually received” during the period in question. The calculation of receipts does not depend on the particular employer’s accounting system. Instead, what matters is when the establishment actually received the money.

Also, for nonprofit organizations, there is no clear rule as to whether donations and pledges count towards “receipts,” but at least one federal court has ruled that they do. Given the general legal precedent on the definition of “receipts” for purposes of this exemption, it appears likely that most courts would agree.

Closing Thoughts

In order to qualify for the exemption, your camp may need to rethink its collection practices or reduce off-season operations. If your camp is part of a larger organization, you should consider whether your camp stands alone as a separate establishment for purposes of the exemption. As always, specific concerns about the application of the exemption to your camp should be directed to legal counsel.

Contributed by ICE MILLER LLP, Indianapolis, Indiana.



Healthy Camp Update



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Year Four Insights: A Challenge to Action

The 2009 camp season opened with a determination on the part of many to make it the “best year ever” despite the challenges of the economy and a very slow start of summer weather in many areas of the country. Influenza-like illness (ILI) only complicated the health and safety picture. Year four results from the American Camp Association®’s pioneering five-year study of camp injuries and illnesses were eagerly awaited this fall for several reasons:

- Camps could compare their injury and illness experiences from the 2009 season with those of other participating camps and also with their own experiences from previous years of participation to help determine if the health and safety goals were met.
 - Data from across the four-year study could be compared to identify patterns. In a multi-year study such as this one, seeing results that follow similar patterns year-to-year gives us confidence that the reporting tools are capturing the essence of the injury and illness experience among campers and staff.
 - The impact of the sporadic and unusual incidence of H1N1 (and changing directives for managing H1N1) on the study results could be explored in terms of numbers and nature of illness experiences.
- So, was it the best year ever? It was in terms of study participation. In year four, 138 U.S. resident camps and 42 U.S. day camps submitted data, the largest participation to date. This study continues to be the largest U.S. study of adverse events at camp. And, camp continues to be a very safe activity compared with other youth activities.

Injury Rates for Youth Participating in Day and Resident Camps (2006-2009) Compared With Common Youth Sports (2005-2009)*

Type of Youth Activity	Injury Rates**
Resident Camp	0.47
Day Camp	0.97
Boys’ Football	4.09
Girls’ Soccer	2.31
Boys’ Soccer	1.98
Girls’ Basketball	1.80
Boys’ Basketball	1.58
Girls’ Softball	1.15
Boys’ Baseball	1.03

*National High School Sports-related Injury Surveillance Study, Center for Injury Research and Policy, The Research Institute at Nationwide Children’s Hospital, Columbus, Ohio.

**Rate = chance of 1 child becoming injured out of 1,000

Action Challenge:
Find new ways to incorporate camp’s overall safety status into your camp’s parent/caregiver messages.

Influenza-Like Illness (ILI) Went to Camp in '09

Camper and staff illnesses definitely had an impact on the camp season with “infectious upper respiratory illness” being the most common diagnosis among resident camps as shown in the 2009 Most Commonly Reported Camper and Staff Illnesses Table. Although study data collection forms were not adjusted to specifically collect H1N1 incidence information, confirmed cases or otherwise, the incidence appears to have been captured in the diagnosis data and in anecdotal comments supplied by respondents. Day camps seem to have been less affected by ILI but ill day campers were most likely kept home and therefore not picked up as an untoward event for reporting. Sending ill resident campers home or providing care for them at camp posed logistical challenges. Health centers at many camps also coped with isolating campers showing symptoms, an unusual challenge in terms of providing some type of positive camp experience while managing symptoms and meeting the usual daily needs of food, rest, and hygiene. Variations in directives from state and local health departments and changes in these directives over time in the season tested flexibility and responsiveness.

A separate but related study on the impact of ILI at camp was undertaken by the Association of Camp Nurses and the American Camp Association and with support from the Center for Disease Control and Prevention (CDC). Over 600 camp professionals responded to the survey with only preliminary results yet available. Although the majority of reporting camps rated the disruption by ILI as “not much at all” those selecting “slightly, moderately, or seriously disruptive” were sufficient to indicate that when present, illness made a difference to that camp (Erceg and Bialeschki 2009).

Was this an unusual year for illness? The 2009 resident camper overall illness rate was by far the highest of the four years of data collected, almost double the rate reported in 2006, the study’s first year. Day camper overall illness rate, about half the resident camper

rate, was also about double its 2006 figure. Resident staff illness rates did not change appreciably from previous study years and day camp staff showed only a small increase. It will be interesting to see if camper data in year five, the final year of data collection, reverts to previous patterns thus confirming what many camps saw as an unusual year.

The recent widespread distribution of vaccine should make H1N1 far less of an issue for camps in 2010, but there are still important actions to take. First, camps need to decide their position on H1N1 immunization for campers and staff and make their position known to parents. Will it be a required or suggested immunization? Is it even on your health history form? Second, camps will want to review their arrival day screening to see how well their 2009 screening worked in terms of identifying ill campers and then decide whether they want to make modifications for this year. Does the current parent pre-camp message about keeping ill children home need to be stronger? Third, it is important to acknowledge that there will always be viral illness and that it will sometimes show up at camp. Having an up-to-date and practical response plan is essential. Waiting until the line of ill campers stretches down the path from the health center is not the time for planning. Far better to unfold well-designed responses to needed actions and resources than to scramble around generating unnecessary confusion. Finally, incorporating preventative strategies is a fundamental and essential health and safety function at camp.

Respondents to the ILI survey reported using a variety of strategies to reduce ILI impact: having easily accessible hand sanitizers, encouraging hand washing and hygiene, frequently cleaning contact surfaces, encouraging “in your sleeve” sneezing, and educating about ILI symptoms (Erceg and Bialeschki 2009). These strategies sound simple but truly effective and consistent implementation is harder than one might think.

2009 Most Commonly Reported Camper and Staff Illnesses				
	Day		Resident	
	Camper n=1,674	Staff n=559	Camper n=361	Staff n=58
Infectious upper respiratory illness	22.6%	21.1%	4.4%	5.2%
Influenza strain unknown	11.5%	2.3%	<1.0%	<1.0%
Non-infectious gastrointestinal condition	10.5%	9.1%	13.3%	12.1%
Infectious pharyngitis	4.5%	4.7%	1.9%	1.7%
Headache	3.8%	4.7%	6.9%	5.2%
Infectious gastrointestinal illness	2.8%	5.5%	10.0%	8.6%
Allergic Reaction	2.0%	3.6%	3.6%	5.2%
Parasitic infection (lice or tick)	<1.0%	<1.0%	4.4%	3.4%

Action Challenge:
Give more than lip service to illness prevention strategies and accept the challenge to turn illness prevention into a creative opportunity for staff and campers alike.



2009 Most Commonly Reported Camper and Staff Injuries

	Resident		Day	
	Campers n=441	Staff n=211	Campers n=181	Staff n=31
Blow to the head	14.6%	7.6%	11.2%	16.1%
Ankle/foot strain or sprain	13.4%	12.0%	5.3%	16.1%
Hand/finger wound, sprain, or strain	5.2%	9.98%	10.6%	6.5%
Lower arm/wrist fracture, strain or sprain	5.2%	2.2%	3.6%	0.0%
Head/face wound or contusion	3.3%	3.7%	4.7%	0.0%

Action Challenge:
Identify the top two or three accident prevention actions your camp will take this coming season and challenge staff to identify new ways to

Troublesome Injuries Persist

Year 4 results indicate that the two most common injuries for resident campers are (1) blows to the head and (2) ankle sprains and strains. These same injuries are also a major concern for day campers and for staff in both day and resident settings. Since Year 1, study findings have placed these two diagnoses consistently among the top five injuries encountered in both settings. Short online courses for directors and staff were developed on these and other health and safety topics and offered through ACA's e-Institute to try to reduce the incidence of these issues. E-courses have been well received and appear to be influencing practice in participating camps but these injuries are persistent ones and will take more time and creativity to decrease their incidence.

What more can be done? First, these figures need to be put into perspective. Injuries will occur at camp despite reasonable care. The environment and activities that are of key value to the camp experience have inherent risks. Second, when looking at the distribution of the injuries within the aggregate 100 percent, some will always occur with greater frequency than others and be at the top of the list. Finally, individual camps need to determine preventative approaches that are a good fit to their own setting. Some factors about accidents can be identified and may provide some direction for accident prevention. Consistently each year of the study, accidents most commonly happen while playing a sport or game. For years 2006 through 2008, this was the camp activity in progress when an injury occurred. In 2009, although still the most common activity at the time of injury, sports/game accounted for about 10 percent fewer injuries than in previous years. Was protective equipment being used more often or more appropriately? Was more care being taken in explaining safety parameters or in monitoring play? We don't know for sure but this is an area for individual camps to explore for possible safety improvements. Walking is another activity consistently among the top few activities during which accidents occur. Wearing the proper footwear for the activity will always need reinforcement but attention can also be paid to lighting, speed, and paying attention to the task at hand.

incorporate them into everyday practices. Review ACA's injury and illness prevention e-courses and incorporate what you learn into your staff training materials. These e-courses are free to camps participating in the Healthy Camp Study. In addition to being available online through ACA's e-Institute, this year the e-courses will be available on a CD, a format that may be easier to use at your camp.

Tackling Troublesome Issues

Head Injuries: Fatal head injuries in athletes and in others during recreational sport activities have been in the news this past year reinforcing that even minor head injuries have to be taken seriously and assessed competently. Recognition and proper response to concussions when they first occur can help prevent further injury or even death. Resumption of normal activities has to be undertaken with great care. Many professional medical and sports organizations have been working together to promote better care by developing and distributing educational materials to coaches and others working in situations where head injury risk exists. At camp, both organized sports and rough-and-tumble activities abound, often led or supervised by staff members who may not have had sufficient experience or training to incorporate safety to the extent you would like. Protective equipment may not be used with the regularity you'd like to see.

Great free resources are the CDC's kits titled, *Heads Up: Concussion in High School Sports* and *Heads Up: Concussion in Youth Sports*. These kits contain well-developed and practical information in many formats, including podcasts you could assign to staff as a

pre-camp requirement. At cdcinfo@cdc.gov you'll find materials at both the coach and health-care provider pages that will meet your needs in strengthening training and oversight.

Action Challenge: Put creativity and recently available resources to work in overhauling the head injury safety training you provide to your volunteers and staff.

Free-time Injuries: The majority of camper and staff injuries occur while participating in a camp activity, but roughly 20 percent occur during free time. This seems excessive considering the smaller amount of time in a camp day specifically labeled as free time. Free time means different things in different camps but most would agree that camp free time does not mean a "free for all." Camps commonly struggle with free-time parameters both in terms of activities and supervision but free time, whatever you call it and however it is structured, is an important part of the day. It allows the younger or more sedentary camper a respite from vigorous activity or weather elements; it accommodates the expression of divergent interests and can foster the older campers' need to "just hang." It is sometimes helpful in planning the camp day to focus some attention on what you see as the goal of free time, what it can accommodate, what lessons there are to be learned in free time, and then structuring it a little so that those goals you have identified can happen. Many campers identify free time as some of the best time spent at camp. Whether that holds true at your camp can depend on both planning and execution.

Action Challenge: Involve your staff in defining the purpose and parameters for free time and watch to see what's really working in terms of benefits and safety too.

Reference

Erceg, L.E. and Bialeschki, M. D. (2009). Exploring the Impact of Influenza-Like Illness: Preliminary Survey Results, *CompassPoint* (19)4, 4-5.

Getting Involved in the Healthy Camp Study

Camps across the country are benefitting from the information they're learning about injuries and illnesses at their camp. With only one more year left in the Healthy Camp Study, it's important for camps to get involved now, so that they can benefit from camp-specific information to enhance their camp's risk assessment, management, and safety programs. Participation is free and confidential, and no special affiliation is required. Your camp does not have to be ACA accredited to participate. For more information visit www.acacamps.org/research/enhance/reduce_injury_illness.php

Accessing Injury and Illness Prevention e-Courses

Four online courses for injury and illness prevention are available through ACA, including: OUCH: Protective Equipment, What All Staff Should Know; Reducing the Spread of Communicable Diseases in Camp: Why We Should Do It In Our Sleeves; Footloose: Minimizing Slips and Falls at Camp; and Knife Safety: Reducing Sharp Object Injuries at Camp. For more information, visit www.ACAcamps.org/einstitute/healthycamp/.

The Healthy Camp Study, funded by the Markel Insurance Company — an ACA Mission Partner, is the only national study of camper and staff injuries and illnesses. The study began in 2006 and will end after the 2010 camp season. The goals of the study are to improve the overall camper experience, improve staff effectiveness, and eventually, to lower camp health-care costs.

Enroll Your Camp Today!

The *Healthy Camp Study* is a unique opportunity for camps to take advantage of a powerful risk management tool. Camp directors who have joined the study are in a great position to implement specific strategies to keep kids safe and in good health. Improve your camp by signing up today at: www.ACAcamps.org/research/healthycamp.php.

Don't forget:

- Participation is FREE!
- Any U.S. day or resident camp can participate. No special affiliation is required.
- You'll be asked to enter weekly data throughout the summer.
- Each year, your camp will receive a camp-specific report as well as a national report so that you can compare your results with other participating camps.
- All information you provide as a part of this study is confidential and is aggregated with data from other camps for summary report purposes. No sponsoring organization ever sees data from individual programs.
- Your camp health staff (or other designated reporter) will receive detailed training.

Appreciation is expressed to Markel Insurance Company for their support of the Healthy Camp Study.

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Health Histories: What Are Camps (Not) Asking?

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“We don’t ask about that on the health form!?”

“The camper just arrived; how come we didn’t know about this?”

“Why aren’t parents telling us?”

“How do we ask that in a parent-friendly way?”

These and other questions are familiar to most readers. The camp health form, a stalwart bastion of information, has been used for many years. Yet camp literature contains limited references about designing these forms, the content they should contain, or how one might use the form to describe the scope of the camp’s health services so parents can effectively partner with us.

Framing the Questions

What is a camp health history form? How is it different from a physician’s examination? What information is common to all camp health history forms? What makes a health history form effective? Why do camps need it and how is it used? These are just a few of the questions inherent in this topic. As a starting point, the February 2004 Research Report to Participating Camps, *Health Histories: What Are Camps (Not) Asking?* was undertaken (a) to discover what information was on camp health history forms and (b) to explore ways in which that information might be asked more effectively. The goal was to describe the elements common to all health histories in the sample group so camp professionals who create their own forms would have a baseline from which to operate. In addition, it was surmised that a review of forms would illustrate risk reduction strategies that could be articulated for the camp health professional’s use.

What About the Observations?

Written notes about these forms provided rich information. Those comments follow. Note that some of these items — while nice to have on the section of the health history it pertains to — might also be provided via cover letter. The overarching recommendation is to keep guidelines about health information grouped with the form itself rather than buried among other camp information.

About Form Development

- Provide the camp name, address, and phone number at the top of the form. Invite parents to call that number should they have questions as they complete the form.
- Put a “due date” on the form that gives camp administration enough time to prescreen forms and respond to unforeseen elements. This is especially important when working with varying abilities or when camp may be far from the support services typically found in an urban setting. One health history form directed parents to call their “inclusion counselor” when these questions arose.

- Remember to ask about gender/sex — even in a camp specifically for same-sex individuals!
- Remind parents to keep a copy of the form and use that copy to note changes in their camper’s health status between now and the time the child arrives at camp. Tell parents exactly to whom and how (e.g., written message) they are to communicate health history updates to the camp.
- Tell parents (a) who sees the health history and (b) the credential of the camp’s health-care provider.
- Provide adequate space for a person to write information and/or invite them to add extra pages as needed.
- Use a font size that is large enough for comfortable reading — especially for the authorization statement! (This was often in much smaller print than the rest of the health history form.)
- Consider how the design of the form invites completion as opposed to aggravates the person completing it. Maybe your form would be better in landscape than portrait orientation?
- Number each page (e.g., 2 of 4) and provide a place for the camper’s name at the top of each page. This is especially important if parents fax health histories to the camp office or if your form has multiple loose pages.
- Remember to shape the form’s questions so they match the scope of skill represented by the camp’s health-care provider. How a general first aider uses health information is different from the way a physician and/or registered nurse uses it.
- Avoid using nonspecific terms (e.g., frequently, usually, recent); replace these with specific parameters (e.g., more than once a week, during the past school year, since September, in the last four months).
- Do not embed other items — such as the camp’s photo release statement — in the health authorization statement.

About Contact Information

- Specify custodial parent/guardian to clearly indicate who has authority regarding health issues for the child.
- Consider having parents list “additional contact people” rather than only “emergency contacts”; expand the use of these people to times when camp may need to consult someone about the camper’s health rather than limiting use only to emergency situations.
- Consider using “preferred phone number” and/or inserting a check box to indicate cell, home, or work numbers.

About General Health Information

- When asking about allergies, also ask about the reaction and treatment following an exposure. If anaphylaxis is a risk,



ascertain if the individual not only brings epinephrine but also knows when and how to use the device.

- When asking about chronic conditions — asthma, diabetes, migraines, etc. — ask for a description of the camper’s management plan while at camp. Provide the name and phone number of a camp person who can respond to questions from parents attempting to prepare their camper for managing the condition at camp.

(Figure 1)

Consider adding elements such as these to your health history form, especially if your camp clientele — campers and/or staff — participate in these practices.

Do you have any piercings? Yes No
 If yes, where? Ears Eyebrow Nose
 Belly Button Nipple Tongue
 Other: _____

Do you have tattoos or other body art? Yes No
 If yes, where? _____

Have you been in countries other than the U.S.? in the past year? Yes No
 If yes, list the countries and your length of stay in them.

Country: _____

Dates: _____

Country: _____

Dates: _____

Country: _____

Dates: _____

- Consider the unique risks that participants in your camp program(s) may experience. Perhaps your program is at an altitude that affects medications and/or those with breathing challenges. Maybe an aspect of your program — like SCUBA — places unusual stressors on participants. Perhaps your weather is extremely warm and humid and, thus, affecting water-soluble medications. Describe these. Have the parent consult both their own physician and someone from your camp so the camper is appropriately prepared upon arrival.

Expanding Health History Elements

- One camp created a portion of the health history form that would be placed in the hands of the counselor. This was an interesting way of handling information about routine, daily health habits and/or quirks about an individual (e.g., sleepwalking, snoring).

- Only one form asked about body piercings and none asked about tattoos. Given the rise in body art practices and the profile of your camp’s clientele, consider adding this (Figure 1).
- Consider adding a question that asks about travel out of the U.S. during the past year and captures dates of that travel (Figure 1).

About Medication Information

- In addition to asking for name of medication, dose, time, and reason for taking the medication, consider asking when the medication was started and when the dose was last changed.
- Ask parents to list the medications used during the child’s school experience even if those meds will not be used at camp. Suggest that those medications be brought to camp “just in case.”
- Remind parents that the camp day extends beyond the typical school day. Ask them to consult the prescribing physician to determine if the child’s dosing schedule is appropriate to the camp’s schedule (consider making a typical day’s schedule available).
- Consider listing the usual times when medications are given at camp.
- A few camps had a stand-alone form specific to medications. These typically required a physician’s signature for both prescription and OTC medications.
- Define what constitutes a “medication” at camp. Herbal, homeopathic, and other remedies are increasing as the world develops a global perspective. Some do not consider these medications, yet the remedies impact health status.
- If providing a list of over-the-counter drugs stocked by camp to parents, increase clarity by using generic names with trade names in parenthesis (e.g., acetaminophen [Tylenol®]).
- A camp that has international campers and staff requested that all medication label information was translated to English before coming to camp.
- Anecdotal comments from camp directors and camp nurses indicate a rise in medications used to treat mental health challenges. Many of these medications must be taken for a period of time before a therapeutic blood level is attained. As a result, some camps now use a statement such as this in the section that pertains to medication: It is our assumption that individuals taking medication for mental health reasons have been on the same medication at the same dose for the three months prior to their camp arrival. If this is NOT the case for your camper, please call and talk with (name of person with phone number). Such a statement indicates the camp’s desire that therapeutic benefit has been attained for the individual and also provides a point of contact when a question arises.

Assessing Nutrition Needs

- Rather than using the word “diet,” consider using the term “nutrition.” The connotations associated with these two terms vary. Discussing food framed from a nutrition perspective helps clarify concerns and may be a better complement to the camp’s philosophy surrounding food.
- Some nutritional needs are driven by physical and/or medical need. Lactose intolerance, food allergies, and a meal plan to support diabetes management are examples of this. Other nutrition needs are a matter of personal preference; choosing to eat vegetarian often falls into this category. Place greatest emphasis on understanding those diet needs based on physical/medical need. Also consider how faith-based food preferences affect health and the information needed by camp.
- A couple of forms made a distinction between “in camp” and “on the trail” nutrition practices because location and/or setting made a difference.

About Mental, Emotional, and Social Health

- Include this topic! Most camps approach health in a holistic manner; people have brains/minds that need assessment just like — if not more so — the rest of their bodies.
- Ask about specific fears and/or phobias.
- A couple forms assessed the camper’s ability to function in a community setting. This ranged from “does the camper make noise when falling asleep at night” to asking about ability to live in common with a group. The social dimension of camp wellness is often neglected on health forms. Think about the impact of community living using the context of your camp; appropriately inform campers (and staff) about this.
- Assess the camper’s skill at being away from home, especially with regard to the potential for missing home to the extent that it may impact camp life. This often reveals more about the parent than the child!

Camp Forms Available From the ACA Bookstore

From Incident/Accident Reports, Camp Health Record Logs, and Camp Staff Applications to Health Examination Forms and Voluntary Disclosure Statements, the ACA Bookstore offers a library of essential camp forms.

Visit www.ACAbookstore.org for more information.

Regarding Authorization Statements

- Describe who has access to health information so parents are informed about the scope of confidentiality practiced by the camp.
- Ask the parent to authorize the camp so it can secure copies of the child’s health record when/if the child is seen by an out-of-camp provider (e.g., M.D. at the local clinic, D.D.S.).
- Consider expanding the authorization statement to include language about unforeseen circumstances; keep wording broad so it covers this.
- Extract nonhealth releases from the health authorization (photo release statement, permission for horseback riding, etc.).

This article is an excerpt from the February 2004 Research Report to Participating Camps, Health Histories: What Are Camps (Not) Asking? by Linda Ebner Erceg, R.N., M.S., P.H.N., health and safety coordinator, Concordia Language Villages, and executive director, Association of Camp Nurses (ACN), which was published in ACN’s publication CompassPoint, 14(1), 17-23.

International Staff and J1Visas — Update

The camp community responded by the hundreds — and the U.S. Department of State has listened. In the fall, ACA alerted you to potential rule changes to the Exchange Visitor Program that could have a devastating impact on the camp community’s ability to use international staff to enrich their camp programs. ACA called you to action to contact the Department of State with your concerns about a number of

specific provisions. The Department of State has responded by issuing a statement that they have received over 700 comments about the proposed changes and have halted enactment of the new rules. They are in the midst of a sixty-day reconsideration period. We will keep you posted on status at: www.ACAcamps.org/publicpolicy/J1Visa.php.