

THE CAMPLINE

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

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ACA CAMP CRISIS HOTLINE ANNUAL REVIEW 2019



CASE STUDIES AND LESSONS LEARNED

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Part of the magic of camp is the unexpected. In most cases, the unexpected means spontaneous, unscripted moments of connection, growth, and renewal — but the unexpected can also mean uncertainty, or even a crisis or emergency. In this article, we share examples of crisis situations that happened at actual camps this summer for you to use as an emergency planning and staff training resource. Each of the situations is based on calls made by camp professionals to the ACA Camp Crisis Hotline in 2019.

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ACA Camp Crisis Hotline is a free, confidential, call-in resource for camp and youth development professionals that is available 24 hours a day, 365 days a year. The ACA Camp Crisis Hotline Team consists of ACA staff members who are trained to listen and offer guiding questions a caller might consider when faced with a crisis or unexpected situation. Our goal for each call is to help the caller identify where in their own policies, procedures, and resources they might find a way to address the situation. We also share resources, many of which can be found on the ACA Camp Crisis Hotline web page: ACAcamp.org/resource-library/camp-crisis-hotline.

How do we define crisis? We don't. A crisis is any situation for which a camp professional — regardless of their ACA membership or accreditation status — might want support. From bedbugs to wildfires, difficult parents to bullying, we take every call seriously and do our best to provide resources and considerations for next steps. We are not legal experts nor medical personnel, yet many of us are former camp professionals and know from experience how easily a crisis at camp can occur.

Historically, calls to the ACA Camp Crisis Hotline fall into broad categories, and we track the number of calls in these categories over time to give us a sense of emerging issues.

With this information, we create professional development resources to help camp professionals prepare for and mitigate crisis situations that might be new or particularly challenging. We typically receive about 150 calls per calendar year, and these calls fall into the general categories described on page 3.

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HEALTH AND MEDICAL ISSUES — 25% of calls

The health and medical category includes a broad range of topics from mental health issues to the treatment of common childhood illnesses and injuries, from questions about healthcare procedures (e.g., how to perform a lice check) to dealing with a death at camp.

Emerging issues included:

- Measles/immunizations
- International staff in need of medical and mental health care
- Outbreak of communicable illnesses and notifying parents
- Medication management, including CBD oil and essential oils

ABUSE ISSUES — 19%

While most often calls in the abuse issues category are about clarifying the mandated reporter laws and whether to call the authorities, the conversation often leads to identifying the need for techniques/tips to manage the way campers treat one another.

Emerging issues included:

- Increased reporting in #MeToo era; concerns related to investigating and reporting
- Accusations of sexual assault involving international staff
- Campers disclosing abuse that occurred at home
- Inappropriate touching, camper-to-camper and staff-to-camper

PERSONNEL/STAFF ISSUES — 19%

Calls in the personnel/staff issues category are commonly related to gaps in a camp's personnel policies and/or inconsistent enforcement of currently established policies and practices.

Emerging issues included:

- Staff burnout/mental health concerns
- Nursing shortage/medical coverage if nurse not available
- Lenience in enforcement of staff policies
- Gender-based supervision in cabins, particularly in situations of shortage of male or female staff
- Medical marijuana use and use of recreational marijuana in marijuana-legal states
- Lack of active and engaged supervision

CAMPER ISSUES — 16%

Calls in this category primarily focus on an individual camper's behavior in general and not toward another specific camper.

Emerging issues included:

- Vaping/e-cigarette use among campers
- Mental health concerns, including suicidal ideation
- Camper behavior
- Missing camper situations

BUSINESS OPERATIONS — 11%

Calls in this category are generally related to issues regarding the business of running camp and can include everything from taxes and wages to insurance and workers' compensation.

Emerging issues included:

- Response to weather-related events, including evacuation protocol and camp cancellation
- Managing response to crisis in the media and social media

INFESTATIONS — 4%

Bedbugs, bats, lice, scabies, pinworms, spiders, and ticks, etc.

Emerging issues included:

- Containing outbreak and follow-up communications

PARENT BEHAVIOR — 3%

Calls regarding parent behavior can be some of the most difficult issues for camps. As camp professionals, we value partnering with parents, but sometimes parents are not so amenable to the partnership.

Emerging issues included:

- Managing custody situations
- Parents demanding access to kids at camp
- Parents requesting contact information for the parents of other campers

MISCELLANEOUS — 4%

Emerging issues included:

- Dealing with natural disasters such as flooding, wildfires, or tornadoes
- Viral negative social media posts
- Questions about standards
- Hypothetical situation questions

ACA Camp Crisis Hotline Recommendations for Crisis Preparedness

While each case is unique, we find ourselves asking callers to the ACA Camp Crisis Hotline a similar set of questions. The following recommendations are based on these questions, and while they will not prevent a crisis, they are things you'll want in your toolkit should you face an unexpected or crisis situation at camp.

1. **Develop a working relationship with your insurance company and representative.** Review their resources so you know what they can and can't do. Know and understand the limits and coverages afforded your camp by your various insurance policies.
2. **Ensure access to legal counsel.** Consider it an investment. If finances are an issue for retaining legal counsel year-round, consider alternative means of accessing such counsel (e.g., compiling a list and reaching out to local law schools, members of camp or agency board of directors, camper parents/families, alumni, other nearby camps, community legal aid clinics, etc.).
3. **Ensure access to mental health professionals.** Develop relationships with a network of mental health professionals such as social workers, counselors, therapists, family counselors, or other professionals who are available and willing to be both on site and on call to help with mental, emotional, spiritual, or relationship issues of campers and staff.
4. **Develop a thorough crisis communication plan.** In the event of a serious accident, incident, injury, or infestation, an excellent communication plan is critical. The well-prepared camp has considered and prepared their key messages for a variety of audiences (parents, media, staff, board, etc.) for a variety of possible scenarios common to camp. When possible, camps should consider employing the expertise of a public relations professional or secure access to such a professional should the need arise. Resource: Crisis Communications Toolkit — ACAacamps.org/members/toolkit/crisiscomm
5. **Review your supervision policies and procedures.** Attentive, active, and involved staff supervision is the key to keeping campers from harming each other. Well-enforced and intentional supervision policies are critical in decreasing camper behavior issues. Camps need to ensure that their procedures and staff training are designed not only to protect the safety of campers, but also to identify situations where campers could be tempted to behave inappropriately.



Photo courtesy of Victory Junction, Randleman, NC

CASE STUDIES

As you might expect, the calls we receive rarely fit neatly into one category. Each crisis is unique, and it is in this uniqueness that we find the most opportunity for learning and preparedness. The crisis scenarios we share in this article represent what we consider emerging trends based on the number of calls with similar themes we received this past year, and, in some cases, the last several years. For each scenario we share questions you might ask during staff training and questions you might consider when reviewing your camp's policies and risk management plans.

While each case is based on actual calls we received to the ACA Camp Crisis Hotline this year, most have been adjusted to maintain the confidentiality of the caller and their situation. You'll also notice that we do not provide the after story. That is in part circumstantial — we do not often hear how the story ends — and in part intentional. Each case is meant to prompt critical examination of your own policies and practices rather than to suggest that every camp can follow the same steps and reach the same outcome.

Case #1: Do You Want to Know a Secret?

It's a dismissal day, and a camper makes their way to the camp director because they have a secret they feel an adult should know about. The secret is about a female camper who has already left camp but shared some information with this friend and asked the friend not to tell anyone. The female camper confided that during her time at camp, not one but *two* different male counselors kissed her. The camper sharing this secret with the camp director is reluctant to give any more information about who the female camper is or the names of the male counselors but finally agrees. The camp director worries about taking action when the truth is difficult to determine.

What can we learn from this case?

Policies & Risk Management	Staff Training	Key Takeaway
<ul style="list-style-type: none"> • Do you have clear policies to ensure campers are never alone with a staff member? • Do you have a staff code of conduct and clear steps for enforcement? • Do you have a process for investigating staff conduct and making decisions about consequences? • Do you have an action plan for reporting to relevant authorities, such as Child Protective Services or law enforcement? • Do you have access to legal counsel? In this case, a legal expert can advise in addressing employment issues, as well as support should the parents decide to take legal action. • Know your insurance provider and their recommendations for investigating and reporting incidents like this at camp. 	<ul style="list-style-type: none"> • Consider scenarios where appropriate supervision might be challenging and what staff can do when they might be alone with a camper. • Discuss appropriate touch and boundaries with campers. Train staff to recognize signs of inappropriate interactions between campers and staff and what to do if they see or hear something. • Make sure staff are clear on their role as mandated reporters and what to do in situations that might require reporting. 	<p>Training staff in appropriate supervision and interactions with campers is key! Engage campers in establishing a culture of See Something, Say Something and have a ready-to-go action plan for legal counsel and communicating with authorities, parents, and staff if situations involving inappropriate staff-camper interactions happen at your camp.</p>

Resources

The Art and Science of Youth Development: The Role of the Camp Counselor (*Camping Magazine*, May 2019): ACAamps.org/resource-library/camping-magazine/art-science-youth-development-role-camp-counselor

Summer Camps Abuse Prevention Program:

ACAamps.org/staff-professionals/events-professional-development/partner-online-course/summer-camps-abuse-prevention-program

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Case #2: Health Challenges with International Staff

An international staff person shares once they arrive on site that they have a diagnosed health condition that requires close monitoring and nutritional support. This was not disclosed prior to the start of camp. During the first few weeks of camp, the staff member struggles to manage their condition, leaving other staff members concerned. One evening, they find the international staff member unresponsive and seek emergency medical care. The staff member is treated and returns to camp, but the camp director is concerned about the person's ability to manage their health in a camp setting that is far away from medical care and might not have the on-site medical or nutritional support this person needs. Is this the best camp situation for the health and safety of this individual, and, if not, what can the camp director do about it?

What can we learn from this case?

Policies & Risk Management	Staff Training	Key Takeaway
<ul style="list-style-type: none"> • Do you have a way to appropriately collect health information from staff and a policy for health concerns that arise once on site? • If you employ international staff, do you have a plan for their medical care? • If you work with an international staffing agency, be sure you know their policies on health screening and supporting international staff who might struggle once on site. • As part of the hiring process, do you disclose and discuss the realities of managing any healthcare issues related to finding and paying for treatment that may arise while in the United States? 	<ul style="list-style-type: none"> • Engage staff in strategizing how they can manage their own health and well-being during camp. • Consider a separate session with international staff so they know how to support their own health-related needs and what to do if something comes up that requires medical care. 	<p>Gather as much information as you can about staff members' health and medical needs, and have a plan for medical care for international staff. Be sure you know exactly what you can expect from an international staffing agency should concerns about international staff come up during the summer.</p>

Resources

Best Practices Concerning Employment Termination of an International Staff Person:
[ACAcamps.org/sites/default/files/page_documents/publicpolicy/BestPracticesIntlStaffTermination.pdf](https://www.acacamps.org/sites/default/files/page_documents/publicpolicy/BestPracticesIntlStaffTermination.pdf)

International Cultural Exchange Visitors: Orientation Overview:
[ACAcamps.org/sites/default/files/page_documents/publicpolicy/IntStaffOrientation.pdf](https://www.acacamps.org/sites/default/files/page_documents/publicpolicy/IntStaffOrientation.pdf)



Photo courtesy of Cali Camp Summer Day Camp, Topanga, CA



Photo courtesy of Cheley Colorado Camps, Estes Park, CO

Case #3: Can't Touch Me

A parent appears at the camp office to report that her child came home with bruises and marks on his arm caused by a counselor. Upon further discovery, the camp director learns that one of the most popular counselors grabbed the camper's arm in a disciplinary action and was responsible for the marks. The parent was involved in talking with the counselor about the negative impact this had on her child. The counselor believes they were in the right on how they handled the matter. The camp director is worried that taking action to terminate this revered counselor will cause other campers to react adversely and lead additional staff to quit.

What can we learn from this case?

Policies & Risk Management	Staff Training	Key Takeaway
<ul style="list-style-type: none"> • Do your policies describe clear steps for behavior management? • Do you have employment policies that have been reviewed by an HR expert and are detailed enough to implement with minimal gaps in difficult decision-making? • Do you have a communication plan for working with parents, and does that plan include responding on social media? 	<ul style="list-style-type: none"> • Make training staff in effective child-centered behavior strategies a priority. Consider engaging a child development expert to work with staff. • Ensure staff have a robust toolbox of ways to promote campers' best behavior and deal with negative behavior safely and effectively. • Ensure staff are clear on your employment policies, performance evaluations, and disciplinary actions they could face in not meeting these expectations. 	<p>Consistency is key when addressing situations in which staff do something serious like inappropriately disciplining a camper. Most often the consequences of inaction are far greater than what might happen if you ask a staff member to leave.</p>

Resources

Staff Training and Preparation: [ACAcamps.org/staff_training_article](https://www.acacamps.org/staff_training_article)

Handling abuse: [ACAcamps.org/cockatoo](https://www.acacamps.org/cockatoo)

Camp Insurance Trends: [ACAcamps.org/camp_insurance_trends](https://www.acacamps.org/camp_insurance_trends)

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Case #4: Female Staff Supervision of Male Campers

A camp director calls because the camp is short on male staff and wants to know if they can have female staff persons supervise and stay in a cabin with their six- and seven-year-old boys. There would be a 2:8 ratio of staff to campers. He has already checked with his insurance carrier and knows that nothing is legally prohibiting the female staff from sleeping in the cabin with the boys. Similarly, he already knows that ACA standards do not dictate supervision by gender, only by ratio.

What can we learn from this case?

Policies & Risk Management	Staff Training	Key Takeaway
<ul style="list-style-type: none"> Do your cabin supervision policies specify that you always have supervisors who are the same gender as participants? Why or why not? If you allow for supervision by a person of the opposite gender, are you able to accommodate and ensure the need for privacy for campers and staff related to changing, restrooms, and sleeping in the cabin? If you allow for opposite gender supervision, as in this case, are you doing anything to ensure that these young campers have ample opportunities of quality time to interact with positive male role models? 	<ul style="list-style-type: none"> How do you train your staff about camp policies related to never being alone with a camper and the power of three? Are your staff trained regarding child abuse prevention and comfortable with “see something, say something” to keep everyone safe? Do you have an expert providing this training? What will your communication to the camper parents about this situation look like? What role do the staff play in this (especially on drop-off and pickup days)? What are your key messages? 	<p>This case is first and foremost about supervision. If you consistently follow the rule of three, it should not be a problem to have staff supervise campers of the opposite gender. Be sure to communicate clearly with parents if this is a possibility and provide accessible ways for campers of all genders to change, bathe, and use the restroom privately.</p>

Resource

Reasonable Supervision and the “Safe” Environment: What Are the Issues? (*CampLine*, 2005): ACACamps.org/resource-library/articles/reasonable-supervision-safe-environment-what-are-issues



Photo courtesy of Camp Killoqua, Everett, WA



Case #5: Vaping Comes to Camp!

A parent of a camper who went home from camp mid-session reports to the camp that her child told her some of his fellow campers were vaping while at camp. The director speaks with his staff and finds none were aware of any vaping activity. According to the parent, one of the vape pens contained tetrahydrocannabinol (THC). The director calls needing assistance in determining whether the camp could search camper belongings and what should they do if they find e-cigarettes regardless of THC? Should the presence of THC change how they handle it?

What can we learn from this case?

Policies & Risk Management	Staff Training	Key Takeaway
<ul style="list-style-type: none"> • What is your policy for searching a camper's belongings? Do you make this policy clear to campers and parents? • What are the camp policies related to campers (or staff) having and using illegal substances, including e-cigarettes (in all its forms)? • What if there had been THC, the chemical responsible for most of marijuana's psychological effects, in the e-cigarette? Would you also call the authorities? • What is your policy regarding refunds if you send a camper home because of using illegal substances like e-cigarettes? 	<ul style="list-style-type: none"> • Make sure staff can identify e-cigarettes and other illegal substances and know the steps they should take if they suspect a camper (or another staff member) of using an illegal substance. • Discuss policies regarding staff use of e-cigarettes, medical marijuana, and recreational marijuana if you are in a state where marijuana is legalized. Emphasize the critical functions of their jobs and how they will be observed. • Are staff trained to be vigilant and proactive with supervision of campers so opportunities for vaping cannot occur? 	<p>In the US, it is illegal for minors to be in possession of tobacco, to smoke in public, or to purchase tobacco products. It is illegal to sell or distribute tobacco to anyone under the age of 18 years. Additionally, federal vaping laws for minors forbid anyone younger than 18 years of age from purchasing and using any vaping device or product — including e-cigarettes, electronic vaporizers, and e-juices.</p>

Resources

E-Cigarettes and "Juling" — What All Camps Need to Know (ACA):

[ACAamps.org/resource-library/professional-development/e-cigarettes-juling-what-all-camps-need-know](https://acaamps.org/resource-library/professional-development/e-cigarettes-juling-what-all-camps-need-know)

US E-Cigarette Regulations — 50 State Review (2019):

publichealthlawcenter.org/resources/us-e-cigarette-regulations-50-state-review

Camp Insurance Trends: Where Have We Been and Where Are We Going? (Campline, 2019):

[ACAamps.org/resource-library/campline/camp-insurance-trends-where-have-we-been-where-are-we-going](https://acaamps.org/resource-library/campline/camp-insurance-trends-where-have-we-been-where-are-we-going)

Teen Vaping: What You Need to Know: childmind.org/article/teen-vaping-what-you-need-to-know/

Understanding a Camp's Right to Search (Campline, 2014):

[ACAamps.org/resource-library/articles/understanding-camp%E2%80%99s-right-search](https://acaamps.org/resource-library/articles/understanding-camp%E2%80%99s-right-search)

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Case #6: Parental Rights Dispute Related to Camp Information

At a day camp, one parent enrolls a camper and fills out all the paperwork listing himself as the only parent/guardian. Additionally, he shows the director a legal document stating that the child's second parent is not to transport the camper, nor is she to have any contact with the child. Two weeks into camp, the second parent, who has a letter from a lawyer stating she also has parenting privileges, asks for the registration documents the first parent provided the camp. In addition, she says the camper has a known medical condition and wants to know if the first parent provided that information. The camp is feeling caught in the middle of the parents' dispute and calls looking for advice on next steps.

What can we learn from this case?

Policies & Risk Management	Staff Training	Key Takeaway
<ul style="list-style-type: none"> • What is the camp's policy regarding camper pickup and drop-off? How does camp verify who is eligible for pickup and drop-off of campers? • Does the camp have a policy about confidentiality of camper information? Does this policy extend to other members of the family? What are the expectations of a parent when they submit camper information to the camp? • Does the camp do any due diligence to verify whether any legal documentation provided to camp by parents is bona fide? • Questions to ask legal counsel: <ul style="list-style-type: none"> ◇ Are there local laws or governance to help with what must be shared from one parent to the next? ◇ Who has rights to the information provided? ◇ What does the letter from the lawyer entitle the second parent to? ◇ What should the camp do if the second parent comes to camp to pick up the camper? 	<ul style="list-style-type: none"> • Make sure staff are clear on drop-off and pickup procedures. Train for scenarios where a staff person might be in a situation involving a parent who is not a designated pickup showing up at camp. • Perhaps invest in legal counsel to help train administrative staff in how best to navigate custody situations. 	<p>Custody situations are tricky, and camp professionals should do what they can to avoid getting involved. If possible, review enrollment paperwork and policies regarding pickup, drop-off, and sharing information with legal counsel.</p>

Resources

Who's in Charge? (*CampLine*, Winter2015):

ACAamps.org/resource-library/articles/whos-charge? Huffington Post: *Mediating your summer camp squabbles*

Summer and Custody: How to Avoid Conflicts:

themarkslawfirm.com/summer-custody-avoid-conflicts/

How Schools Should Protect Students from Child Custody Disputes:

campussafetymagazine.com/safety/schools-child-custody-disputes/

Mediating Your Summer Camp Squabbles (*Huffington Post*):

huffpost.com/entry/summer-camp-squabbles-pos_b_3137507?utm_hp_ref=divorce&ir=Divorce

Summer Camp Sign ups, Vacations, and Child Custody (*Divorce Magazine*):

divorcemag.com/articles/summer-camp-sign-ups-vacations-and-child-custody

Case #7: Racist Action on the Ropes Course

A ropes course staff member was setting up the course for the next group when a counselor who was helping noticed that one of the ropes hanging from the ropes course staff member was tied in a noose. When the counselor confronted the ropes course staff member about it being a racist action, the ropes course staff member said it didn't mean anything. The camp director worked to address the ropes course staff member, but word spread around camp of the incident and the racist inference. Some counselors, upset that they didn't feel like it was appropriately addressed, were considering involving the media and sharing details of the incident on social media.

What can we learn from this case?

Policies & Risk Management	Staff Training	Key Takeaway
<ul style="list-style-type: none">• Does the camp have a policy on matters related to discrimination?• Do you have a process for repairing harm or promoting healing in the community?• Is your communication plan inclusive of matters including staffing issues, discrimination, etc.?• Do your social media policies cover expectations of how the staff may or may not represent the camp publicly?	<ul style="list-style-type: none">• What is the climate of your camp? Evaluating this annually may help you design training that meets the needs of the current climate.• Training staff around matters of diversity, equity, and inclusion is essential to the positive relational development that happens in camp.• Are staff trained to be allies and promote allyship among campers?	Leading by example and how people will be treated in moments of disagreement or tension are critical to building a camp culture that encourages inclusion and promotes diversity. Create high expectations so everyone knows that hate, disrespect, and intimidation have no place at camp.

Resources

Interrupting Isms: What to Do if Campers Say or Do Something “-Ist” (*Camping Magazine*, May 2019):

[ACAamps.org/resource-library/camping-magazine/interrupting-isms-what-do-if-campers-say-or-do-something-ist](https://acaamps.org/resource-library/camping-magazine/interrupting-isms-what-do-if-campers-say-or-do-something-ist)

Anti-Defamation League — General Hate Symbols:

adl.org/education/references/hate-symbols/noose

How to Tell Someone They Sound Racist:

youtube.com/watch?v=bOTi-gkjiXc

Training for Social Justice with Camp Staff (*Camping Magazine*, May 2017):

[ACAamps.org/resource-library/camping-magazine/training-social-justice-camp-staff](https://acaamps.org/resource-library/camping-magazine/training-social-justice-camp-staff)

Responding to Hate and Bias at School (Teaching Tolerance):

tolerance.org/magazine/publications/responding-to-hate-and-bias-at-school

WRAPPING UP: PREPARING FOR CRISIS AT YOUR CAMP

Camp is a place full of the unexpected, and, as we can see in these cases, the unexpected can include situations that are difficult and frightening. We hear hundreds of stories from camp professionals each year about the crises they face, and no crisis is too big or too small to justify a call to the ACA Camp Crisis Hotline. Some situations might be preventable through regular and systematic emergency action planning; others simply are not — but all are important opportunities for learning, both at your camp and as a community of camp professionals. We hope the cases and prompts covered here serve as a starting point for dialogue and critical examination of your policies, practices, and staff training.

A few things to remember about ACA Camp Crisis Hotline:

- It is available to any camp professional experiencing what they feel is a crisis situation, regardless of ACA membership or accreditation status.
- It is free and confidential, available around the clock, 365 days a year.
- It is staffed by ACA staff members with experience working at camp but who are not legal or medical experts.
- Our most shared resources are available at [ACAamps.org/resource-library/camp-crisis-hotline](https://acaamps.org/resource-library/camp-crisis-hotline).

Call us: 800-573-9019



EVERYTHING HAS CHANGED: ABUSE PREVENTION AT CAMP IN THE AGE OF #METOO

By Kevin A. Trapani

In December of 2018, CBS News broadcast a report detailing more than 500 allegations of child sexual abuse at summer camps over a period of more than 50 years (CBS News, 2018). The numbers are certainly shocking. Yet for those of us who investigate child sexual abuse and advocate for solutions to prevent it, they are not actually that surprising.

For years, experts reported that one in four children would be sexually abused by the time they reach 18. That number has recently been revised to one in 10 (Darkness to Light, 2015). Yet whatever the numbers, the stark reality is the same — if your camp has welcomed hundreds of campers each year, and if it's been doing so for any length of time at all, then it is absolutely certain that you will have cared for survivors of abuse. Disturbingly, it *would be* surprising to learn that some form of abuse had

not happened in your programs at some point in your camp's history.

The good news is there is now a tremendous opportunity to make changes — changes that have been a very long time coming.

The Rise of #MeToo

Whether it's Larry Nassar and USA Gymnastics, Boy Scouts of America, or the Catholic Church, it has become impossible to ignore the ongoing drumbeat of revelations around sexual misconduct and abuse. The obvious lesson of these stories is that abuse at all types of youth-serving community organizations has been much more widespread than previously thought. There is, however, another important and more encouraging takeaway: Society is finally taking notice and abusers (and their enablers) are going to be held to account to a greater degree than they ever have been before.

The case of Jeffrey Epstein is a near-perfect example of this societal shift. In 2008, despite ample evidence of other crimes, he received only 18 months in prison on one prostitution-related account. As part of his plea deal, he was allowed up to 12 hours of daily work release too — a condition he allegedly used to commit further acts of sex trafficking while serving his sentence (Ovalle, 2019). Fast-forward to 2019, and Epstein was facing very similar charges. This time, however, he was looking at 40 years in prison, plus the loss of his \$77 million mansion in Manhattan.

Epstein's later suicide doubtless leaves many survivors feeling robbed of justice. Yet the societal backlash that brought him down is a movement that is long overdue. It's time for all of us to step up and say "Enough."

Society Has Had Enough

Camps have already been doing a lot when it comes to abuse prevention. From criminal background checks to “no alone time” policies, abuse prevention measures have been steadily improving over time. Steady improvement, however, is not enough. Society’s expectations of us have changed.

Take just one recent example: Two campers of opposite sexes were sitting next to each other on a bus. Staff noticed that they were touching each other inappropriately under a towel and immediately separated the two children. They reported the incident to camp supervisors who notified parents and took appropriate action to address the behavior. In other words, it appears they did exactly what they were expected to do in responding to an incident of peer-to-peer abuse. Yet the camp itself is still being sued by one of the children’s parents, and cases like this are increasingly becoming the norm.

Clearly, we need to develop cultures and environments where any inappropriate behavior, red flags, or rule breaking — both by campers and staff — is immediately detected and addressed before it can develop into abuse. Society will not be satisfied with anything less.

A Tsunami of Allegations Is Coming

Societal attitudes aren’t the only things that are changing. The legal environment is changing too.

Most recently, New York State enacted the Child Victims Act — a measure that extends the age at which a survivor can come forward and sue their abuser from 23 to 55, and which also includes a one-year lookback period for survivors who had previously missed the opportunity to sue. Almost immediately, a tsunami of more than 400 lawsuits was filed, and experts expect many more to follow (Anthony, 2019). Similar reforms are being worked on in 29 states.

To get an up-to-date understanding of any Statute of Limitation reform legislation either enacted or being worked on in a specific district, camps can reach out to us at The Redwoods Group at redwoodsgroup.com, check the Child USA website childusa.org/2019sol, or reach out to their local counsel.

With each new reform will come a wave of historical allegations that are likely to hit all youth-serving movements across the country. Camps will need to be prepared to respond. The good news is, responding to an adult survivor of child sexual abuse involves much the same skill set and knowledge as responding to a child survivor.

Specifically, an adult survivor of abuse is going to want to hear four things:

1. I believe you.
2. It’s not your fault.
3. I will do all I can to help you heal.
4. We now have policies and practices in place that prevent this from happening at our camp.

This fourth point is worth emphasizing because it is additional to how we advise responding to child victims, and because it provides an opportunity to create a meaningful relationship with the survivor that’s based on trust and shared goals.



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Once a camp has identified its protocol for responding to adult survivors, it's important to make sure that the camp's entire staff, board, legal counsel, and volunteer base is on board with this approach, ideally before it becomes necessary to enact it. And the camp is going to need to make sure they have as much information as they can possibly gather, dating back as far as they can, about their historical insurance coverage to make sure their mission is protected when survivors do come forward. And just as important is that survivors have access to the resources they need to help them heal.

Ultimately, we find ourselves in extremely challenging, even nerve-racking times. For those of us who believe passionately in the power of the camp experience, it can be hard to think about the harm that's been done to young people while away at camp. Yet, the fact is, harm has happened — and it has happened on a more frequent basis than many of us may have previously recognized. Understanding this and adjusting how we operate is not only our duty as a youth-serving movement, but it is also a profound opportunity to live our values and finally create a society where abuse has no place to flourish.



Creating Multiple Layers of Protection

For years, aquatic safety experts have emphasized the idea of multiple layers of protection — from lifeguarding protocols to community swimming lessons — as the only way to effectively and consistently prevent drownings. Abuse prevention is no different.

- **Educate and Protect:** Develop clear protocols and a comprehensive annual training program that involves all staff counselors and volunteers, and supplement that training with regular check-ins and informal exercises to keep the learning fresh. Ask all counselors and staff to sign a code of conduct. Follow through with consistent supervision and enforcement of rules.
- **Communicate and Empower:** Reach out to all camp families and stakeholders. Inform them of your positions and policies and ask them to hold you accountable. Point them to resources they can use to help educate the community and provide them with multiple channels of communication to report any potential concerns.
- **Prepare to Respond:** Prepare yourself, your staff, and your boards to respond to historical allegations in a manner that's consistent with your values and puts the well-being of survivors at the heart of your decision-making. It's also important to work with your broker and your insurance carrier(s) to ascertain your insurance history dating back as far as you possibly can. Consider retaining the services of Insurance Archaeology Group (iaglid.com) or a similar entity with specific expertise in mapping your historical insurance assets.



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THE CHALLENGES AND CONSIDERATIONS OF CBD OIL AT CAMP

By Tracey Gaslin, PhD, CPNP, FNP-BC, CRNI, RN-BC

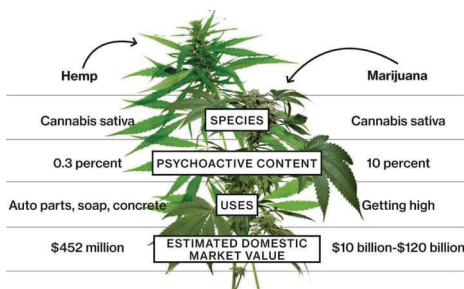
One of the growing medication challenges in the camp health world is cannabidiol (CBD) oil. An increasing number of camps are getting questions about this product — the legalities of use, the properties of the drug, and the implications for camp. Provided here are educational facts about CBD oil to help camps make quality decisions about its use in their settings.

CBD oil, also called hemp oil, contains CBD extracts from the cannabis plant. The least processed form of the cannabis plant is hemp (Johnson, 2018; Sigmon, nd). Hemp and marijuana come from the same plant, *Cannabis sativa*, but the two are very different (Stamberger, nd). Hemp contains most of the CBD that people use medicinally. While delta-9-tetrahydrocannabinol (THC) is found in high quantities in marijuana and low quantities in hemp, the reverse is true for CBD. The CBD in CBD oil is most often extracted

from hemp as opposed to marijuana because hemp naturally has a higher volume of CBD and lower volume of THC. THC is the component that causes a change in sensorium (high) when smoked or ingested (Sigmon, nd; Wong, 2019; Stamberger, nd).

Those produced by the body are endocannabinoids (EC), which have a natural anti-inflammatory effect. Certain foods can stimulate endocannabinoids, such as flax seed, walnuts, sardines, and pasture-fed eggs. The EC system plays an important role and function and has two types of receptors for cannabinoids, called the CB1 receptors and CB2 receptors. CB1 receptors are present throughout the body, but many are in the brain. The CB1 receptors in the brain deal with coordination and movement, pain, emotions and mood, thinking, appetite, memories, and other functions. THC attaches to these receptors (Scholastic, 2019).

CB2 receptors are more common in the immune system. They affect inflammation and pain. Researchers once believed that CBD attached to these CB2 receptors, but it now appears that CBD does not attach directly to either receptor. Instead, CBD oil seems to direct



Graphic by Bloomberg Businessweek; Data compiled by Bloomberg/Getty Images

CBD Effects

All cannabinoids, including CBD, produce effects in the body by attaching to certain receptors. The human body produces certain cannabinoids on its own.

the body to use more of its own endocannabinoids (Scholastic, 2019).

Understanding the receptors is important to realize that THC is not the only ingredient in cannabis that has a direct impact on brain function. CBD oil, which is the second most abundant cannabinoid found in the plant, is often touted as “nonpsychoactive”; however this statement is somewhat misleading (Felton, 2019). Any substance that has a direct effect on the function of the brain is considered psychoactive. CBD most certainly does this, as it has powerful anti-seizure and antianxiety properties. The only FDA-approved CBD medication, Epidiolex, is for two rare seizure disorders (Johnson, 2018; Wong, 2019). In 2018, researchers conducted preliminary studies on CBD addressing anxiety, cognition, movement disorders, and pain, and found that some individuals improved with CBD usage while others felt little to no effect (Felton, 2019, Kubala, 2018). As future research looks at the pharmacological effect of these substances, we will continue to learn how these might be best managed in the camp setting.

Legality of CBD

The most significant concern is the legality of CBD use. During the summer of 2019, many camps received calls about bringing CBD oil to camp for both campers and staff. This was the most common call by far (even surpassing measles calls) received by the Association of Camp Nursing Hotline. How do we respond to these requests? First, we must consider the legal aspects of the substance. Some state and federal laws differ regarding cannabinoids, and current marijuana and CBD legislation in the US can be confusing, even in states where marijuana is legal (Cadena, 2019).

On December 20, 2018, the federal government passed the Agricultural Improvement Act of 2018 (115 P.L. 334, Farm Bill) (Hudak, 2018). Among its many provisions, the bill nationally legalized CBD that comes from industrial hemp.

Hemp-derived CBD is legal in all 50 states; marijuana-derived CBD is not federally legal (Hudak, 2018; Market Intel, 2019). The government classifies hemp as any plant of the cannabis family that contains less than 0.3 percent THC (Cadena, 2019). All marijuana-derived products (regardless of THC concentration) are considered a Schedule I medication and are still illegal at the federal level (US Department of Justice, nd; Hudak, 2018: Gov Information, nd). Before you buy any cannabis product, review your state’s laws and understand the legal implications for your camp. Consult your camp’s legal counsel regarding state and federal perspectives of CBD oil (Market Intel, 2019).

Is It What It Is?

A second and vital consideration is if the CBD oil is in actuality from hemp and is less than 0.3 percent THC (Felton, 2019). You can go to many different Internet sites to purchase this product. However, because this product is often advertised as a supplement instead of a medication, it is not regulated by the FDA or other agencies (US Department of Justice, nd). There is no mechanism to know for sure that the product contains the identified properties.

If an individual brings this product to camp, the camp will most likely want to treat this product as a medication, which adds legal implications for care. If a medication, the camp nurse must be assured of the “five rights” of medication administration (refer to the sidebar), including right drug and right dose. Legally, if a nurse cannot be assured that they are giving the correct medication at the correct dose, the camp should be concerned that they are not following the *Scope and Standards of Camp Nursing Practice* (Association of Camp Nursing, 2017). The *Scope and Standards* outlines camp nurse practice and states that a vital competency is to “utilize and promote evidence-based research to guide camp nursing practice.” Another competency is to “ensure that nursing

practice is safe, effective, efficient, equitable, timely, and client centered” (Association of Camp Nursing, 2017).

With no mechanism to know for sure that a product is CBD oil, that the oil is from hemp, and ultimately that the product contains less than 0.3 percent THC, we lack evidence to support many of the current uses of CBD oil and administration of a product. No regulatory oversight means allowing campers and/or staff to use it could represent unsafe and ineffective care.

Staff and CBD Oil

Considerable attention needs to be given to camp counselors and other staff who use CBD oil and the implications such use may have for job performance. Camp leaders interviewing individuals for a staff position cannot ask health-specific questions and likely will not know what medications or supplements they are taking until after they are hired. In addition, staff may consider the CBD oil a supplement, just as they do their daily vitamins, and give little concern to how the CBD oil might affect job performance.

It becomes very important for camps to have policies and procedures in place to address not only narcotic medications and ADD/ADHD medications, but also herbals and supplements that may impact cognitive function. Share this policy with potential staff when conducting an interview and list the medications that are addressed in the policy. Including the nurse or healthcare staff in this process can be a helpful and insightful move. The nurse can review the health history with staff and understand their current medications and health concerns as they arrive at camp. This allows for a proactive approach to developing a plan or immediately addressing any concerning medications that may impact job responsibilities.

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CBD Considerations

Beyond legal concerns, camps should consider other important safety elements before administering CBD oil.

1. The FDA-approved CBD oil is Epidiolex, and it is only prescribed for two rare forms of seizure disorders. No provider (medical doctor or nurse practitioner) can write a prescription for marijuana because it is a Schedule I drug and still illegal federally, creating implications for care as well (Johnson, 2018).
2. There is some indication that CBD might harm the liver. About 10 percent of people taking CBD in studies had increases in liver enzymes, which would indicate possible liver damage (Scholastic, 2019).
3. It may take 5–60 minutes to feel the effect of the CBD oil depending on the route of ingestion. Individuals vaping CBD oil will feel the effect most

quickly but can also experience a headache as a side effect. A second route is sublingual (under the tongue). The oil is provided usually in three sublingual products: water soluble, CBD in medium-chain triglyceride (known as MCT) oil, and CBD in hemp seed oil. The third route (edible products) is the slowest route. The benefit is that you can put the oil in about any edible product. The more food you've eaten before consuming CBD oil, the longer it will take to feel the effect (Charles, 2019).

4. CBD can be applied topically for inflammatory conditions. It is helpful in these situations as it has a slower rate of absorption than other routes (Felton, 2019).
5. The appropriate dose of CBD oil is based on weight, tolerance, and route of administration (Carter, 2019).
6. CBD oil inhibits the cytochrome P450 enzymes, which are

essential for the metabolism of many medications. Consider medications that might be impacted by inhibition of this pathway. This again is another time to include the camp healthcare provider in the conversation if not already involved (Deviitt-Lee, 2015).

7. Although CBD oil is generally considered safe, it can cause reactions like diarrhea and fatigue in some people (Kubala, 2018).
8. Nurses at camp must have a prescriber's order to give any medication (prescription or over-the-counter) to individuals in their care. Giving medication without an order would be outside the nursing scope of practice, so be sure to check your state nurse practice act for further guidance. All state nurse practice acts can be found on the Association of Camp Nursing website (campnurse.org) under State Resources (Association of Camp Nursing, 2017).



The Five Rights

There is still much to consider when deciding about the use and/or dispensation of CBD oil in the camp setting. While hemp-derived CBD is legal in all 50 states, camp nurses need to feel comfortable with the drug, dosage, drug interactions, and potential side effects of the medication. Healthcare providers should have a plan for responding to potential CBD adverse events if they were to occur. More information and evidence should come within the next few years, but, for now, the most important consideration is camper safety. Each camp should consider all the variables and make a decision that best supports the mission and work of the camp.

When we arrive at camp and decide to work in a relaxing natural educational environment, we may not realize the challenges we might encounter. We share with parents and guardians the great experience that their child will have while at camp. We receive questions about housing, food, and activities. We get inquiries about health services and who, what, how, and when the camper will receive care. These are all important and appropriate questions as families attempt to identify a “safe place” for their child to attend during the summer.

Inherent in a camp experience are certain risks. Some of these risks promote healthy behaviors such as self-awareness and personal limitations. Other risks, however, we wish to minimize. This includes medication errors. This concept of error in medication management can be complex, and a camp’s healthcare team should strive to make sure they are providing what are called the “five rights,” by identifying the:

1. Right medication — It is generally a requirement for a medication to be brought to camp in the original prescription bottle. The prescription label on the bottle provides the five rights so the healthcare provider can verify information and minimize risk to individuals in their care.
2. Right person — typically done via two or more methods such as:
 - a. The name on the application matches the name on the medication bottle.
 - b. The individual states their name, which matches the medication bottle.
 - c. The individual provides their date of birth which matches the application or the medication bottle.
3. Right dose
4. Right route
5. Right time

Conducting these safety checks at camp can be challenging due to the nature of the camp environment and fluctuations in understanding medication management. What if a medication is brought to camp in such a way that healthcare providers cannot successfully determine the five rights? Historically, this has occurred with vitamins, herbals, supplements, and nonregulated products. These products may not have a label on the container, the product could be homemade, or maybe the product has a different family name on the packaging. All these potentials give rise to concerns about medication safety, and it is the camp healthcare team’s responsibility to address these challenges before administering any medication to campers or staff.



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