

- My View -

Use the Time Wisely

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

It's that time of year when things are usually pretty quiet at the ACN office. Why? Because everyone is at camp! Each of you is out serving youth and adults through unique camp experiences while we entertain various health hotline calls regarding rashes, sprains, and other health alterations. This year is different. Many camps are closed for the summer or have changed their operations to provide unique services to new populations. COVID-19 has generated so many mixed emotions: fear, unrest, anxiety, confusion, anger, and often frustration. When the familiar side of life is taken from us and we are asked to isolate ourselves from friends and family, we find ourselves in a difficult position.

This is also true for the youth in our country. Youth need relationships and friendly interactions, maybe even more so than adults. Youth learn how to function through experiences such as school and camp. They can be empowered by peer support, encouraged by social activities, and learn through day-to-day experiences navigating their spheres of influence. Youth need one another — not only virtually, but also in person — engaged and taking active roles in communication and collaboration.

Our humanity is embedded in our connectedness with one another. To be human is to be in relationships that support us and push us to be better, to be more. We are finding it hard to “find our stride” when the days have become status quo. Parents/guardians are searching for activities for their children, and children are searching for meaningful experiences. For the most part, we are each separated from the life we have known.

COVID-19 has created some significant hardships for all of us, but I would ask you to consider the other side — the opportunity for growth and for renewing our daily walk. When life presents challenges, these challenges create an opportunity to rise, to revise, and rethink our life situation. With many camps closed, camps have been given the time to consider (and maybe refresh) their camp health operations.

1. What is the camp doing well related to health services?
2. What are ongoing challenges in health services?
3. What are health service components you would like to work on this summer for quality improvement?

This summer is a unique window of time to consider your documentation practices, medication management activities, or maybe create that long overdue communicable disease plan (CDP). Nurses who are working at camps this summer can tell you the value of having a well-constructed, robust CDP not only for COVID-19, but also for all potential communicable illnesses. Here is your chance — don't let this summer opportunity slip by without improving just one aspect of your camp health services.

ACN loves partnering with camp nurses and other camp health providers to make sure you receive education and support. We look forward to hearing what you accomplished this summer. If your camp is operating, we want to hear your stories. If your camp is closed, we want to hear your quality-improvement efforts. Most of all, we just want to hear from you. Send us an email (acn@campnurse.org) and let us know how you are improving your community and your camp this summer.

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- Editorial -

I'm So Stressed Right Now — Yay!

Say the word “stress” and most people go right to the dark side, envisioning cold sweats, racing heart, and dread. I know the current pandemic has been a huge source of stress for many of us, myself included. But under the right circumstances stress can awaken our sense of adventure and make us excited about life.

Positive stress, or “eustress,” is “actually necessary for our overall wellbeing,” says wellness coach Elizabeth Scott, MS (2019).

Watching a scary movie, the anticipation of a first date, and taking on a fun challenge all fall into the good stress category.

A prolonged absence of eustress may signal someone is “not striving for goals, not overcoming challenges, not having a reason to wake up in the morning,” says Scott. At the very least, no positive stress leads to boredom, and it may even escalate to depression. (Scott, 2019).

We can sometimes turn bad stress into good stress. Our bodies react strongly to perceived threats. “If you don’t perceive something as a threat, there is generally no threat-based stress response. If you perceive something as a challenge instead, the fear you would normally experience may turn into excitement and anticipation, or at least resolve,” according to the American

Institute of Stress (2019).

Try shifting your perception by focusing on:

- The resources you have to meet the challenge
- The potential benefits of the situation
- Your strengths
- Keeping a positive mindset

Here’s to flipping the script and turning some bad stressors into happy occasions.

Marcia Ellett, MA
Editor

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Coronavirus (COVID-19) Reflections and Considerations

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Much has happened in our lives over the past several months — changes to work patterns, loss of employment, diminished income, and, ultimately, a higher risk for illness and death. Our mental and emotional reserves are being sacrificed each day. If you talk to most anyone, they are eager for their lives to return to “normal.” These changes to our daily lives push us to consider how we move forward, how we embrace the next phase, and regain a semblance of healthy function.

As we mentally process the situation, let's consider steps we can take for operating in the next weeks to months. These steps include education, systematic planning, and gaining emotional resilience. Each of us owns the responsibility to do our part in creating healthy environments — whether at home, camp, or work. Let's revisit and learn from our experiences over the past few months.

Timeline

The first case of coronavirus, a 55-year-old individual from Hubei province in China, dated back to November 17, 2019. A month later doctors noted cases in Wuhan, China, which is in the Hubei province (December 2019). On December 27, Dr. Zhang Jixian, head of the respiratory department at Hubei Provincial Hospital, reported to health officials in China that a novel coronavirus was causing the disease. By that day, it had infected more than 180 individuals (Bryner, 2020).

On January 30, 2020, a total of 9,976 cases had been reported in at least 21 countries, including the first confirmed case of 2019-nCoV infection in the United States. On January 19, 2020, a 35-year-old man presented to an urgent care clinic in Washington State, with a four-day history of cough and subjective fever. He disclosed that he had returned to Washington on January 15 after traveling to visit family in Wuhan, China. The patient stated that he had seen a health alert from the US Centers for Disease Control and Prevention (CDC) about the novel coronavirus outbreak in China and, because of his symptoms and recent travel, decided to see a healthcare provider (Holshue, DeBolt, Lindquist, et al, 2020). The first US coronavirus death was a healthy 57-year-old woman in Northern California.

On January 30, the World Health Organization (WHO) declared a global health emergency and the US stopped all travel from China. On February 11, WHO named this coronavirus *COVID-19*. As of March 13, there were nearly 148,000 cases globally and more than 81,000 cases in mainland China, with cases on every continent except Antarctica. Scientists now suspect this coronavirus, SARS-CoV-2, originated in a bat and

somehow hopped to another animal, possibly the pangolin, which then passed it on to humans (Bryner, 2020).

In early April, the number of cases continued to rise and at least two dozen companies announced vaccine programs aimed at ending the pandemic, including Novavax, beginning human trials in Australia in mid-May. Johnson & Johnson plans to start clinical trials in September, Moderna began a clinical trial for its vaccine in March, and Inovio Pharmaceuticals injected its trial vaccine into the first volunteers in April. Individuals have been asked to practice physical distancing, good handwashing, and take steps to stay healthy. To date in the US, immigration has been halted, millions have lost their jobs, and over 135,000 have died in the US. COVID-19 has changed the way we live and function every day (Taylor, 2020).

What We Have Learned

Gaining and processing information is the first step to moving forward. Understanding the condition and how this virus transmits from human to human has been helpful as we establish new patterns of operation. Education gives us the tools to make good decisions and promotes our willingness to follow health guidelines. Let's work through some helpful elements.

How is COVID-19 different from other respiratory conditions? Being able to discern between conditions is necessary to accurately identify affected individuals. For example, an individual who presents with runny nose and sneezing is unlikely to have COVID and more likely to have allergies. The challenge occurs when an individual exhibits symptoms that are connected to several conditions, such as headache and

COVID-19 compared to other common conditions

SYMPTOM	COVID-19	COMMON COLD	FLU	ALLERGIES
Fever	Common	Rare	Common	Sometimes
Dry cough	Common	Mild	Common	Sometimes
Shortness of breath	Common	No	No	Common
Headaches	Sometimes	Rare	Common	Sometimes
Aches and pains	Sometimes	Common	Common	No
Sore throat	Sometimes	Common	Common	No
Fatigue	Sometimes	Sometimes	Common	Sometimes
Diarrhea	Rare	No	Sometimes*	No
Runny nose	Rare	Common	Sometimes	Common
Sneezing	No	Common	No	Common

*Sometimes for children

Sources: CDC, WHO, American College of Allergy, Asthma and Immunology

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cough. We can even have headache and cough unrelated to an illness making it challenging to understand the significance of each symptom individually. This demonstrates the importance of identifying a compilation of symptoms to paint a picture of what could be occurring when someone presents to the camp health center. Symptom recognition through self-monitoring or assessment by a healthcare provider is the first step to helping minimize community transmission.

We have also learned that coronavirus can exist on different surfaces for different durations. Why should we be concerned about the duration of COVID-19 on surfaces? For the simple reason that surfaces touched by many people can increase the risk of transferring the fomite via the contaminated surface. A unique finding is that the fomite lives longer on face masks than most other items, most likely due to the fact that we touch our faces frequently with our hands. This has implications for use of face masks or cloth coverings in appropriate ways. How we don and doff face coverings is an important activity to teach and practice to minimize exposure to the virus.

How long the new coronavirus can live on surfaces

SURFACE	LIFESPAN OF COVID-19 VIRUS
 Paper and tissue paper**	3 hours 
 Copper*	4 hours 
 Cardboard*	24 hours 
 Wood**	2 days 
 Cloth**	2 days 
 Stainless steel*	2–3 days 
 Polypropylene plastic*	3 days 
 Glass**	4 days 
 Paper money**	4 days 
 Outside of surgical mask**	7 days 

*At 69.8 to 73.4°F (21 to 23 °C) and 40% relative humidity **At 71°F and 65% relative humidity
Source: New England Journal of Medicine*; The Lancet Microbe** BUSINESS INSIDER

Other items — like glass, plastic, and steel — are easily disinfected by common household cleaners and bleach solutions. Following the CDC and EPA cleaning solutions guides is a method to confirm you are cleaning with appropriate

agents (CDC, 2020). For those items that may be harder to clean, consider how you might respond:

1. Let cardboard boxes sit for 24 hours prior to opening when possible and discard all paper products right after use.
2. Avoid using paper money and use credit cards that can be wiped off with an appropriate cleaner.
3. Wipe down surfaces in bathrooms, food service areas, and other tables and flat surfaces to remove potential fomites, especially if these surfaces are high-activity areas and frequently touched by multiple people.

Another significant change is the request by health officials to practice social distancing (physical distancing). By separating folks from one another, we are attempting to prevent the spread of COVID-19 by respiratory or aerosolized droplets. Research has demonstrated that the size of respiratory droplets can significantly impact the travel distance. The larger the droplet, the less far it travels. Sneezing creates the most velocity of secretions, then coughing, and finally talking. It is likely that the distance droplets travel depends on the velocity and mechanism by which respiratory droplets are propelled from

COVID-19 prevention methods, explained

	SOCIAL DISTANCING	QUARANTINE	SELF-ISOLATING
Who it's for: 	People who have not been exposed to the virus.	People who have been exposed to the virus and don't have symptoms.	People who think they have the virus or have tested positive for the virus.
How long it's for: 	Indefinitely.	14 days minimum.	At least 7 days from the onset of the symptoms.
Who you can interact with: 	Roommates, family members you live with.	No direct contact. Stay in a room alone if you live with people or in your house if you live alone. Have friends/family/delivery services drop off supplies but don't touch or talk to them.	
What you can do: 	Go for a solitary walk, hike, or jog. Let employees work from home.	Stock up on food and water — have it delivered and don't interact directly with the delivery person.	
How to socialize: 	Cancel any unnecessary gatherings/plans.	Don't leave your house aside from emergencies. No face-to-face interaction. Maintain a six foot distance from roommates/family. Facetime dates, phone calls and virtual communication are all acceptable.	

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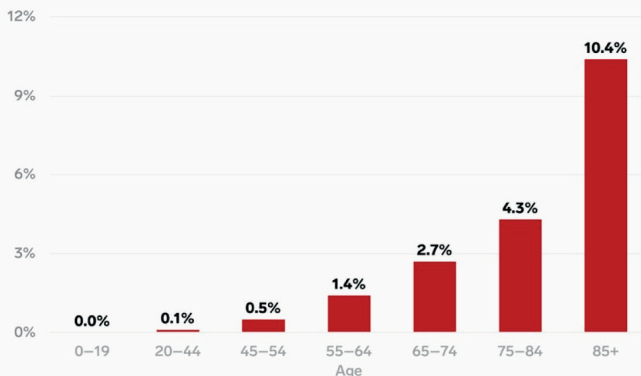
the source, the density of respiratory secretions, environmental factors such as temperature and humidity, and the ability of the pathogen to maintain infectivity over that distance (CDC, 2019).

This table outlines the different distancing strategies for individuals who are healthy, potentially exposed, or positive for the condition. These guidelines have been in place since March 2020 and could be modified as the pandemic situation improves in the US.

As members of the camp community, our ultimate goal is the protection of and service to youth and adolescents, being mindful that their camp experience may impact their home and family. The unique element of COVID-19 is that the younger population has largely either been unaffected or if affected have been asymptomatic or mildly symptomatic, thus difficult to identify. Therefore, if a child contracts COVID-19, the greater concern is the transmission of the condition to their older family members or adult camp staff members.

COVID-19 death rates in US by age

Case-fatality rate among patients with confirmed age



(Table Dated March 2020)

As you can see from the death rates in the table, youth younger than 19 years have almost no deaths related to COVID-19. The symptoms of COVID-19 are similar in children and adults. Reported symptoms in children include cold-like symptoms, such as fever, runny nose, and cough. Vomiting and diarrhea have also been reported (CDC, 2020). A majority of infections in children and teens are likely going undiagnosed. According to a pediatrician at Harvard, “Right now, testing is being prioritized for patients who meet criteria for high risk of more severe infection,” she said. “Since the large majority of pediatric patients have relatively mild infection and symptoms, most of them will not meet criteria for testing” (McCarthy, 2020). It is a blessing that children and youth have been relatively unaffected, but we must consider that if they have contracted coronavirus, they may transfer that condition to high-risk populations. Adults have experienced similar symptoms as

youth, but they have also reported difficulty breathing, muscle aches, chills, and loss of smell and/or taste (CDC, 2020). Each of us should consider steps to help protect higher-risk individuals.

A final, yet vitally important, educational component is handwashing. Since handwashing is an act that each of us does frequently, we often fail to understand the importance of conducting this activity according to certain criteria. Our hands carry numerous bacteria and viruses, and during the COVID-19 pandemic, correct handwashing is a critical component to addressing the situation. The 20-second process follows.

1. Wet
2. Lather
3. Scrub
4. Rinse
5. Dry

These five steps could be lifesaving to you and to others with whom you interact. Practicing these five steps can consistently help control microbial growth on the hands and subsequently transmission to others. If you lack access to soap and water, then consider using a hand sanitizer with greater than 60-percent alcohol. Once you have washed your hands, make a concerted effort to keep hands away from your face.

Stop Germs! Wash Your Hands.

When?

- After using the bathroom
- Before, during, and after preparing food
- Before eating food
- Before and after caring for someone at home who is sick with vomiting or diarrhea
- After changing diapers or cleaning up a child who has used the toilet
- After blowing your nose, coughing, or sneezing
- After touching an animal, animal feed, or animal waste
- After handling pet food or pet treats
- After touching garbage

How?



Wet your hands with clean, running water (warm or cold), turn off the tap, and apply soap.



Lather your hands by rubbing them together with the soap. Be sure to lather the backs of your hands, between your fingers, and under your nails.



Scrub your hands for at least 20 seconds. Need a timer? Hum the “Happy Birthday” song from beginning to end twice.



Rinse hands well under clean, running water.



Dry hands using a clean towel or air dry them.

Keeping hands clean is one of the most important things we can do to stop the spread of germs and stay healthy.

LIFE IS BETTER WITH

CLEAN HANDS

www.cdc.gov/handwashing



This material was developed by CDC. The Life is Better with Clean Hands Campaign is made possible by a partnership between the CDC Foundation, GDOJ, and Staples. HHS/CDC does not endorse commercial products, services, or companies.

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Systematic Planning

Understanding these different components of COVID-19 and its impact on our lives gives us ammunition to plan. This planning should be for personal care and for the care of our camp communities. Accredited camps have a long history of providing quality health services, but without challenge, we can easily let standards decline. Situations such as this test our fortitude and push us to reinvest in the many activities that promote health and protection in the camp setting.

The uniqueness of our situation lies in the diversity of camps AND the difficulty of our situation lies in the diversity of camps. Camps work in urban and remote areas, serve healthy and special populations, are near and far from emergency care, and have an array of healthcare providers onsite. Each of these variables plays a role in the decision-making for a camp's communicable disease plan (CDP). In these diverse environments, it becomes important for camps to establish a CDP that meets their individual needs. A CDP helps camps outline the key prevention activities, organization of an outbreak response, and recovery and debriefing (Association of Camp Nursing, 2020). At the national level, a consortium of experts came together to create guidance and suggestions for CDPs to operate this summer (for up-to-date information, regularly check the COVID-19 resources on the ACN website, <https://campnurse.org/education-and-resources/covid-19-considerations-for-camp/>).

Camps have historically dealt with other communicable conditions (i.e., H1N1, Rhinovirus, Measles), which lays a foundation for the development of COVID-19 guidelines. Using CDP guidance information will assist camps in a systematic approach to prevention and care. For example, the guidelines include activities such as:

- A. *Pre-screening prior to camper arrival:* This process is a self-report, self-monitoring activity during the 14 days prior to arrival at camp where individuals will make a focused effort to examine personal temperatures, symptom development, and activity.
- B. *Initial health screening:* This process mimics many of the screening activities conducted during pre-screening. This initial screening is the time when camp healthcare providers have an opportunity to see firsthand the healthy state of each staff and camper.
- C. *Ongoing screening:* Throughout the camp experience, consider measures to evaluate the ongoing health and wellness of the population being served.

These screening activities will be different for day and residential camps. In most cases, day camps will need to rescreen each camper and staff when they arrive daily. Therefore, day camps may only have two screening points with

the initial and ongoing screenings being the same. Residential camps would have three distinct screening opportunities and should develop well-defined procedures for conducting these activities.

Many prevention measures can be incorporated in the CDP. As mentioned earlier, handwashing is a critical activity and one that camps should consider fully integrating in the daily routine of camp. Make quality handwashing a priority, allowing adequate time and supplies to do so.

In addition, camps can develop social distancing practices as part of their CDP prevention strategies. Social distancing of six feet is the recommendation from federal guidelines to help minimize the spread of the virus (CDC, 2020). A key to camp is to connect campers emotionally and socially, and we now must strive to conduct our programs in physically distanced ways. As we have all been involved in home isolation for some time, we realize that distancing is an effective measure to minimize exposure to this respiratory condition. At camp, we can consider different activities where individuals can participate in more outdoor adventures. Research has shown that when individuals are outdoors the risk of transmission is greatly reduced by natural distancing and ambient air movement (Yong, 2020).

In situations where a six-foot radius cannot be maintained, staff should consider wearing a cloth face covering. There will be moments where campers need assistance with meals, medications, injuries, and activities of daily living. We have a responsibility to help campers in need, and we can use face coverings as a means to minimize risk when functioning in close proximity.

Another CDP prevention strategy to consider is conducting camp in smaller cohorts. Federal guidance allows for groups of 50 (starting in Phase 2); if we can organize a camp experience in smaller cohorts, we can strive to mitigate risk. For example, if a camp serves 100 children in a typical week, consider how you might create smaller communities within the larger camp. A bunk of 12 kids and 2 counselors might be a smaller group. Consider how this bunk might navigate the camp environment and participate in activities with minimal mixing with other camper groups. This prevention strategy is helpful in that it can minimize exposure, promote contact tracing, and allow camps to more easily quarantine a smaller group that might be exposed to someone who develops symptoms.

The ultimate CDP planning involves knowing the steps to take when someone presents to the health center with suspicious symptoms. A camp should consider having a clearly delineated plan for managing COVID-suspect individuals. Camp nurses will want to use, at a minimum, a face mask and eye protection (shield or goggles) when assessing and caring for ill individuals. Some camps will have capacity to isolate ill individuals or quarantine those who may have been exposed.

Other camps may not have this ability and will need to send the suspected infected individual home. Camps can take COVID-suspect individuals to a pre-identified location (emergency room, urgent care, etc.) for testing. Consider what steps your camp will take and what capacity your camp has to care for those in need. Having resources available will provide a level of support and security to camp nurses, especially if working alone in the health center. Several documents provide strong guidance for CDP development:

- Communicable Disease Strategies for the Camp Setting (Erceg, 2019).
- Communicable Disease Practice Guidelines (ACN, 2017).
- Communicable Disease Template (ACN, 2020).

All of these resources are available on the ACN website (www.campnurse.org). **Having a plan prior to needing a plan is critical.** There are many components to consider, so bring together your camp team and commit valuable time to planning — for the protection of self and community.

Following CDP development, strategically train staff to understand the plan and engage in the process. Campers and staff come from backgrounds and cultures that may interpret this pandemic in different ways. For your CDP to be effective, there must be consistency in applying the process (prevention activities, intervention support, recovery). If staff understand the plan and follow the CDP, getting campers to comply will be an easier task.

Emotional Resilience

To manage all of these COVID-19 activities, we have to develop and maintain some emotional resilience (ER). ER is the ability to adapt to stressful situations or crises — to “roll with the punches.” We may have a well-defined CDP, staff may be educated, and counselors trained, but if we don’t have ER to sustain us through difficult encounters, the CDP loses its efficacy. We can promote personal ER a few ways. The first step is to feel comfortable acknowledging uncertainty. In the middle of a crisis, it may not be easy to tell others that you are not confident in the situation. Sharing concerns and uncertainty does several things:

1. Allows others to assist in times of need
2. Creates credibility
3. Mitigates surprise and error

It is helpful to all those involved in a situation to see someone bear uncertainty and take appropriate actions for the protection of others. (CIDRAP, 2020)

Another step in ER is to validate your emotions and the emotions of others. In our current situation of COVID-19, fear is a predominant feeling for many, and this feeling can drive individuals to do the right thing — wear a mask, practice social distancing, or do good handwashing. We need to validate the



feeling and realize that it is OK to be afraid, anxious, or angry — whatever the situation might be. It becomes even more challenging to validate our own feelings. Validation of others is most often best accomplished by someone who has a similar lived experience. Therefore, it is helpful to identify your own emotions and bear witness to that emotion. We can display an understandable humanity when we share similar emotions with others without letting the emotion control our outcomes (CIDRAP, 2020).

An additional helpful step to ER is the practice of gratitude. Focusing on areas of gratefulness does two things: it widens our mental openness and creativity, and encourages help-seeking behavior.

By having an open mind about situations and being willing to seek assistance in difficult situations, we put the camper or staff in our care first (Teh, 2019). In times of uncertainty when a staff member presents with respiratory symptoms, the ER individual will feel comfortable acknowledging the uncertainty, and may be able to validate the individual’s fear or anxiety in the situation. We are able to seek help, investigate creative care options, and support others when needed.

An interesting finding: it is nearly impossible to be grateful and mad at the same time. These two emotions cannot exist concurrently in our mental structure. You have to be one or the other. Therefore, the next time someone or something promotes an anger response, consider taking a walk down gratitude lane — your anger will soon pass and your ER will shine through.

Consider the many changes that have occurred and continue to occur through this pandemic experience. Consider the personal impact as well as the many environmental changes that we have embraced to support one another. We continue to encourage and promote opportunities for camps to thrive and to identify unique and different ways to serve children and families. COVID-19 is here and we need to plan for the future. We can do this together.

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What Camp Nurses (and All Nurses) Can Do for Support During the COVID-19 Camp Season

Susan L. Glodstein, DNP, RN

The idea of not having camp seems odd. It is almost like a bad science fiction movie or creative writing story — “Camp Shuts Down for the Season Due to Severe Lice Infestation” or “Campers Revolt Due to Canteen Snacks Being Limited.” All joking aside, this is serious.

The COVID-19 Pandemic has changed the way we live, interact, and exist in the United States. The last time a pandemic occurred was in 1918, when more than 500 million people died worldwide (CDC, 2020). There have been over 3 million cases of COVID-19 nationally as of this writing (KFF, 2020). Initially a virus that was thought to affect older adults and those with comorbid medical issues, it is now claiming the lives of children. Many specialty camps care for children with medical and mental health comorbidities and have hundreds of attendees and support staff with their own medical issues. Camps provide respite for campers with chronic medical issues. Would it be safe to open camp in this COVID-19 2020 season? Are the benefits of opening camp for so many who need the two months to recharge worth the risks? Recommendations for whether camp will open depend on geographical location, the

population camp serves, and the nature of activities in camp (CDC, 2020).

Whether you're the camp nurse on site at a facility that did open or perhaps providing telehealth nursing/medical appointments this summer, these tips can help you to stay calm and learn lessons from this unique situation. One way to promote good feelings in camp is to make sure you are a happy nurse. Really happy camp nurses encourage campers to be happy. Five things that really happy people do every day include (Economy, 2016):

- Exercise
- Being kind
- Surrounding yourself with people you love
- Being grateful
- Allowing yourself to be happy

Most people would agree that a happy nurse is one who takes breaks from the camp wellness center, has friends, exercises, loves the camp and the campers, and generally is grateful for camp every year.

However, many camp nurses may be at home this summer

due to a canceled camp season. Maintaining a balance of activities to prevent boredom, sadness, and stagnation is important. An astronaut offered advice about how to survive COVID-19 based upon his isolation in space (Kelly, 2020):

- **Maintain a routine.** Set the alarm.
- **Pace yourself.** Although you don't want to be bored, don't take on too much and set an intention.
- **Exercise every day.** It is good for your physical and mental health.
- **Use this time to learn.** Learn how to crochet or organize the closets or paint the lawn furniture.
- **Keep a journal and connect with people.** Note how grateful you are to have your camp colleagues, and campers in your life.

Camp nurses may be dreaming about past or future camp seasons. This is normal. Many people are having strange dreams, or "COVID dreams," because we are not going about our usual routines and may be responding to smelling the summer smells and missing our cabin, but not being at our camp home. According to Weaver (2020) who interviewed a Harvard psychologist, dreams can be heavily influenced by the current pandemic. Camp nurses may be working the front lines and waiting to get a bit of a break during the camp season. To promote a more restful night, consider setting a topic to dream about and fill your pre-bed time with relaxing activities such as reading a book, putting lavender drops on your pillow, or taking a relaxing candlelit bath to promote a great night's sleep and sweet dreams.

A poll conducted by the Kaiser Foundation found that almost half of those surveyed felt the COVID-19 crisis had negatively affected their mental health (Panchal et al., 2020). It turns out that those who look for meaning and happiness seem to do better. That is, if we are sad and depressed because camp is not happening this year and focus on these negatives as opposed to the great friendships and strong bonds that exist between campers, staff, and nurses, we will be missing the point. Camp is a super-great place, and we know that our camp family will reunite when camp is again in session. Perhaps the camp wellness staff can organize a project that campers participate in remotely, discuss, and present online or during the next camp season (Esfahani Smith, 2020).

Self-care is most important. Whether camp is postponed until next season or modified, don't forget that before you can take care of others, you must be well, nourished, and rested. Then you can be there to care for your campers. As caregivers, we must take time each day to care for ourselves. Whether physical camp is taking place this summer or not, remember to stay positive. It's never too early to start planning for the next great season for our campers.

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Youth Illnesses and Injuries: A Review of 2018-2019 Camp Health Center Visits

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Barry A. Garst, PhD

Michael Ambrose, MD, FAAP

We host millions of children in summer camp every year. In an effort to improve the camp experience, we need to examine aspects of camp that promote a healthy experience and review those situations where illness and injury occurred. Each year, the American Camp Association (ACA) releases a summary of the hotline calls they received during the summer season. Consistent with the previous year, health and medical issues was the most common reason for calls from camps in 2018 and 2019.

During 2006–2010, the initial Healthy Camps study investigated youth and staff injuries and illnesses to provide insight regarding the health and safety of camps. This surveillance study benchmarked national injury and illness rates among youth and staff against which individual camps could compare the injury and illness rates of their camp participants. To learn more about the Healthy Camps Study, please see the national report (available at <https://www.acacamps.org/sites/default/files/downloads/Healthy-Camp-Study-Impact-Report.pdf>) as well as the associated article published in the *Journal of Applied Research on Children* (available at <https://digitalcommons.library.tmc.edu/childrenatrisk/vol4/iss2/5/>).

Review and Analysis

Since that study, a pointed review of illness and injury data has not been conducted to ascertain if the landscape of camp health has changed in the past decade. That gap is addressed here by outlining key findings from a random selection and review of 4,900 recorded health entries at camps across the United States. These records from 2018–2019 were obtained through a research collaboration with CampDoc. This partnership provides an opportunity for continued understanding of health and wellness at camp.



An important first step is to revisit factors that contribute to camp-related illness and injury. Camp has several defining characteristics that lend to potential challenges:

1. Large numbers of youth and staff: Camps bring together many individuals in a community-based, natural environment with a mission of connecting children to one another as well as connecting with nature. Staff and youth present from various home environments (i.e., urban, rural) representing different cultures

and possessing diverse skill sets. Further, the complexity of camp experiences can lend to greater risk as youth learn to manage themselves in this semi-controlled environment.

2. Active, novel experiences: The beauty of camp is that it provides opportunities for youth to participate in activities and experiences they may have never encountered. These novel opportunities increase potential risk as we encourage and support youth to step out of their comfort zones and engage in new challenges that promote self-esteem, confidence, and competence.
3. Unfamiliar settings and environments: The natural world in which many camps are situated presents countless opportunities. In this special place, camp participants encounter not only new friends and experiences, but also new potential health threats. An uneven sidewalk, a hidden tree root, and the camp dance can all lend to unexpected injuries. While navigating these unique camp spaces, many youth are challenged as they continue to develop spatial awareness.
4. Fatigue: Camp is an active, vibrant, full-day experience, and, for many camps, these full days may extend to multiple weeks. Camps fill each day with opportunities that promote growth and engagement. The challenge is that youth typically do not keep this pace at home. Therefore, campers arrive and 3–5 days into the experience, fatigue begins to contribute to a slower gait, poor decision-making, and various other physical challenges that lend to increased risk for illness and injury.

Many variables — like the four characteristics just mentioned — impact illness and injury at camp. Having an awareness of those variables can help us predict likely adverse events and prepare for appropriate interventions. How do camp leaders and camp healthcare providers proactively prepare for the influence of these variables? Consider what steps your camp might take to minimize their influence. For example, camps have provided afternoon siestas, established opening day rules for camper behavior, provided homesickness education prior to arrival, and created opportunities to “refuel” emotionally as mitigating steps.

Some demographic information was obtained during the record review. Visits to health centers tended to be by females being served by camps providing both day and residential camp experiences.

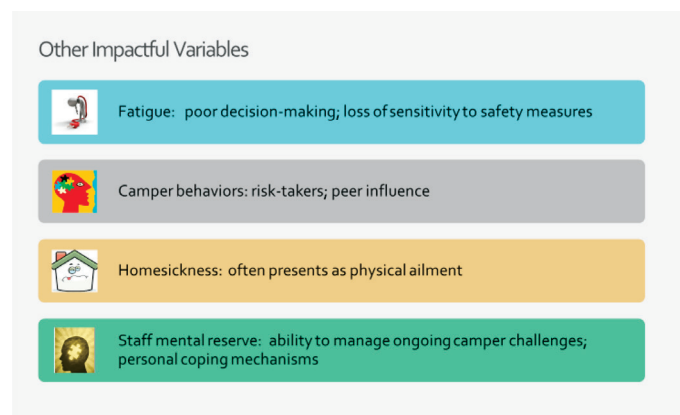


Figure 1: Variables impacting camp participant injury and illness events

The reviewed records were from combined day/residential camps (49 percent), followed by residential camps (24 percent), and day camps (19 percent). This response pattern provided a healthy mix of camp structures that supports the review of illness and injury data.

Table 1: Descriptive Information

Respondents				
Gender	Females (n = 2926)	Males (n = 1930)	Unspecified (n = 44)	
Camp Setting	Day and Residential (n = 2409)	Residential (n = 1187)	Day (n = 951)	Unspecified (n = 351)

This article outlines the overall youth illness and injury data ratios with subsequent analysis of the most commonly reported conditions. Of the 4,900 records reviewed, 92 percent of the individuals who presented for care reported illness-related symptoms. The remaining 8 percent reported symptoms of injury. An area of overlap between illness and injury is pain, as pain may present with both types of adverse events. In this analysis, pain was classified in the illness category. A secondary review of the data identified that 134 of the 622 reports of pain appeared to be injury-related, which may slightly increase the number of injury cases and lower the number of reported illnesses.

A deeper review of the symptomatology suggests that respiratory symptoms (e.g., coughs and colds) follow the initial Healthy Camps Study to be the most frequently reported (654 health visits) and require the most frequent attention and care. Following coughs and colds, camps report many health center visits for pain, headache, nausea, bites and stings, and sore throat.

This review reaffirms findings of the Healthy Camps Study (2006–2010). This was a limited review and analysis compared to the initial study, but it does provide insight regarding the current

Commonly Reported Symptoms

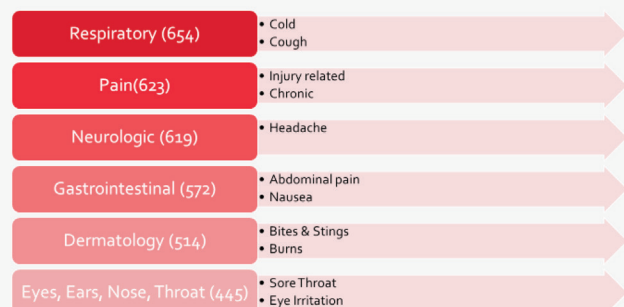


Figure 2: Commonly Reported Symptoms

issues that camp healthcare providers continue to manage in their facilities as well as providing contemporary national injury and illness benchmarks for camp-specific comparison.

The most common reported injuries are to fingers, head, knees, and ankles. Youth are typically risk-takers, and it is advantageous to strive to provide safety guidelines at each activity as well as care to ensure that protective equipment is being worn during all applicable camp activities. Educating staff to promote good decision-making and thoughtful communication helps to minimize injuries for all.

A point of analysis in this review that was not included in the initial Healthy Camps Study was a review of behavioral concerns reported to camp health centers. Of the total 4,900 health center visits reported, 226 were related to behavioral health. Most of the conditions (e.g., anxiety, depression, panic) were chronic conditions diagnosed before the individual arrived at camp and therefore had been treated at home. Rarely was a new behavioral condition reported as emerging at camp (n = 2) without a previous history. As more data is collected and analyzed regarding behavioral concerns reported to camp health centers, we are anxious to further evaluate mental, emotional, and social health (MESH) issues at camp and learn new ways to care for individuals with behavioral challenges.

Implications

These findings lend support to the work of camp health professionals and hopefully encourage each camp to revisit their facilities, staffing, and access to services to effectively address the needs of individuals in their care. In response to these findings, consider the following recommendations:

1. With the majority of camp health center reports involving cold and cough, each camp should develop and maintain an organized communicable disease plan (CDP). Illnesses that are most often transmitted among youth are respiratory or

gastrointestinal in nature. It is important that camps have a well-established plan in place to respond to potentially communicable illnesses in an organized manner. Several documents on the ACN website (www.campnurse.org) can help with the creation of a CDP.

2. Consider the healthcare staffing at camp. Having qualified, educated healthcare staff is important to mitigate risk and respond to health alterations. Our recommendation is that every camp should have a registered nurse (RN). The RN has the comprehensive education to assess situations, implement care, and evaluate the care provided to a variety of campers and staff.
3. Review and revisit standing orders/protocols yearly. In an effort to have appropriate treatments and quick interventions, a prescriber (e.g., MD, Nurse Practitioner) and the camp nurse should review the standing orders to confirm agreement and understanding. Camp administration should be fully aware of the agreed-upon standing orders.

4. Track participant illness and injury trends at your camp. Even with this aggregate data, camps may find they have unique challenges that they could remedy if aware. Multiple splinters at the fishing dock may lead to sanding the wood surfaces; several head injuries in the pool may encourage a camp to revisit their swimming activities or to review applicable protective equipment, or insect bites in a particular cabin may spur facility staff to investigate if the screens are intact on the cabin windows. Reviewing illness and injury data helps camps stay abreast of current issues and challenges beyond anecdotal reports, and to be proactive in anticipating likely camp health center needs. Our hope is that camps will take this information and develop a strong healthcare structure that aligns with their capacity for care. Seek out resources and work proactively to organize needed staffing, supplies, and service so that collectively we can continue to share that camp is one of the safest places for kids.

Super Sleuth

Karen DeDominicis, BSN, RN

You are sleeping soundly around midnight when a staff member wakes you and asks you to come quickly to girls' Cabin 4. You don your shoes and follow your summer staffer. Upon arriving you find a 12-year-old female camper hunched over and saying she is having trouble breathing. You can see that she is inhaling and exhaling, getting in good breaths, but she looks concerned and as if she is making a conscious effort to breath. You ask her if she can walk with you the short distance to the health center so you can do a better assessment. At this point, you determine that she should be able to walk there without difficulty. While walking, you ask her a series of questions, and she answers.

You: "When did this start?"

Camper: "About 10 minutes ago."

You: "What were you doing when this started?"

Camper: "We were all getting ready for bed and washing our faces at the sink."

You: "Do you have any other symptoms, such as nausea or coughing?"

Camper: "No."

You: "Are you able to take in a deep breath?"

Camper: "Yes, but it's hard and doesn't feel right."

You: "Are you allergic to anything?"

Camper: "Only melons."

You: "Have you eaten any melons?"

Camper: "No." (You haven't seen any melons at your camp.)

You: "What did you have for dinner?"

Camper: "Spaghetti, garlic bread, and milk."

You: "Have you ever had this happen before?"

Camper: "Not really."

You arrive at the health center and check her vital signs: Temp 98.6, HR 95, RR 18, SpO2 96 percent on RA.

You notice that her breathing is becoming slightly labored. You do a respiratory assessment, including checking for a rash and listening to her lungs. Her face and lips do not appear swollen. You look in her throat and note that she has some swelling at the back of her throat. She says she feels like it's getting worse.

You decide to give her liquid Benadryl/diphenhydramine 50mg just in case this is an allergic reaction. You also recheck her SpO2, which is now 94 percent.

As you are pouring the liquid Benadryl, you notice her speech is becoming slurred. You immediately hand it to her to try and drink. However, she is unable to swallow it and begins to choke. She is having difficulty talking now.

WHAT DO YOU DO NEXT?

The answer is on page 18



Opening the Lines of Communication for Health and Safety at Camp, Part II

Jill S. Sanko, PhD, MS, APRN, CHSE-A, FSSH, and Eleanor B. Mathews, RN

Abstract: Foremost in the minds of camp directors and healthcare providers is the health, safety, and well-being of campers. Early and frequent communication and sharing of information can assist in building a strong partnership between camp staff and parents/guardians. This article outlines information that camp directors and healthcare providers might wish to articulate to parents/guardians for optimal health and well-being of all campers while at camp. The article speaks in general terms, so, in creating your own informational document, you may wish to include specifics related to the individual camp in which you work.

While at Camp

Provide the camp's communication policy to parents/guardians so they have an idea of what to expect should they get a call or other form of communication from a camp team member. Parents/guardians who are aware that not every call is a life-or-death emergency may be less apt to panic when calls are received. Policies can include how and when messages are left and in which form they are transmitted (voicemail, text message, e-mail). Consider including a suggestion that parents/guardians listen to or read messages before making frantic calls to the camp.

Hygiene: The Basics and Beyond

Encourage parents/guardians to help ensure that prior to camp their children can perform hygiene at the level the camp expects and in alignment with their age and abilities. If the camp requires campers to be able to independently perform basic hygiene, this should be shared. For children who do not meet the eligibility requirements in hygiene, encourage parents/guardians to practice with them prior to camp. As part of readying children for camp experiences, parents/guardians can assess their children's ability to brush their hair, scrub their nails when they are full of dirt (trapped dirt is a perfect breeding ground for germs), wash their faces, put on sunscreen safely, apply insect repellent, clean safely after using the restroom (especially if they are girls), brush their teeth, etc. If gaps in skills are noted, then parents/guardians have the opportunity to help hone the skills at home before camp begins.

Like the Book Says, "Everyone Poops"

Consider providing parents/guardians information to share with their children regarding the notion that everyone poops, and everyone's poop has an odor. Parents/guardians may wish to have their children practice eliminating in places other than home if this is something that bothers their child. Camp is not the place to have a child experience elimination with others in "nose shot" for the first time. Inform parents/guardians that they can send a "before you go spray" (brands on the market include Poo-pourri®, Air Wick VIP®, etc.) with their child to help them feel more comfortable, as these products help to mask the odor.

Camp may create occasions for constipation to occur related to the introduction of new foods, insensible water losses related to playing hard (sweating), and under-hydration. A child who is "holding" because they are embarrassed to defecate can make constipation more likely or compound the situation.

Inviting a conversation about toileting and/or constipation provides parents/guardians an opportunity to speak to this potentially sensitive topic. It also allows for putting plans in place to mitigate challenges. For children with a history of constipation, there should be a brief private conversation regarding having the child seek out healthcare staff if difficulty occurs while at camp. Finally, let the parents/guardians know that one of a camp nurse's favorite questions when a child arrives at the health center with complaints of abdominal pain is, "When was the last time you pooped?"

I Spy with My Little Eye — Insect Bite Prevention and Detection

Prompt parents/guardians to think about educating their children about the importance of examining themselves following hiking or playing in the woods and/or at the end of each day. Self and buddy checks are very effective in recognizing and subsequently removing ticks (Gleim, et al., 2016). While most camps have protocols for examining children for ticks or helping children check themselves, it is always good for children to have a sense that this practice is important for them to do as well. Children who know how to identify ticks can help in prevention.

Consider sharing with parents/guardians a guide containing the following information: Most common sites for tick bites are the trunk, groin, hollow of the knee and other parts of the leg, and the head (Gleim, 2016; Zecken De, 2017). Children should know about not pulling a tick off if they find one attached somewhere on their body unless they have been instructed on how to do so safely. Children should know to seek help immediately to ensure that the entire insect is removed properly. If the nurse is the one to remove the tick or is notified of a tick having been removed, they can document the site condition and follow up with the camper to monitor for tick-borne illnesses. Some camp health centers have the ability to send a tick to be tested for tick-borne illnesses. If this is not a service available, healthcare

staff may send the tick home with the camper.

Included in insect bite mitigation information should be the importance of wearing insect repellent and having appropriate protective clothing to prevent insect bites. Specially designed/treated clothing for outdoor activities can reduce insect bites. Permethrin insect repellent is a commonly recommended product that can be easily applied to clothing and lasts up to six weekly washings. Factory-applied pretreated Permethrin clothing is also available; these products come pretreated, ready to wear, and the protection lasts up to 70 washings. Additionally, the CDC offers great information at https://www.cdc.gov/ticks/avoid/on_people.html.

Sending Healthy Kids to Camp: Advice to Avoid Ear, Mouth, and Body Issues

Ears

Pierced ears are beautiful, but newly pierced ears can be a potential source of problems. Cartilage piercings in particular are difficult to keep infection free when newly pierced because of the lack of vascularity (blood flow) to the auricle (upper part of the ear) (Rowshan, Keith, Baur, Skidmore, 2008). At camp, with campers in and out of lakes and streams, sleeping outdoors, lacking diligence in changing bed linens, etc., piercings may get more easily infected.

Antibiotics can be used, but parents/guardians should know that they are not as effective for treating cartilage infections due to the site's limited vascularity. The presence of a cartilage infection leaves camp nurses in the tough situation of trying to control a difficult-to-treat infection under less-than-optimal conditions. If cartilage piercings are something a child is considering, parents/guardians should carefully ponder not only the timing with camp, but also the particular risks associated with this type of piercing generally (Manca, Levy, & Tarig, 2006; Perry & Sosin, 2014).

If a camper has body piercings of any type (ears, nose, belly button, etc.), make sure the individual knows how to care for the piercings: how to clean them, how to take out earrings/jewelry, and what the signs of an infection are. In addition, ask parents/guardians to be mindful when selecting which earrings/jewelry to send. Less valuable options are ideal unless they are okay with the potential loss of something more valuable. It is also a good idea to have parents/guardians include extra earrings/jewelry to lessen the risk of holes closing due to extended periods without earrings/jewelry.

Mouths

General Oral Hygiene

Oral hygiene competence and practices may vary in children attending camp. A parental/guardian review of the expectations for the level of independence required for the specific camp should be encouraged. In the younger camper population, most children can manage relatively independently but may need reminders. Fortunately, many camps have morning and

evening routines that prompt campers to complete daily oral hygiene activities.

Parents/guardians can be helpful in the process of readying their children for independent/semi-independent dental care prior to camp. Another tip is to encourage parents/guardians to send a fun toothbrush, easy-to-use flossers, and a preferred toothpaste. These items together or singly can be great motivators for younger campers.

The adolescent at camp may be the more challenging camper to motivate to maintain good oral hygiene practices. Research shows that puberty and opposition to parents and teachers, or in this case camp counselors, can impact compliance in oral hygiene (Brukiene & Aleksejuniene, 2008). A “fun” toothbrush or novel toothpaste may not motivate teens in the same way these strategies motivate younger children. Puberty coupled with teens’ general tendency to underestimate risks may contribute to their view that oral hygiene is a low-priority task, and they may fail to follow through — especially in the absence of usual parental/guardian nudging that may occur at home (Brukiene & Aleksejuniene, 2008). Educating parents/guardians on these points may help to raise their children’s interest in oral hygiene when away from home.

Orthodontic Appliances

Ideally, initial application of orthodontic appliances should not occur within 2–3 weeks of arriving at camp. Children’s mouths need time to acclimate to new hardware. Moreover, children also need time to learn how to properly care for their teeth and potential mouth irritation that often accompanies braces. Children with newly applied braces may not know how to handle all the nuances. Their mouths can therefore get irritated, and they may not eat and drink well. This can lead to other issues.

Fortunately, with a little time and practice, mastering ways to decrease the pain and irritation caused by braces is easy to achieve. Some tactics found helpful and endorsed by the medical community include: using wax application to brackets to prevent sensitive areas inside the mouth from becoming irritated, using a topical anesthetic such as Orajel when irritation does occur to lessen pain, and using salt and warm water rinses (Canker Sore, n.d). If teeth are tender from a recent tightening, an over-the-counter analgesic such as acetaminophen or an anti-inflammatory such as ibuprofen may help ease the pain (Krishnan, 2007).

Consider asking parents/guardians to assess that the child knows how to care for teeth with orthodontic appliances in place. This includes knowing what foods to avoid and how to brush well. Most orthodontists educate patients on which foods should be avoided, but there is no guarantee the parents or child will adhere to the recommendations. Camps may want to add to their information packets a list of foods that are provided at camp and encourage parents/guardians to discuss with their children which foods to avoid with braces.

Camps vary with how they deal with issues related to orthodontic appliance glitches. At some camps if there are wire or bracket issues, the wire will simply be pulled off to remove the broken bracket; this will then need to be addressed once the camper is back home. Trips to the orthodontist are rare at camp due to the challenge of coordinating care with the primary orthodontist. Consider informing parents/guardians regarding camp procedures to manage orthodontic appliances issues ahead of time.

Dental Work

Parents/guardians should be urged to schedule necessary dental work (such as examining a bothersome tooth) *before* sending their children to camp. Cavities and mouth infections make campers miserable, and like mouth irritation from braces, dental caries and broken teeth often impact how well children eat and drink.

Beyond just being annoying and uncomfortable, mouth issues can lead to infections that can cause other serious health problems. Dental caries is the most common chronic infectious disease of childhood, with the main culprit being *Streptococcus mutans* and sugary food sticking to tooth enamel (Mulu, Demilie, Timer, Meshesha, & Abera, 2014). Studies have also demonstrated a link between dental caries, gingivitis, and tooth loss and cardiac disease (Ylostalo, Jarvelin, Laitnen, & Knuuttila, 2006).

Bodies

General Hygiene

Expected level of independence when it comes to general personal hygiene for bodies can vary across camps. Help prepare campers and parents/guardians by providing them with general eligibility criteria. Explain what each child should be able to do and what level of personal hygiene independence is expected for each age group for your particular camp. Make sure parents, campers, and counselors are aware of the stated expectations so there are no surprises or occasions for embarrassment and everyone is on the same page.

Providing information ahead of time can allow for mastery or improvement of skills in alignment with expectations to occur at home. Additionally, some guidelines regarding the facilities (such as, if the bathrooms are in the cabins, whether the showers are shared or private, how often can campers shower, how much time they will get to shower, etc.) can be helpful in setting expectations. Finally, provide a list of suggested personal hygiene products that should be brought to camp. This seems intuitive, but better to err on the side of more information than not enough.

Sun Care

Consider stressing to parents/guardians that sending sunscreen and educating their children about the importance of wearing it is a must. Sunburns are not just painful but can be

quite serious if severe, causing fevers, chills, and dehydration (Faurschou & Wulf, 2008). Each occurrence also raises lifetime skin cancer risks (Wu, et al. 2016). Parents/guardians can be offered the following information on prevention of sunburns.

Sunburn is the result of inflammation caused by prolonged unprotected exposure to the ultraviolet radiation produced by the sun (Wu, et al. 2016). Redness develops progressively 3 to 5 hours following exposure and may not be immediately evident, reaching its peak 12 to 24 hours later (Dowd, 2019; Wu, et al. 2016). Redness may persist for more than 48 hours before subsiding (Andersen, Abrams, Bjerring, & Maibach, 1991). Those at highest risk for sunburn are light-skinned, blue-eyed individuals with naturally blonde or red hair (Dowd, 2019). Midday presents the greatest threat due to the greater intensity of the sun at this time (Dowd, 2019). Another common co-occurring situation among teenagers that potentiates sunburn risk is being on photosensitizing medications — often in the form of antibiotics for the treatment of acne.

One of the best ways to prevent sunburn is barrier protection. Barrier protection can include a combination of regular clothing, specially designed sun-blocking clothing, sunglasses (ideally polarized lenses), and sunblock/sunscreen. Additional vigilance and precautions are a must during peak sensitivity hours (10:00 a.m. to 4:00 p.m.). The best choice of sunscreen is a water-resistant broad-spectrum brand with at least an SPF of 30; higher is better (Dowd, 2019). When applying sunscreen, particular attention should be paid to application in areas of high sun exposure, such as the forehead, nose, ears, chest, and shoulders, but all exposed skin should receive a nice coating of sunscreen prior to sun exposure. Some sunscreens require application several minutes before sun exposure, while others have more immediate protective factors (Diffey, 2001).

Parents/guardians should be encouraged to consider which application type is best for their child. Sprays are convenient but carry the risk of inhalation of the nanoparticles found in sunscreens (Dowd, 2019). Other options are lotions, creams, and balms, which avoid the inhalation risk but are more difficult to apply to all areas without assistance. Experts further recommend that children avoid sunscreens containing vitamin A, oxybenzone, dyes, fragrances, parabens, and other preservatives, as these ingredients may irritate sensitive skin (Dowd, 2019). The fewer ingredients the better — zinc and mineral-based sunscreens are generally well tolerated and very effective. Ideally, the sunscreen type/brand sent to camp should be one the child has used before and that has been demonstrated to be non-irritating for the child. Finally, the importance of reapplication cannot be overemphasized. Children should be aware that a single application in the morning is insufficient to protect them all day. Reapplication may be necessary at least every two hours, depending on the activity, and after swimming or profusely sweating (Diffey, 2001).

Special Conditions

Surgeries

Consider the timing of elective surgeries just prior to camp. Having a minor surgery like wart removal may seem trivial, but, in camp settings, non-healed skin lesions may provide a breeding ground for infections and potential spread of infection to others. Parents/guardians should be educated about campers sharing communal living spaces, which may include shower facilities and the potential for development of infection if an open wound does not receive appropriate attention and daily cleansing.

Camps should request that parents/guardians of children who are several days post-op for non-elective surgeries or have serious medical issues, discuss pertinent details with the camp director and healthcare staff so that appropriate monitoring can occur. The camp health team will be able to share what they can provide at their facility during the recovery. Camps want children to have a positive experience, and having a proactive discussion about a child's current health status will provide insight regarding needs and the camp's/staff's ability to meet those needs while maintaining a fun camp adventure.

Pre-camp illnesses: What Needs to Be Known

Illnesses are hard to schedule; therefore, providing parents/guardians with information about what to do should they find themselves with an ill child within a few days of arriving at camp will help them know what to expect. Parents/guardians should know whom on staff to contact if their child is sick before opening day. Camps have policies regarding illness when a child presents on opening day. Share these policies with parents ahead of time; better to help parents/guardians plan for the possibility of a delay in camp arrival than to have them be surprised by a request to take an ill child home.

Stay tuned for Part III of this article in the autumn edition of CompassPoint.

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The Changing Landscape in 2020: Health Care for Family Camps

Mary Marugg, RN

COVID-19 has brought many changes to the camp industry. Some camps have decided to open, some close, or others have transitioned to a different service model. Some camps have moved quickly to a family camp model and, whether programming your own family camps or hosting family rental groups, you may choose to offer health-care services to those families at your facility. The health care provided will change from the typical camp health services for youth, and the regulations will probably be a bit different than your usual state licensing regulations. Modifying a youth-focused health-care plan to be appropriate for family camps just takes some thought, but you can do it. Here are some considerations for making this transition in health operations.

The first step is to consider the demographics of the participating families to include the range of ages, the geographic area they will be coming from, and the general health of the population. Consider how they will fit into the camp environment, and if there will be a change in climate, altitude, and/or activity levels once they are at camp. If a family is coming from an urban area to the mountains of Colorado, they need to understand how a change in altitude could affect their breathing and oxygenation. If a family has limited experience in the country, the nighttime sounds and weather may require some acclimation. Sharing these ideas will be helpful information for families as they determine if the camp experience might be a good fit for them.

Communicate with the families prior to camp about the level of health care you are prepared to offer. It is reasonable to communicate that you expect individuals to arrive at camp healthy, well nourished, hydrated, and rested. Pre-camp or camp orientation communication should include potential environmental hazards they may encounter at camp. Consider sharing information about poisonous plants, wildlife, and other flora and fauna. Include how to avoid exposure, what to do if they encounter a poisonous plant or animal, or if they have symptoms related to an increase in altitude. For example, a family camp that is planning hiking adventures should prepare families for the elements and potentially new experiences. The goal is to set families up for a successful camp by giving guidance for the experience.

Obtain participants' health histories before arrival to gather information about current health status, medications, allergies, and ongoing health concerns. You may also allow a space for the family member(s) to let you know about special needs (i.e., the need for an electrical outlet near a bunk for a CPAP at night) and/or express any concerns they have about their

upcoming camp experience. Your local health department may also require immunization status should there be an outbreak. Be sure to review your state and local health requirements and include that necessary information as part of your requested health history.

Upon arrival at camp, plan to screen participants. Entrance screening may include taking temperatures and asking questions about recent travel, exposure to communicable disease, and any changes to their health history. This screening should be documented as part of the health record. Advise camp participants (in writing is helpful) how they can access first aid and/or health-care services, hours of health care availability, and how to reach health-care staff in the event of an emergency both day and night. If families have access to the camp's basic first aid supplies such as adhesive bandages and tweezers, let your guests know if and when they may use these supplies and what documentation you require.

Advise the adults and older children about what health-care issues the camp health-care staff expect to be notified. This might include any wound bleeding profusely (using more than one adhesive bandage), or any symptom such as nausea, vomiting, pinkeye, or unexplained rashes that appear in more than two family members (to alert health-care staff if there is a possibility of communicable disease). You may wish to be notified if a rescue medication is used such as an inhaler or epinephrine injector. Educating families about the expectations prior to arrival allows the camp to have response procedures in place and creates an understanding of the capacity of your health services.

Share guidelines and policies on medications and the families' ability to keep their own medications. A good practice would be to provide a locked box, cupboard, or other location for families to secure their medications to prevent access by children or others. If state regulations allow, parents may manage their own child's medications. Consider if your camp will have some of the most common over-the-counter (OTC) medications available in the event assistance is needed. If OTCs are available, be sure to consider how they are dispensed and/or administered. Registered nurses (RNs) operate under the direction of a medical prescriber through a set of signed standing orders. The standing orders allow nurses and health-care staff to provide health care, including administering OTC medications to guests. However, if the parent or camper self-administers, the responsibility for dosing is transferred to that individual. Documenting all health care provided should be routine, including documentation of self-administration of all

OTC medication housed by the camp.

Hopefully, emergency support is never needed, but it is important to alert families regarding emergency response at your facility. Some camps continue to have spotty or absent cell service, and some families would be unfamiliar with how to get emergency assistance unless provided this information by camp health staff. Consider sharing where to find the AED(s), where the first aid kits are located, and what communication tools are available. Posting this information in appropriate places can be very beneficial in times of crisis.

Exit screening may be appropriate at the end of the camp session, and you can document whether an individual is leaving camp with no health concerns or if there was an exposure or health-care incident that happened at camp. Providing space for families to be together at camp is rewarding. Parents appreciate the support of health-care services, from basic first aid to emergency response. Family camps are a great opportunity for interacting with both kids and parents. Camps are uniquely positioned to serve a variety of guests, and many families would enjoy such an experience.

Super Sleuth Answer

This camper is having an anaphylactic reaction to an unknown allergen. Administer an epinephrine auto-injector 0.3mg into her thigh. Have someone else call emergency medical services (EMS) while you observe her closely and are prepared to administer a follow-up dose in five or more minutes if symptoms do not improve or if they return. Follow your camp's policy on care of a camper after administration of an epinephrine injection and notify the camper's parents as soon as you are able. You may administer oxygen if available in your camp setting.

This Super Sleuth scenario is based on a real occurrence at my camp that my health aides had to address in the middle of the night. Further investigation revealed that the girls in the cabin were sharing face washes and face scrubs and this camper had used another girl's melon face scrub. This was enough to cause an anaphylactic reaction.

In this case, the one injection immediately opened her airway, her speech returned to normal, she was given the diphenhydramine dose to swallow, and she was transported to the local emergency department (ED) by EMS for several hours of observation before returning to camp and enjoying the rest of her camp experience. Her parents were notified and appreciative of the care she received.

It is important to transport a patient to the ED for observation even if the injection resolves all the symptoms. The symptoms could possibly return over the next several hours, so observation in a place where an airway can be

maintained is crucial.

When dealing with potential anaphylaxis, remember that you should give an epinephrine auto-injector immediately if there is exposure to a known or suspected allergen and any one of the following symptoms is observed:

- Difficulty breathing or swallowing
- Tight throat or tongue swelling
- Coughing or change in voice
- Pale skin, weak pulse, low blood pressure, or other signs of poor perfusion

Or, if you see hives combined with any one of the preceding symptoms, you should administer an epinephrine auto-injector.

Otherwise, if there is no known exposure to an allergen or suspected allergen, then it is prudent to wait and see how the patient progresses. Any of the preceding symptoms alone could indicate a number of other potential ailments that are not anaphylaxis, such as asthma exacerbation, strep throat or tonsillitis, an upper-respiratory infection, hoarseness, heat exhaustion or heat stroke, or dehydration. However, if more than one of the preceding symptoms presents itself and/or the patient is having difficulty breathing, you can administer an epinephrine auto-injector. It is always best to err on the side of caution in dealing with suspected anaphylaxis.

Source: Personal experience over the past 19 years.

Karen DeDominicis, RN, BSN, is the health services coordinator at Carolina Creek Christian Camps.

New Products, New Ideas

Marcia Ellett, MA

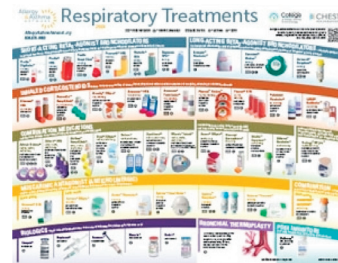
Table 1. Recommended Child and Adolescent Immunization Schedule for ages 18 years or younger, United States, 2020

Immunization schedules are based on the assumption that children will be born in the United States and will be living in the United States at the time of immunization. Children who are born in other countries or who move to the United States at a later age may have different immunization needs. Consult the appropriate immunization schedule for the child's country of birth or the country of residence at the time of immunization.

Vaccine	Birth	1-2 mo	3-5 mo	6-11 mo	12-15 mo	16-23 mo	2-4 years	5-6 years	11-12 years	16-18 years
Hepatitis B (HBV)	1, 2, 3									
Diphtheria, tetanus, and acellular pertussis (DTaP)		1, 2, 3	4, 5	6	15-18		4-6			
Poliovirus (IPV)		1, 2, 3	4, 5	6	15-18		4-6			
Measles, mumps, and rubella (MMR)					12-15	16-23				
MMR-2							4-6			
Varicella (VZV)					12-15	16-23				
Varicella (VZV) booster							4-6			
Human papillomavirus (HPV)								11-12		
HPV booster									16-18	
Tetanus, diphtheria, and acellular pertussis (Tdap)									11-12	
Tdap booster										16-18
meningococcal conjugate (MenACWY)									11-12	
MenACWY booster										16-18
meningococcal polysaccharide (MenPSV)										16-18
meningococcal conjugate (MenB)										16-18
meningococcal conjugate (MenB) booster										16-18
hepatitis A (HAV)										16-18
hepatitis A (HAV) booster										16-18
hepatitis C (HCV)										16-18
hepatitis C (HCV) booster										16-18

Immunization Schedules:

CDC has updated their immunization schedule for 2020. cdc.gov/vaccines/schedules/hcp/imz/child-adolescent.html



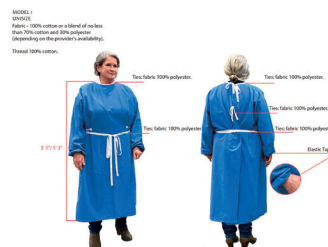
Respiratory Treatments:

The Allergy & Asthma Network has updated their poster on Respiratory Treatments as of June 2020. A free download is available. <https://allergyasthma-network.org/>



■ **Face Shields:** Personal protection face shields with heart, hoping to help with compassion and humor. <https://www.shieldpals.com/>

■ **Cloth Isolation Gowns:** Washable, reusable PPE gowns. Unisize. These will be nice to have on hand during summer camp and whatever it might bring. <https://saddlebackleather.com/reusable-medical-supplies>



First Aid Kit: Adventure

Medical Kits Sportsman 200. Don't get caught in the field without a first aid kit. The Sportsman has enough bandages, moleskin, and medication for a four-day excursion, and labeled, injury-specific pockets make finding the tools and supplies you need a cinch.



For a portable one-person day

kit, we've been using VSSL's new First Aid Mini. All the usual supplies, plus two single-use thermometers and a sewing kit, pack into a cylinder aluminum container about the size and weight of a medium flashlight. backcountry.com



■ **Biodegradable Soap:** Campsuds in Nalgene Bottle. Unlike average dish soap, Campsuds concentrated formula is biodegradable and safer for the environment. And you can use it to clean your cookware, clothing, or yourself. For quick hand washing, use Dr. Bronner's Lavender Hand Sanitizer. rei.com

ACN does not endorse or recommend specific products.

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Association News

❖ COVID-19 Updates

<https://campnurse.org/education-and-resources/covid-19-considerations-for-camp/>

- Coronavirus Resources – Visit our COVID-19 Resource page and take advantage of the great information provided for you. We continue to update our webpage as the CDC posts new information.

❖ Campfire Health Chats Continue...

We have had an overwhelmingly positive response to our CampFire Chats and have decided to continue through the summer. This summer we will discuss a variety of helpful topics (beyond COVID) that you can use as you plan for camp activities in the future.



We will continue to send eblasts about the webinar opportunities, and the registration link will be in the Webinar folder of the ACN website through the Member Center. Limited seating so sign up NOW! Bring your questions and ideas – let's learn together!

❖ Camp Nursing Symposium 2021

New Orleans, LA
February 1-3, 2021

Registration for Symposium will open on Sept 1, 2020. Save your pennies and find a roommate to experience a great network of education and engagement!

❖ **Call for Proposals** – Call For Proposals – The call for proposals is now open. If you have a topic that you think will be of interest to others, consider submitting that topic for a presentation or for a roundtable discussion. The call for proposals closes on August 16, 2020. <https://campnurse.org/education-and-resources/acn-camp-nurse-symposium/>

❖ **ACN's CompassPoint** – *CompassPoint* is always looking for great educational information, stories, and articles to expand our body of knowledge around camp health services. We would love to hear from you! Consider jotting down your summer experiences to share with others. Submit your information to acn@campnurse.org.

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