

Assessing Your Camp's Health Profile For Strategic Program Improvement

Developed by Linda E. Erceg, RN, MS, PHN

This tool is based on Anderson & McFarlane's Community-as-Partner (2019) framework, a reflection of Neuman's Systems Model (Neuman & Fawcett, 2010). The overarching goal is to identify a camp community's health strengths and challenges by collecting information via the tool and then analyzing that data to identify points of intervention. This kind of assessment is typically done every three to five years. Collected data informs health service planning and helps set benchmarks to monitor improvement over time. It is most successfully completed when camp professionals such as the director and nurse collaborate and consult other stakeholders such as other staff, campers and/or parents. Such collaboration improves the likelihood that any resulting change(s) will be successful; indeed, partnering with others is a key component of the Anderson & McFarlane model.

NOTE: Information not available during the assessment should be identified as a "data gap." Such gaps can be addressed later and/or may identify areas for improvement/change.

Consider using a camp map to help assess the camp's environmental factors.

Part 1.

Information about the Camp that Impacts Health Services Planning

1. About the Campers:

- A. Number of boys: _____ Girls: _____ Age Range: _____
- B. Socioeconomic bracket(s): _____
- C. Distance from home: _____
- D. Percent of healthy campers: _____
- E. Percent of campers with a chronic health need: _____
- F. Percent of returning campers: _____

2. About the Staff:

- A. Number employed: _____ % Women: _____ % Men: _____
- B. Prevalent age range: _____
- C. Percent returning from previous summers: _____
- D. Ratio of staff to campers: _____
- E. Number of professional healthcare providers on staff during a camp session: _____
- F. Number of assistive staff working in Health Center during a camp session: _____
- G. Percent of (all) staff with first aid and CPR skills: _____
- H. Percent of (all) staff who are minors: _____

3. High Risk Activities: List those found at the camp.

_____	_____
_____	_____
_____	_____

4. Injury-Illness Rate:

- | | Down | Up | Steady |
|---|------|-----|--------|
| A. What trend has the illness rate for campers shown in the past three years? | ___ | ___ | ___ |
| B. What trend has the injury rate for campers shown in the past three years? | ___ | ___ | ___ |
| C. What trend has the illness rate for staff shown in the past three years? | ___ | ___ | ___ |
| D. What trend has the injury rate for staff shown in the past three years? | ___ | ___ | ___ |
| E. Of these four rates, which would you like to improve? _____ | | | |

Additional notes about the camp's injury-illness rates:

5. Decision-Making in Healthcare:

- A. Who is responsible for making healthcare decisions for individual campers? _____
- B. If this person is not available, who assumes responsibility? _____
- C. Who is responsible for making healthcare decisions for individual staff? _____
- D. If the staff member is a minor, who has that decision-making responsibility? _____
- E. Who is responsible for making decisions when weather conditions affect health or have the potential for doing so? _____
- F. Campers are out of camp on a day trip or overnight. Who decides if an ill or injured camper with that group is too ill/injured to continue? _____
- G. A camper reports to the nurse with a sore throat. After assessment, which includes a normal temperature and no reason to suspect strep, the camper is started on saline gargles and acetaminophen. The camper wants to see a physician. Who makes this decision? _____

- H. A counselor reports that same sort of sore throat under the same kind of conditions. Whose decision prevails about the counselor seeing a physician? _____

Additional notes about decision-making:

6. Health Center Personnel:

- A. List the type (credential) and number of healthcare personnel you want at camp:

- B. List the type (credential) and number of healthcare personnel you GET at camp:

Additional Notes about Health Center personnel:

7. Health Information:

Insert Your Data Below

A. List the forms used to gather personal health information about campers.	
B. What is the consequence if campers do not provide this information?	
C. List the forms used to gather personal health information from camp employees.	
D. What is the consequence if employees do not provide this information?	

E. Who reviews health information as it comes in?	
F. What is the scope of this review (what is the reviewer looking for)?	
G. What health information about campers is shared with staff?	
H. Who informs staff and when is that done?	
I. What health information about staff is shared with camp administration?	
J. What health information is considered confidential and not shared with anyone other than Health Center staff?	
K. What health information is considered so sensitive/confidential that only one or two Health Center staff members will know?	
<i>Notes about health information:</i>	

Additional notes about the camp's health-information gathering process:

8. Camp Emergencies

A. List the emergencies to which staff (employees) are expected to respond:

_____	_____
_____	_____
_____	_____

List the written camp emergency plans	Who designed the plan? Who is the lead person if the plan is implemented?	When are staff instructed about the plan? When is the plan drilled with staff?
B.		
C.		
D.		
E.		

Additional notes about the camp staff's emergency response or the camp's written plan:

9. Regulations that Impact Camp Health Services:

Given the list below, check the agencies, entities and/or regulating bodies that influence the camp's health decision-making process and briefly describe the nature/scope of that influence.

Check if Used by Camp	Name of Regulating Body, Agency or Entity	Describe the Influence/Impact upon the Camp's Health Services	Compliance?	
			Yes	No
	State licensing agency to operate a camp			
	ACA Standards			
	Agency Standards (e.g., Girl Scouts' <i>Safety Wise</i>)			
	Department of Labor (e.g., OSHA regulations)			
	Department of Health and/or Sanitation			
	Department of Social Services			
	Liability Insurance; Malpractice for Nrsng + Medical Staff			
	Professional Standards: a. Nurse Practice Act			
	b. Scope & Standards of Camp Nursing			
	c. Board of Medical Practice			
	d. Pharmacy Board & Regulations			
	e. CLIA Regulations (lab tests like strep, UA)			
	Other (specify):			

A. How are the camp's health services updated when changes to any of the above occur?

B. Who is responsible for having a copy of these regulations to access when questions arise?

Additional notes about regulating bodies and the health service's response to them:

10. Essential Functions for Staff & Essential Eligibility Criteria for Campers

- A. Are the essential functions for each job provided to camp staff? Yes No
- B. Do the essential functions for staff include one that addresses

- mental, emotional & social health (MESH)? Yes No
- C. Are the essential eligibility criteria for campers listed in promotional material? Yes No
- D. Do the essential eligibility criteria for campers include comment about mental, emotional & social health (MESH)? Yes No
- E. Who informs Health Center staff of these essential elements? _____
- F. What action do Health Center staff take should a camper not meet an essential eligibility criteria? _____
- G. What action do Health Center staff take when a staff member no longer meets an essential function? _____
- H. What action do Health Center staff take when the health form pre-screening process identifies a camper who appears unable to meet the camper essential eligibility criteria? _____
- Additional notes about essential elements and their impact upon Health Services:*
- _____
- _____

Part 2.
Information about the Camp Staff's Role in Providing Healthcare

11. Health Center Staff

- A. How many people work in the Health Center? _____
- B. How many people does the camp administration WANT to have in their Health Center? _____
- C. What credential(s) must Health Center staff have? _____
- D. What is the ratio of Health Center staff to the total number of campers + staff? _____
- E. When a Health Center staff member is "off," who covers for that person? _____
- F. What credential does that fill-in person have? _____

The Camp's Medical Professional:

- G. What credential/specialization must this person have? _____
- H. How is the medical professional accessed and by whom? _____
- I. Does this person annually sign the camp's medical protocols? _____
- J. Is there a job description for this role? _____
- K. How is the camp's MD/NP oriented to their role? _____
- L. To whom does the camp MD/NP report? _____
- M. Who does the camp MD/NP supervise? _____

The Camp Nurse(s) (RN, LPN):

- N. What credential must the camp's nurse have? _____
- O. How available is the nurse? _____
- P. Is there a job description for this role? _____
- Q. How is the nurse oriented to his/her role? _____
- R. To whom does the nurse report? _____
- S. Who does the nurse supervise? _____

Unlicensed Assistive Personnel (UAP):

- T. What credential must a UAP have to work in the Health Center? _____
- U. Is there a job description for this position? _____
- V. Who is the direct supervisor for this position? _____

12. List the camp activities/locations that require the presence of a first aid/CPR trained staff member, the specific first aid credential that's needed for that activity, and if staff indeed had that credential.

Activity/Location that Requires Staff with First Aid Credential	Credential Required (FA+CPR, WFA+CPR, etc)	Check if Staff Had the Required Credential(s)

13. Describe the scope and limits of health care provided by staff working the following positions:

Job Title	Description of Care Provided	Boundary; Limits to that Care
Camp Director		
Resident Camp Cabin Counselor or Day Camp Group Counselor		
Unit/Activity Supervisor		
Activity Staff		
Head Cook		
Kitchen Staff		
Tripping Staff		
Transportation Staff		
Maintenance Staff		
Other:		

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14. Check the Out-of-Camp Providers with whom the camp has made prior arrangement to provide services:

- | | | |
|--|------------------------------------|--|
| <input type="checkbox"/> Physician | <input type="checkbox"/> Clinic | <input type="checkbox"/> Police |
| <input type="checkbox"/> Dentist | <input type="checkbox"/> Hospital | <input type="checkbox"/> Fire Department |
| <input type="checkbox"/> Orthodontist | <input type="checkbox"/> Pharmacy | <input type="checkbox"/> Search & Rescue (SAR) |
| <input type="checkbox"/> Optometrist | <input type="checkbox"/> Ambulance | <input type="checkbox"/> Crisis Response Team |
| <input type="checkbox"/> Psychologist/Psychiatrist | <input type="checkbox"/> _____ | <input type="checkbox"/> _____ |

15. Who (at camp) initiates a request for emergency services? _____

16. Regarding MESH (mental, emotional, social health) needs:

- A. Who initiates a request for these services? _____
- B. For minors, who notifies parents & keeps them updated? _____
- C. How is privacy/confidentiality protected? _____

D. Describe the training given to camp staff regarding MESH needs of campers:

E. Describe the training given to staff supervisors regarding the MESH needs of their staff:

F. Describe the training given to Health Center staff regarding their role in MESH:

G. Does the camp provide the Mental Health First Aid course to staff? Yes No
If so, describe how the training is incorporated into camp practices:

Part 3.
The Scope of Healthcare Provided at Camp

17. About care that maintains personal health:

A. NUTRITION

1) Menus are planned by: _____

2) What special diet plans does the camp accommodate:

- Vegetarian (including vegan) _____
- Lactose-free meals _____
- Gluten-free meals _____

Kosher meals _____

Food allergy free meals _____

3) Who informs kitchen staff about people who need special diets? _____

4) Who makes sure the campers who need special diets get the right food? _____

5) When a person needing a special diet participates in an out-of-camp activity (e.g. tripping), who is responsible for informing the kitchen & educating the accompanying staff member(s)? _____

6) Is there a system in place so campers who eat inadequate amounts are both identified and that problem is addressed? _____

7) Is there always an appropriate snack item available so people who need extra nutrition between meals have access to it? _____

8) How is the campers' hydration status monitored? _____

B. WEATHER

1) Who monitors weather at camp? _____

2) Who decides when weather is too threatening for a particular activity? _____

3) Where are the camp's storm shelters? _____

4) What training are staff given about weather? _____

5) When Health Center staff note weather impacts upon camper/staff health, what are they told to do? _____

C. REST and TIME OFF

1) List the "down times" embedded in the camp schedule: _____

2) What time do campers go to bed? Get up in the morning? Do they get 8-10 hours of sleep each night? _____

3) If a camper needs extra rest/down time, what options are there? Can the camper self-determine this? _____

4) What time do staff go to bed? Get up in the morning? Do they get 8 hours of sleep each night? _____

5) How much "duty free" time does each staff member have every day? _____

6) If a staff member needs extra rest/down time, what options are there? Can staff self-determine this? _____

7) How often does a staff member have at least 24 duty-free hours? _____

8) How often does a staff member have a "night off"? _____

9) What percent of staff injuries and illnesses have fatigue as a contributing factor? _____

10) What percent of camper injuries/illnesses have fatigue as a contributing factor? _____

D. EXERCISE:

1) How is activity monitored to assure it is appropriate to age, ability and developmental stage/needs of each camper? _____

2) Being at camp obviously means that campers are moving but, given a week at camp, how often and for how long does each camper get their heart rate above their resting level? _____

3) Given a week at camp, how often do staff get their heart rate above resting level? _____

E. MENTAL, EMOTIONAL and SOCIAL HEALTH (MESH):

1) Does the camp use the assessment tool, "Assessing a Camper's Behavior of Concern" available online at <http://www.acacamps.org/resource-library/research/healthy-camp-toolbox>? Yes No

2) Does the camp program allow opportunities for campers to remove themselves from group activity when more quiet and/or solitary time is needed? Yes No

3) Has the camp schedule been designed to complement the developmental needs of campers (consider the camper age range when responding to this)? Yes No

4) Does the camp's leadership team debrief staff when impactful incidents occur? Yes No

5) Does the camp's leadership team anticipate events that may trigger emotional reactions from staff and, as a result, discuss this with staff ahead of time? Yes No

6) Does camp leadership routinely ask staff about or provide a way for staff to report observations of a camper's unusual behavior? Yes No

7) In an effort to reduce anxieties/concerns, do Health Center staff routinely ask clients how things are going for them at camp? Yes No

8) Does the camp have a written policy that governs record-keeping and disposition of personal MESH information? Yes No

9) Does the MESH written policy distinguish between camper & staff matters? Yes No

18. Regarding strategies that reduce communicable illnesses: check all that are demonstrated/utilized.

- Universal/standard precautions are taught; protective equipment is available.
- Campers & staff wash hands before meals and after toileting.
- Hand sanitizing solutions are available and used by campers & staff.
- Campers & staff sneeze into their sleeve (not their hands).
- Opening Day screening includes question(s) about exposure to communicable illness.
- Parents are instructed to keep sick campers home until appropriately recovered.

- Staff monitor campers for illness and refer kids to the Health Center for evaluation.
- Immunizations are required for campers.
- Immunizations are required for staff.
- Beds are arranged to obtain the greatest distance between sleeping people. This includes having heads at opposite ends of bunk beds (“Sneeze on the toes, not on the nose”).
- Sleeping in tents is arranged to obtain the greatest distance between people’s heads.
- People with communicable diseases are identified and appropriately isolated until they can no longer pass the disease to others.
- The camp has a written policy for parents that describes the camp’s protocol in case of a communicable disease outbreak.
- Health Center staff have access to resources such as *Control of Communicable Diseases Handbook* (2015) so appropriate information about a disease is available.
- Other: _____

19. Regarding strategies that reduce injury potentials: check all that are demonstrated by campers/staff.

- Safety rules are written/posted at high-risk activities (e.g., waterfront, ropes course, archery).
- Campers are educated about the safety rules.
- Staff monitor campers for safety compliance and correct campers who may be violating a rule.
- Staff follow posted safety rules too.
- Campers wear protective equipment (e.g., archery arm guards, helmet for riding/climbing).
- Staff wear protective equipment (e.g., archery arm guards, helmets, large hot pads).
- Protective equipment is in good repair.
- Protective equipment is in adequate supply and appropriately sized to the user.
- Spotters are present and actively providing surveillance.
- Staff are provided appropriate personal protective equipment to address pathogen protection.
- Campers and staff wear appropriate clothing & shoes for the activity/work assignment.
- Surfaces on which activities/work occurs are appropriately groomed.
- Activities/work are modified when weather impacts human performance (high heat/humidity, cold, rain).
- Other: _____

20. Regarding routine injury/illness care:

A. HEALTH CENTER:

- 1) Is it staffed by an appropriate number of care providers? Yes No
- 2) Are these staff credentialed to provide the services they offer? Yes No
- 3) Is there at least 1 admit bed per 50 campers + staff? Yes No
- 4) Is there a place to isolate infectious people? Yes No
- 5) Is the area appropriately ventilated? Yes No
- 6) Is the area protected from animals/insects and weather? Yes No
- 7) Is there a way to get help at night? Yes No
- 8) Do stocked supplies appropriately support the injuries/illnesses treated at this Health Center? Yes No
- 9) Does layout protect privacy/confidentiality when needed? Yes No

B. MEDICATIONS:

- 1) Are medications in the controlled possession of the person responsible for administering them? Yes No

- 2) Does an RN/MD supervise the camp's medication process? Yes No
- 3) Are there written and annually signed protocols that guide medication practices for the camp's Health Center team? Yes No
- 4) Are there written and annually signed protocols that guide medication practices for the camp's unlicensed assistive personnel (e.g., tripping staff)? Yes No
- 5) Is the therapeutic effect of medication both monitored and appropriately charted? Yes No
- 6) Does the camp define "medication" and communicate that definition to parents, staff and the Health Center staff? Yes No
- 7) Does the camp inform parents and its staff in writing about the camp's medication policies/practices? Yes No
- 8) Is medication administration to individuals appropriately charted? Yes No
- 9) Does the camp have a policy that addresses herbal remedies, nutritional supplements, homeopathic remedies and other alternative substances? . . . Yes No
- 10) Have medications in other languages been translated to English? Yes No
- 11) Does an appropriately trained staff member directly supervise campers as they take their medications (including meds given on trips)? Yes No

Part 4.

Record-Keeping & Other Communications about Camp Health Care

21. Regarding health records:

A. Camper Health History & Health Record:

1) Check the information that is on this form:

- | | |
|---|--|
| <input type="checkbox"/> Immunization history | <input type="checkbox"/> Allergies and the reaction triggered |
| <input type="checkbox"/> Need for vegetarian meals | <input type="checkbox"/> Need for gluten-free meals |
| <input type="checkbox"/> Chronic health concerns → | <input type="checkbox"/> Management plan for chronic concern |
| <input type="checkbox"/> Medications taken at camp → | <input type="checkbox"/> Reason for taking those medications |
| <input type="checkbox"/> MESH needs → | <input type="checkbox"/> Management plan for MESH while at camp |
| <input type="checkbox"/> Custodial adult's contact information | <input type="checkbox"/> Custodial adult's relationship to child |
| <input type="checkbox"/> Custodial adult's permission to treat, secure out-of-camp healthcare & records. | |
| <input type="checkbox"/> Space for custodial adult to add additional health info about the child. | |
| <input type="checkbox"/> List of camp's stock meds → | <input type="checkbox"/> Permission to use stock meds for child |
| <input type="checkbox"/> Information from camper's personal MD and/or DDS + their contact information. | |
| <input type="checkbox"/> Parental permission for child to participate in camp activities and/or limiting factors. | |

- 2) Area to document camper's Opening Day health screening Yes No
- 3) Area to document camper's exit note (status when leaving camp) Yes No
- 4) Record of provided healthcare is sufficient to document provided care and is appropriate to the provider's scope of practice Yes No
- 5) Policy exists that guides inclusion of updated health information between the time a parent submits form and the child arrives Yes No

B. Staff Health Records:

- 1) Personal health information is confidential; it is shared with healthcare providers, not employer (unless staff member chooses to do so) Yes No
- 2) If minors are also staff members, a policy that guides disclosure and sharing of personal

- health information is known to the minor staff, parents, & care providers . . Yes No
 - 3) Staff health history includes MESH components Yes No
 - 4) Staff health forms are framed from an occupational health perspective . . . Yes No
 - 5) Staff (employee) health information is separate from camper information . Yes No
 - C. Health records are archived per State guidelines for both clients & employees Yes No
- 22. Regarding the Camp's Sanitation Checks (aka: the Walk-Around):**
- A. This is conducted daily following a pre-determined list of areas & criteria Yes No
 - B. Results are recorded; needed follow-up is noted and done Yes No
 - C. At minimum, the following areas are assessed: sleeping areas, bathroom sanitation, dining room, other eating areas, hand-washing supplies, drinking fountain cleanliness Yes No
 - D. Head cook monitors sanitation in the kitchen/food prep areas Yes No
- 23. Regarding Incident Records:**
- A. An incident report form exists and is used to document incidents that fall outside usual and routine expectations Yes No
 - B. A designated staff member oversees the incident process; this includes a review of the incident in a timely manner Yes No
 - C. Staff and campers involved in the incident contribute to the report Yes No
 - D. Incident records are reviewed at least annually, summative data is generated, and a benchmark(s) is identified to monitor improvement from year-to-year Yes No
 - E. Camp staff receive specific training about child protection from camp administrator. Yes No
 - F. Camp staff receive specific training about harassment from camp administration . . . Yes No

Part 5.
Confidentiality & Privacy of Personal Health Information

Consider the impact of confidentiality and privacy in relation to the camp's population, program and management style. In general, health information is considered privileged. The need to disclose should be explainable (e.g., be supported by rationale). Consider that rationale while completing this section.

- 24. Access to individual health forms, records and information:**
- A. Who has ready access to camper health information? _____
 - B. Who has ready access to staff health information? _____
 - C. When a person's health information arrives early, does the camp utilize a system that limits access to that information to designated people above? Yes No
 - D. Are health records stored post-season to limit access to unauthorized people? Yes No
 - E. Are health records stored for the appropriate length of time (legal limit)? Yes No
 - F. Does the camp's policy and practice for sharing camper information with staff meet a need-to-know threshold? Yes No
 - G. Does the camp have a policy and practice that addresses sharing staff health information with others? Yes No
- 25. Addressing health information with the potential to impact others:**
- A. Regarding CAMPERS: about which of the following situations does the camp's administration expect the camp nurse to inform an administrator (check all that apply):
 - camper who is recovering from an eating disorder.
 - camper with a suspected eating disorder.
 - camper who is alcoholic.

- camper on medication for depression.
- camper with head lice.
- camper who reports being bullied at camp.
- camper who reports being bullied at school.
- camper talking about suicide.
- camper with a history of suicide attempt(s).
- camper who gets splashed with the blood of another person.
- camper who discloses abuse/neglect at home to the nurse.
- camper who discloses abuse/neglect that occurred at camp to the nurse.
- camper who experiences anxiety that may trigger a panic attack.
- other camper situations: _____

B. Regarding STAFF MEMBERS: about which of the following situations does the camp's administration expect the camp nurse to inform an administrator (check all that apply):

- staff who is recovering from an eating disorder.
- staff with a suspected eating disorder.
- staff who is alcoholic.
- staff who abuses alcohol.
- staff on medication for depression.
- staff with head lice.
- staff talking about suicide.
- staff with a history of suicide attempt(s).
- staff who gets splashed with the blood of another person.
- staff who discloses abuse/neglect at home to the nurse.
- staff who discloses harassment that occurred at camp to the nurse.
- staff who experiences anxiety that may trigger a panic attack.
- staff who gives CPR to another person while using a CPR mask.
- camp nurse who gets stuck by a non-sterile sharp.
- other staff situations: _____

Part 6. Review Processes

26. Annual Reviews:

A. Who annually reviews the camp's health processes? _____

B. What is the process for addressing discrepancies and/or needed update?

C. Who annually reviews the camp's incident reports? _____

D. Who is responsible for reviewing the camp's summative health information? _____

E. How is impactful information incorporated into the camp's future trainings and policies?

27. Legal Review:

- A. Who is the camp's legal counsel? _____
- B. Who is authorized to consult the camp's legal counsel when questions come up? _____

28. External Resources:

- A. With what organizations is the camp affiliated? _____
- B. What camp personnel connect camp to the external community's emergency management team? _____
- C. How often does the camp's liability insurer conduct an audit of the camp & its processes? _____

**Part 7.
Final Considerations**

29. Consider what may not have been included on this form but is germane to your assessment. For example, international campers and/or staff may pose additional health challenges. Perhaps the camp's tripping program crosses State lines and, as a result, healthcare providers need additional approvals or licenses. Perhaps there's something unique about the camp, campers and/or staff that should be considered when assessing the community's health profile. Note that information below:

30. Identify data gaps (information that is incomplete or unavailable). As you consider the assessment's next step – analyzing data – document information about data gaps that may impact that process.

References

Anderson, E.T. and McFarlane, J. (2019). *Community as partner*. Philadelphia, PA: Wolters Kluwer.
Neuman, B., and Fawcett, J. (2010). *The Neuman systems model*. Boston, MA: Pearson.